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

PRINTED: 08/23/2024 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER ROSEBUD VILLAGE (X4 10)	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01		ONSTRUCTION	(X3) DATE SURVEY COMPLETED	
ROSEBUD VILLAGE ROSEBUD VILLAGE SUMMARY STATEMENT OF DEPICIENCY SUBTREFREEDED BY FULL REDULATION OF DEPICE PROPERTY AND TO PREPRINT TAG. (K 000) INITIAL COMMENTS A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 06/20/24 was conducted by the Indiana Department of Health in accordance with 42 CFR 483-90(a). Survey Date: 08/20/24 Facility Number: 100268820 At this PSR Life Safety Code survey, Rosebud Village was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483-90(a), Life Safety more fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (SC), 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 was fully sprinkled. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and battery-operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 110 and had a census of 91 at the time of this PSR visit. All areas where residents have customary access were sprinkled and all areas providing facility services were sprinkled. The facility has a need that sleeping rooms. The facility has a capacity of 110 and had a census of 91 at the time of this PSR visit. All areas where residents have customary access were sprinkled and all areas providing facility services were sprinkled. The facility has a need that sleeping rooms. The facility has a capacity of 110 and had a census of 91 at the time of this PSR visit. All areas where residents have customary access were sprinkled and all areas providing facility services were sprinkled. The facility has a capacity of 100 and had a census of 91 at the time of this PSR visit.			155230	B. WING			1	
PREFIX TAG GEACH GERCIENCY NUTS ET PRECEDED BY FULL TAG GEACH CORRECTIVE ACTION SHOULD BE CROSS-REPERENCED TO THE APPROPRIATE CONTINUE TAG					205	0 CHESTER BLVD		
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 disclosable 14 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 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	IPLE CONSTRUCTION NG 01		(X3) DATE SURVEY COMPLETED	
		155230	B. WING _			R 08/20/2024	
NAME OF PR	OVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 2050 CHESTER BLVD RICHMOND, IN 47374				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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)			