

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

PRINTED: 06/18/2025
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 05/14/2025	
NAME OF PROVIDER OR SUPPLIER ROSEGATE COMMONS				STREET ADDRESS, CITY, STATE, ZIP COD 7525 ROSEGATE DRIVE INDIANAPOLIS, IN 46237			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
R 0000 Bldg. 00	<p>This visit was for a State Residential Licensure Survey. This visit included the Investigation of Complaint IN00458853.</p> <p>Complaint IN00458853 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: May 13 and 14, 2025</p> <p>Facility number: 012936</p> <p>Residential Census: 66</p> <p>This State Residential Finding is cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed May 15, 2025.</p>			R 0000			
R 0151 Bldg. 00	<p>410 IAC 16.2-5-1.5(h) Sanitation & Safety Standards -Noncompliance</p> <p>Based on interview and record review, the facility failed to ensure a pet residing in the facility had received an updated rabies vaccination and annual veterinary wellness examination as required for 1 of 4 residents reviewed for pet vaccination records. (Resident 20)</p> <p>Finding includes:</p> <p>On 5/13/25 at 9:30 a.m., the ED (Executive Director) provided a list of residents with pets in the facility. A review of the document indicated Resident 20 had a five year old canine pet who resided with the resident.</p>			R 0151	<p>R 151</p> <p>1. What corrective actions will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>One resident was affected by this deficient practice. This animal has not been out in the common areas of the community only in the apartment with the resident. POA was notified on 5/14/25 and scheduled vet appointment for vaccinations on 5/15/25. Facility received copy of vaccination records on 5/15/25.</p>		05/15/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

AnnJee Kirstein

Executive Director

05/27/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards 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 disclosed 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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	<p>On 5/14/25 at 9:00 a.m., Resident 20's canine pet records were reviewed. The documentation, an invoice from the veterinary clinic utilized by the resident, indicated that Resident 20's pet had last received a canine rabies one year booster and a wellness exam on 3/19/24. The invoice indicated that Resident 20's pet was next due for another canine rabies booster and a wellness exam on 3/19/25.</p> <p>During an interview on 5/14/25 at 9:35 a.m., the ED indicated that Resident 20's family had been making arrangements to have the rabies booster and annual wellness exam, but that they were currently past due.</p> <p>During an interview on 5/14/25 at 10:25 a.m., Resident 20 indicated that resident's son helped make veterinary appointments for the canine pet. Resident 20 stated they were not sure if their son had made the appointments yet or not, but that her canine pet was overdue for the rabies vaccine and annual wellness visit.</p> <p>On 5/13/25 at 9:30 a.m., the ED provided an undated Community Pet Policy and indicated it was the current policy in use by the facility. A review of the document indicated that if a pet is permitted, it is required to have, " ...proof of immunizations ...and certification from a veterinarian that the pet is healthy upon admission and annually as updated ...".</p> <p>On 5/14/25 at 5:00 p.m., a review of the Rabies Vaccinations Requirements located at 345 IAC 1-5-2 indicated, "...all dogs...3 months of age and older must be vaccinated against rabies..."</p>				<p>2. How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective actions will be taken: A CQI tool will be initiated and the ED/Designee will review Pet Records monthly to identify due dates for Rabies vaccinations. Compliance will be defined as 100% . POA & residents will be notified of the due date a month in advance. If vaccination is not received on due date or the approved grace period per veterinary clinic the pet will be placed with temporary housing provided by family until vaccination has been received.</p> <p>3. What measures will be put into place or what systematic changes the facility will make to ensure that the deficient practice does not recur: A CQI tool will be initiated and the ED/Designee will review Pet Records monthly to identify due dates for Rabies vaccinations. Compliance will be defined as 100% . POA & residents will be notified of the due date a month in advance. If vaccination is not received on due date or the approved grace period per veterinary clinic the pet will be placed with temporary housing provided by family until vaccination has been received.</p>		

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					4. By what date the systemic changes will be completed: May 15, 2025		