DEPARTMENT OF HEALTH AND HUMAN SERVICES	
CENTERS FOR MEDICARE & MEDICAID SERVICES	

	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155121			(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY A. BUILDING COMPLETED B. WING 05/01/2025				
NAME OF PROVIDER OR SUPPLIER ROSEWALK VILLAGE AT LAFAYETTE			STREET ADDRESS, CITY, STATE, ZIP COD 1903 UNION ST LAFAYETTE, IN 47904					
(X4) ID PREFIX TAG E 0000	SUMMARY : (EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE	
Bldg	conducted by the In accordance with 42 Survey Date: 05/01/ Facility Number: 0 Provider Number: 100/ At this Emergency I Rosewalk Village a compliance with En Requirements for M Participating Provided 483.73	225 200051 275490 Preparedness survey, t Lafayette was found in nergency Preparedness ledicare and Medicaid ers and Suppliers, 42 CFR certified beds. At the time of us was 111.	E 0	000	Rosewalk Village of Lafayett respectfully requests desk review for these deficiencies			
K 0000 Bldg. 01			K 0	000	Rosewalk Village of Lafayett 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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	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01			(X3) DATE SURVEY COMPLETED		
155121			B. WING 05/01/2025					
NAME OF PROVIDER OR SUPPLIER ROSEWALK VILLAGE AT LAFAYETTE			STREET ADDRESS, CITY, STATE, ZIP COD 1903 UNION ST LAFAYETTE, IN 47904					
(X4) ID PREFIX TAG	at Lafayette was for Requirements for P Medicare/Medicaid Life Safety from Fi National Fire Protectife Safety Code, (I Health Care Occupation of the Care Occupa	STATEMENT OF DEFICIENCIE CCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION and not in compliance with articipation in 1, 42 CFR Subpart 483.90(a), re and the 2012 edition of the action Association (NFPA) 101, LSC), Chapter 19, Existing ancies and 410 IAC 16.2. To sprinklered and consisted of: a for Type V (000) construction and ding determined to be Type V and surveyed as two buildings construction Types. The arm system with hard wired the corridors and spaces open sident rooms are equipped and smoke detectors. The articipation of this survey. The didents have customary access the facility has two detached buildings which were not		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE	
K 0225 SS=F Bldg. 01	NFPA 101	npleted on 05/06/25 nokeproof Enclosures						
	failed to provide a contravel to an exit discontravel	continuous protected path of charge for 4 of 4 stairwell exits LSC section 7.2 Means of s. LSC 7.2.3.5.1 requires every ure shall discharge into a vard or court having direct vay, or into an exit exit passageways shall be ther than the entrance from the	K 02	225	K- 255 Stairways and Smokep Enclosures What corrective action(s) will be accomplished for those reside found to have been affected be deficient practice:	oe nts y the	05/21/2025	

STATEMEN	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA					(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING <u>01</u>			COMPLETED	
		155121	B. W	ING		05/01/	2025
NAME OF D	PROVIDER OR SUPPLIER	· ?	-		ADDRESS, CITY, STATE, ZIP COD	-	
					NION ST		
ROSEWA	ALK VILLAGE AT L	AFAYETTE		LAFAYI	ETTE, IN 47904		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION	-	TAG	DEFICIENCY)		DATE
	•	sure and the door to the			facility will complete the Fire	E0))	
	-	or public way. The exit			Safety Evaluation System (FS	ES))	
		e separated from the remainder two-hour fire resistance			by 5/21/25.		
		nt practice could affect all					
	-	visitors in the facility.			How other regidents having th		
	residents, starr and	visitors in the facility.			How other residents having the potential to be affected by the	ie	
	Findings include:				same deficient practice will be		
	rindings include.				identified and what corrective		
	Based on observation	ons made with the			action(s) will be taken:		
		visor during a tour of the			assori(s) will be taken.		
	-	n. on 05/01/25, all four of the			No residents were affected, as	\$	
		did not discharge into a public			facility will complete the Fire		
		court having direct access to a			Safety Evaluation System (FS	ES)	
	public way, or into	an exit passageway. Based on			by 5/21/25.	,	
	interview at 1:00 p.	m., the Maintenance Supervisor					
	agreed that all of th	e four exit stairwells do not			What measures will be put into)	
	discharge into a pul	blic way, into a yard or court			place and what systemic chan	ges	
	having direct acces	s to a public way, or into an			will be made to ensure that the	Э	
	exit passageway.				deficient practice does not rec	ur:	
	This finding was ro	viewed with the Executive			FCFC will be completed by		
	-	enance Supervisor at the exit			FSES will be completed by 5/21/25 which indicates the fa	cility	
	conference.	enance Supervisor at the exit			met the level of LSC equivaler	•	
	conference.				the prescribed NFPA 101, LS0		
	3.1-19(b)				Health Care Occupancy.	5 101	
	3.1 17(0)				Ticular Gare Gocupancy.		
					How the corrective action(s) w	vill be	
					monitored to ensure the defici-	ent	
					practice will not recur, i.e., who		
					quality assurance program wil	l be	
					put into place:		
					ESES will be completed by		
					FSES will be completed by		
					5/21/25, which indicates the facility met the level of LSC		
					equivalent to the prescribed N	FΡΔ	
					101, LSC for Health Care	117	
					Occupancy. ED will ensure FS	SES	
			1		230apanoy. LD Will Ollowic I C		

		X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER		A. BUILDING 01 B. WING		COMPLETED		
		155121	B. WI	2025				
	NAME OF PROVIDER OR SUPPLIER ROSEWALK VILLAGE AT LAFAYETTE		STREET ADDRESS, CITY, STATE, ZIP COD 1903 UNION ST LAFAYETTE, IN 47904					
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ATE	COMPLETION	
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE	
					is conducted annually			
					By what date the systemic changes for each deficiency who be completed: Compliance date: 5/21/25	vill		
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		K 0:	353	K 353- Sprinkler System-Maintenance and Testing What corrective action(s) will I accomplished for those reside found to have been affected by 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	ents by the	06/01/2025	
	components and sha authority having jur deficient practice of and visitors in the fa Findings include: Based on review of Maintenance of Dry documentation date review with the Ma	and maintenance of the system all be made available to the disdiction upon request. This build affect all residents, staff, acility. "Inspection, Testing and Pipe Fire Sprinkler Systems" d 03/03/25 during record intenance Supervisor at 11:00 are 'Cooler and Freezer dry			action(s) will be taken: All residents, staff and visitors have the potential to be affect by deficient finding. A facility audit will be conducted to ens that all sprinkler heads identifi as needing to be replaced in "Inspection, Testing and Maintenance of Dry Pipe Fire Sprinkler Systems" were replaced this audit will be replaced.	ed ure jed		

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PRINTED: 05/28/2025 FORM APPROVED OMB NO. 0938-039

	OF CORRECTION	IDENTIFICATION NUMBER 155121	A. BUILDING B. WING	01	COMPLETED 05/01/2025			
NAME OF F	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP COD 1903 UNION ST					
ROSEWA	ALK VILLAGE AT LA	AFAYETTE	LAFAY	ETTE, IN 47904				
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OR	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	(X5) COMPLETION DATE			
	Deficiency Summar at 11:10 a.m., the M quote has been rece and is waiting on apscheduled with the straightful this finding was revenue.	be replaced' was in the y section. Based on interview aintenance Supervisor stated a fived for the two dry pendants proval so the work can be sprinkler contractor. Triewed with the Executive mance Supervisor at the exit		What measures will be put interplace and what systemic char will be made to ensure that the deficient practice does not recomplete in-serviced on Maintenance of Sprinkler Heads on or before 6/1/25. Maintenance or design will continue to observe sprint heads to ensure they are clear and free of debris weekly or noten as needed. How the corrective action(s) we monitored to ensure the deficing practice will not recur, i.e., who quality assurance program with put into place: Ongoing compliance with this corrective action will be monite through the facility Quality. Assurance and Performance Improvement Program (QAPI Maintenance Director/designed will be responsible for completing the QAPI Audit tool "Life Safe POC" monthly for 4 months a quarterly thereafter for at least quarters. If threshold of 90% is met, an action plan will be developed. Findings will be submitted to the QAPI Common for review and follow up. By what date the systemic changes for each deficiency we be completed: Compliance Date: 6/1/25	nges e cur: f nee kler nn nore vill be ient at ll be ored). The ee etting ty nd t 2 s not iittee			

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

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Facility ID: 000051

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/28/2025 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (IDENTIFICATION NUMBER) 155121		(X2) MULTIPLE CO A. BUILDING B. WING	onstruction 01	(X3) DATE SURVEY COMPLETED 05/01/2025	
	PROVIDER OR SUPPLIER ALK VILLAGE AT L		1903 L	ADDRESS, CITY, STATE, ZIP COD INION ST 'ETTE, IN 47904	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	(X5) COMPLETION DATE
K 0000					
Bldg. 02	Licensure Survey w	Recertification and State vas conducted by the Indiana lth in accordance with 42 CFR	K 0000	Rosewalk Village of Lafayet respectfully requests desk review for these deficiencie	
	Facility Number: 000051 Provider Number: 155121 AIM Number: 100275490				
	at Lafayette was for Requirements for P Medicare/Medicaid Life Safety from Fi National Fire Protec Life Safety Code, (1	Code survey, Rosewalk Village and not in compliance with articipation in , 42 CFR Subpart 483.90(a), re and the 2012 edition of the ction Association (NFPA) 101, LSC), Chapter 19, Existing ancies and 410 IAC 16.2.			
	one-story building of and a two-story buil (111). The facility of due to the different facility has a fire also smoke detection in to the corridors. Rewith battery powere facility has a capacity of the corridors.	r sprinklered and consisted of: a of Type V (000) construction lding determined to be Type V was surveyed as two building construction Types. The arm system with hard wired the corridors and spaces open sident rooms are equipped ed smoke detectors. The ty for 141 residents and had a time of this survey.			
	were sprinklered. T	idents have customary access he facility has two detached buildings which were not			

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STATEMEN	IT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	ILDING	02	COMPLETED	
		155121	B. WING			05/01/2025	
NAME OF PROVIDER OR SUPPLIER ROSEWALK VILLAGE AT LAFAYETTE				1903 UI	ADDRESS, CITY, STATE, ZIP COD NION ST ETTE, IN 47904		
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIE	ID PROVIDER'S PLAN OF CORRECTION				(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PREFIX (EACH CORRECTIVE ACTION SHOULD BE			ΓE	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)	-	DATE
	sprinklered.						
	Quality Review con	npleted on 05/06/25					

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