STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155121	A. BUILDING -- B. WING	05/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
ROSEWALK VILLAGE AT LAFAYETTE	1903 UNION ST LAFAYETTE, IN 47904

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 0000 Bldg. --	An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73. Survey Date: 05/01/25 Facility Number: 000051 Provider Number: 155121 AIM Number: 100275490 At this Emergency Preparedness survey, Rosewalk Village at Lafayette was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73 The facility has 141 certified beds. At the time of the survey, the census was 111. Quality Review completed on 05/06/25	E 0000	**Rosewalk Village of Lafayette respectfully requests desk review for these deficiencies.**	
K 0000 Bldg. 01	A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a). Survey Date: 05/01/25 Facility Number: 000051 Provider Number: 155121 AIM Number: 100275490 At this Life Safety Code survey, Rosewalk Village	K 0000	**Rosewalk Village of Lafayette respectfully requests desk review for these deficiencies.**	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Nathan Anderson	Executive Director	05/22/2025

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclo days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	155121	A. BUILDING 01 B. WING	05/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
ROSEWALK VILLAGE AT LAFAYETTE	1903 UNION ST LAFAYETTE, IN 47904

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	at Lafayette was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code, (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2. This facility is fully sprinklered and consisted of: a one-story building of Type V (000) construction and a two-story building determined to be Type V (111). The facility was surveyed as two buildings due to the different construction Types. The facility has a fire alarm system with hard wired smoke detection in the corridors and spaces open to the corridors. Resident rooms are equipped with battery powered smoke detectors. The facility has a capacity for 141 residents and had a census of 111 at the time of this survey. All areas where residents have customary access were sprinklered. The facility has two detached equipment storage buildings which were not sprinklered. Quality Review completed on 05/06/25			
K 0225 SS=F Bldg. 01	NFPA 101 Stairways and Smokeproof Enclosures Based on observation and interview, the facility failed to provide a continuous protected path of travel to an exit discharge for 4 of 4 stairwell exits in accordance with LSC section 7.2 Means of Egress Components. LSC 7.2.3.5.1 requires every smoke proof enclosure shall discharge into a public way, into a yard or court having direct access to a public way, or into an exit passageway. Such exit passageways shall be without openings other than the entrance from the	K 0225	K- 255 Stairways and Smokeproof Enclosures What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: No residents were affected, as	05/21/2025

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ROSEWALK VILLAGE AT LAFAYETTE	1903 UNION ST LAFAYETTE, IN 47904

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	smoke proof enclosure and the door to the outside yard, court, or public way. The exit passageway shall be separated from the remainder of the building by a two-hour fire resistance rating. This deficient practice could affect all residents, staff and visitors in the facility. Findings include: Based on observations made with the Maintenance Supervisor during a tour of the facility at 12:55 p.m. on 05/01/25, all four of the four exit stairwells did not discharge into a public way, into a yard or court having direct access to a public way, or into an exit passageway. Based on interview at 1:00 p.m., the Maintenance Supervisor agreed that all of the four exit stairwells do not discharge into a public way, into a yard or court having direct access to a public way, or into an exit passageway. This finding was reviewed with the Executive Director and Maintenance Supervisor at the exit conference. 3.1-19(b)		facility will complete the Fire Safety Evaluation System (FSES)) by 5/21/25. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken: No residents were affected, as facility will complete the Fire Safety Evaluation System (FSES) by 5/21/25. What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur: FSES will be completed by 5/21/25 which indicates the facility met the level of LSC equivalent to the prescribed NFPA 101, LSC for Health Care Occupancy. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place: FSES will be completed by 5/21/25, which indicates the facility met the level of LSC equivalent to the prescribed NFPA 101, LSC for Health Care Occupancy. ED will ensure FSES	

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ROSEWALK VILLAGE AT LAFAYETTE	1903 UNION ST LAFAYETTE, IN 47904

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			is conducted annually By what date the systemic changes for each deficiency will be completed: Compliance date: 5/21/25	
K 0353 SS=F Bldg. 01	NFPA 101 Sprinkler System - Maintenance and Testing Based on record review and interview, the facility failed to maintain automatic sprinkler systems in accordance with NFPA 25. LSC 9.7.5 requires all sprinkler systems shall be inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 2011 Edition, Section 4.1.4.1 states the property owner or designated representative shall correct or repair deficiencies or impairments that are found during the inspection, test and maintenance required by this standard. Corrections and repairs shall be performed by qualified maintenance personnel or a qualified contractor. NFPA 25, 4.3.1 requires records shall be made for all inspections, tests, and maintenance of the system components and shall be made available to the authority having jurisdiction upon request. This deficient practice could affect all residents, staff, and visitors in the facility. Findings include: Based on review of "Inspection, Testing and Maintenance of Dry Pipe Fire Sprinkler Systems" documentation dated 03/03/25 during record review with the Maintenance Supervisor at 11:00 a.m. on 05/01/25, the 'Cooler and Freezer dry	K 0353	K 353- Sprinkler System-Maintenance and Testing What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: The Cooler and Freezer dry pendants were immediately replaced. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken: All residents, staff and visitors have the potential to be affected by deficient finding. A facility audit will be conducted to ensure that all sprinkler heads identified as needing to be replaced in “Inspection, Testing and Maintenance of Dry Pipe Fire Sprinkler Systems” were replaced. Any sprinkler heads identified from this audit will be replaced.	06/01/2025

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	pendants are due to be replaced' was in the Deficiency Summary section. Based on interview at 11:10 a.m., the Maintenance Supervisor stated a quote has been received for the two dry pendants and is waiting on approval so the work can be scheduled with the sprinkler contractor. This finding was reviewed with the Executive Director and Maintenance Supervisor at the exit conference. 3.1-19(b)		What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur: Maintenance staff will be in-serviced on Maintenance of Sprinkler Heads on or before 6/1/25. Maintenance or designee will continue to observe sprinkler heads to ensure they are clean and free of debris weekly or more often as needed. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place: Ongoing compliance with this corrective action will be monitored through the facility Quality Assurance and Performance Improvement Program (QAPI). The Maintenance Director/designee will be responsible for completing the QAPI Audit tool “Life Safety POC” monthly for 4 months and quarterly thereafter for at least 2 quarters. If threshold of 90% is not met, an action plan will be developed. Findings will be submitted to the QAPI Committee for review and follow up. By what date the systemic changes for each deficiency will be completed: Compliance Date: 6/1/25	

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K 0000 Bldg. 02	A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a). Survey Date: 05/01/25 Facility Number: 000051 Provider Number: 155121 AIM Number: 100275490 At this Life Safety Code survey, Rosewalk Village at Lafayette was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code, (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2. This facility is fully sprinklered and consisted of: a one-story building of Type V (000) construction and a two-story building determined to be Type V (111). The facility was surveyed as two building due to the different construction Types. The facility has a fire alarm system with hard wired smoke detection in the corridors and spaces open to the corridors. Resident rooms are equipped with battery powered smoke detectors. The facility has a capacity for 141 residents and had a census of 111 at the time of this survey. All areas where residents have customary access were sprinklered. The facility has two detached equipment storage buildings which were not	K 0000	**Rosewalk Village of Lafayette respectfully requests desk review for these deficiencies.**	

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	sprinklered. Quality Review completed on 05/06/25			