STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155757	A. BUILDING -- B. WING	02/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
ROSEGATE VILLAGE	7510 ROSEGATE DR INDIANAPOLIS, IN 46237

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E 0000 Bldg. --	An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73. Survey Date: 02/08/24 Facility Number: 011149 Provider Number: 155757 AIM Number: 200829340 At this Emergency Preparedness survey, Rosegate Village was found not in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73. The facility has 150 certified beds. At the time of the survey, the census was 123. Quality Review completed on 02/14/24	E 0000	/p>	
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: 02/08/24 Facility Number: 011149 Provider Number: 155757 AIM Number: 200829340 At this Life Safety Code survey, Rosegate Village was found not in compliance with Requirements	K 0000	/p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Kerry Boyd	Executive Director	02/29/2024

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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	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 one-story facility was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. The facility has smoke detectors hard wired to the fire alarm system in all resident sleeping rooms. The facility has a capacity of 150 and a census of 123. All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered except for one detached "smoking shed" and one storage barn that were not sprinklered. Quality Review completed on 02/14/24			
K 0353 SS=E Bldg. 01	NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source			

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	Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 Based on observation and interview, the facility failed to maintain the ceiling construction in 1 of 1 ceiling smoke barriers. NFPA 13, 2010 edition, Section 3.3.5.4 defines a smooth ceiling as a continuous ceiling free from significant irregularities, lumps, or indentations. The ceiling traps hot air and gases around the sprinkler and cause the sprinkler to operate at a specified temperature. Section 8.5.4.1.1 states the distance between the sprinkler deflector and the ceiling above shall be selected based on the type of sprinkler and the type of construction. This deficient practice could affect over 80 residents, 8 staff, and 4 visitors. Findings include: Based on observations with the Maintenance Supervisor and the Field Maintenance Supervisor during a tour of the facility from 12:10 p.m. to 2:12 p.m. on 02/08/24, the following was noted in the ceiling smoke barrier: a. four suspended ceiling tiles were missing at the end of the 100 hall. b. five suspended ceiling tiles were missing at the end of the 200 hall. c. four suspended ceiling tiles were missing at the end of the 400 hall. d. five suspended ceiling tiles were missing at the end of the 500 hall. Based on interview at the time of the observations, the Maintenance Supervisor and the Field Maintenance Supervisor agreed the aforementioned openings in the ceiling did not maintain ceiling construction because of past	K 0353	/p> **what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?** No residents were affected by the deficient practice. All ceiling tiles on halls 100, 200, 400 and 500 have been replaced or repaired without incident, and there are no further openings. **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 on the hallways where the deficient practice took place have the potential to be affected. All ceiling tiles have been replaced or repaired without incident and there are no further ceiling openings. **what measures will be put into place and what systemic changes will be made to ensure that the deficient**	03/15/2024

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	issues with the water pipes freezing in these areas. These findings were reviewed with the Maintenance Supervisor and the Field Maintenance Supervisor during the exit conference. 3.1-19(b)		**practice does not recur.** Ceiling tiles will be replaced and checked 1x now. Checked Weekly for 1 month, and then Monthly for 3 months maintaining compliance of 100 is achieved. This will be maintained by Executive director, maintenance Director or designee. Noncompliance with ceiling tile maintenance will lead to education and disciplinary action. **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;** ED, MD or Designee will need to complete Quality Assurance/Quality Improvement Monitoring forms for checking Ceiling tiles 1x now, weekly for 1 month and then Monthly for 3 months maintaining compliance of 100%. **by what date the systemic changes for each deficiency will be completed. After submitting an acceptable Plan of Correction, if it is determined that the correction will not be completed by the date previously submitted, The Division needs to be contacted as soon as possible. The facility will need to submit an**	

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			amended plan of correction with the updated plan of correction date. Systemic changes will be completed by 3/15/24	
K 0923 SS=E Bldg. 01	NFPA 101 Gas Equipment - Cylinder and Container Storag Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES)			

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	STORED WITHIN NO SMOKING." Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather. 11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99) Based on observation and interview, the facility failed to ensure 1 of 9 cylinders of nonflammable gases such as oxygen were properly secured from falling. NFPA 99, Health Care Facilities Code, 2012 Edition, Section 11.3.2 states storage for nonflammable gases greater than 8.5 cubic meters (300 cubic feet) but less than 85 cubic meters (3000 cubic feet) shall comply with 11.3.2.1 through 11.3.2.3. NFPA 99, Section 11.3.2.6 states cylinder or container restraints shall comply with 11.6.2.3. Section 11.6.2.3(11) states freestanding cylinders shall be properly chained or supported in a proper cylinder stand or cart. This deficient practice could affect 25 residents, 4 staff and 2 visitors. Findings include: Based on observations with the Maintenance Supervisor and the Field Maintenance Supervisor during a tour of the facility from 1:45 p.m. one green 3 5/8ths inch diameter oxygen cylinder was standing upright on the floor of the oxygen storage and transfilling room and was not properly chained or supported in a proper cylinder stand or cart. Based on interview at the time of observation, the Maintenance Supervisor acknowledged the oxygen cylinder was standing	K 0923	**what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?** No residents were affected by the deficient practice. The oxygen tank that was not secured in the oxygen room has been secured using the proper receptacle. **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 could be affected by the alleged deficient practice. The unsecured oxygen tank has been secured using the proper receptacle. Staff will be in-serviced on oxygen tank storage when putting tanks in the oxygen room. **what measures will be put**	03/15/2024

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	upright on the floor of the oxygen storage and transfilling room and was not properly chained or supported in a proper cylinder stand or cart. These findings were reviewed with the Maintenance Supervisor and the Field Maintenance Supervisor during the exit conference. 3.1-19(b)		**into place and what systemic changes will be made to ensure that the deficient practice does not recur.** The oxygen room will be checked 1x now. 1x daily for 1 week, and then 1x weekly for 3 months until 100% compliance is achieved. Continued non-compliance will be met with disciplinary action including education and/or termination. **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; and** ED, MD or Designee will need to complete Quality Assurance/Quality Improvement Monitoring forms for checking oxygen room 1x now, daily for 1 week and then weekly for 3 months maintaining compliance of 100%. **by what date the systemic changes for each deficiency will be completed. After submitting an acceptable Plan of Correction, if it is determined that the correction will not be completed by the date previously submitted, The Division needs to be contacted as soon as possible. The**	

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			facility will need to submit an amended plan of correction with the updated plan of correction date. **Systemic Changes will be completed by 3/15/24** This provider respectfully requests that the 2567 plan of correction be considered the letter of credible allegation and requests a desk review in lieu of a post survey re-visit on or after 03/15/24.	