PRINTED: 07/17/2024

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES						FORM APPROVED OMB NO. 0938-039		
STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155121 NAME OF PROVIDER OR SUPPLIER ROSEWALK VILLAGE AT LAFAYETTE			A. BU	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED 06/17/2024	
			•	1903 UI	ADDRESS, CITY, STATE, ZIP COD NION ST ETTE, IN 47904			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	Е	(X5) COMPLETION DATE	
E 0000 Bldg K 0000	conducted by the In accordance with 42 Survey Date: 06/1 Facility Number: 0 Provider Number: 100 At this Emergency Rosewalk Village a compliance with Experiments for Marticipating Provides 483.73 The facility has 14 the survey, the center of the conducted by the International Conducted Survey of the International Conducted Survey	7/24 000051 155121 0275490 Preparedness survey, at Lafayette was found in mergency Preparedness Medicare and Medicaid ders and Suppliers, 42 CFR 1 certified beds. At the time of	E 00	000				
Bldg. 01	I -	e Recertification and State	K 00	000				

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

At this Life Safety Code survey, Rosewalk Village

Department of Health in accordance with 42 CFR

483.90(a).

Survey Date: 06/17/24

Facility Number: 000051 Provider Number: 155121 AIM Number: 100275490

> TITLE (X6) DATE

Nathan Anderson **Executive Director** 07/12/2024

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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AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 01	(X3) DATE SURVEY COMPLETED 06/17/2024		
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	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROF DEFICIENCY)	BE COMPLETION	
	at Lafayette was for Requirements for Pa Medicare/Medicaid Life Safety from Fin National Fire Protect Life Safety Code, (I Health Care Occupa This facility is fully one-story building of and a two-story building of and a two-story building of the total the different facility has a fire ala smoke detection in to the corridors. Reswith battery powere facility has a capacic census of 107 at the All areas where resist were sprinklered. The equipment storage is sprinklered. Quality Review control of the safety of the s	and not in compliance with articipation in 42 CFR Subpart 483.90(a), re and the 2012 edition of the etion Association (NFPA) 101, LSC), Chapter 19, Existing ancies and 410 IAC 16.2. sprinklered and consisted of: a of Type V (000) construction ding 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 d smoke detectors. The try for 141 residents and had a time of this survey. dents have customary access the facility has two detached buildings which were not				
K 0222 SS=E Bldg. 01	be equipped with	d means of egress shall not a latch or a lock that f a tool or key from the				
	egress side unless special locking arr CLINICAL NEEDS LOCKING Where special loc clinical security ne	s using one of the following				

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155121			UILDING	nstruction <u>01</u>	(X3) DATE COMPL 06/17 /	ETED		
NAME OF PROVIDER OR SUPPLIER ROSEWALK VILLAGE AT LAFAYETTE				1903 UI	NDDRESS, CITY, STATE, ZIP COD NION ST ETTE, IN 47904			
	(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION		ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI TAG DEFICIENCY)		TE	(X5) COMPLETION DATE	
		permitted on each be made for the raby: remote control locks or keys carriother such reliable staff at all times. 18.2.2.5.1, 18.2. 19.2.2.6 SPECIAL NEEDS ARRANGEMENTS Where special loc safety needs of the Clinical or Secare being met. In a electrical locks that release upon loss building is protected automatic sprinkle space is protected detection system at an attended loc space); and both the systems are arrandupon activation. 18.2.2.2.5.2, 19.2. DELAYED-EGREARRANGEMENTS Approved, listed desystems installed 7.2.1.6.1 shall be assemblies serving contents in building an approved, supedetection system automatic sprinkles serving contents in building an approved, supedetection system automatic sprinkles 18.2.2.2.4, 19.2.2. ACCESS-CONTR LOCKING ARRANACCESS-CONTRILOCKING ARRANACCEST-CONTRILO	a door and provisions shall apid removal of occupants of locks; keying of all led by staff at all times; or emeans available to the empatient are used, all of emitty Locking requirements addition, the locks must be empatient are used, all of emitty Locking requirements addition, the locks must be empatient at the locked empatient and the locked empatient and the locked empatient and detection empatient and detection empatient and detection empatient empatient and empatient empati					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING COMPLETED 01 B. WING 06/17/2024 155121 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 1903 UNION ST ROSEWALK VILLAGE AT LAFAYETTE LAFAYETTE, IN 47904 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE be permitted. 18.2.2.2.4, 19.2.2.2.4 **ELEVATOR LOBBY EXIT ACCESS** LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 Based on observation and interview, the facility K 0222 07/23/2024 K 222 Egress Doors failed to ensure the means of egress through 1 of 8 exits were readily accessible for residents What corrective action(s) will without a clinical diagnosis requiring specialized be accomplished for those security measures. Doors within a required means residents found to have been of egress shall not be equipped with a latch or affected by the deficient lock that requires the use of a tool or key from the practice: egress side unless otherwise permitted by LSC The four digit exit code was 19.2.2.2.4. Door-locking arrangements shall be immediately posted at the permitted in accordance with 19.2.2.2.5.2. This identified exit door. deficient practice could affect as many as 14 residents, 8 staff, and 2 visitors in the facility. How other residents having the potential to be affected by the Findings include: same deficient practice will be identified and what corrective Based on observations made with the action(s) will be taken: Maintenance Supervisor during a tour of the 14 residents, 8 staff and 2 visitor facility at 1:35 a.m. on 06/17/24, the exit door have the potential to be affected nearest to the Business Office was clearly marked by deficient finding. All exit doors as a facility exit, was magnetically locked and were audited to ensure the door could be opened by entering a four-digit code but code is posted and visible at each the code was not posted at the exit. Based on door. interview at the time of the observations, the Maintenance Supervisor stated the What measures will be put into aforementioned facility exit was indeed marked as place and what systemic exit and could be opened by entering a four-digit changes will be made to code, but the correct code was not posted. ensure that the deficient

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practice does not recur:

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NAME OF PROVIDER OR SUPPLIER ROSEWALK VILLAGE AT LAFAYETTE B. WING STREET ADDRESS, CITY, STATE, ZIP COD 1903 UNION ST LAFAYETTE, IN 47904		STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		r í		ONSTRUCTION	(X3) DATE SURVEY		
NAME OF PROVIDER OR SUPPLIER ROSEWALK VILLAGE AT LAFAYETTE STREET ADDRESS, CITY, STATE, ZIP COD 1903 UNION ST LAFAYETTE, IN 47904	AND PLAN	OF CORRECTION				01	COMPLETED		
NAME OF PROVIDER OR SUPPLIER 1903 UNION ST LAFAYETTE, IN 47904		155121		B. WING 06/17/2024					
(X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5)					1903 U	NION ST			
province of the first of the following the province of the first of the following the first of t	(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIE		ID	DROVIDEDIS DI AN OE CORRECTION		(X5)	
PROVIDERS PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG PROVIDERS PLAN OF CORRECTION (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) DATE	PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION	
THE ADDRESS OF THE PROPERTY OF	TAG				TAG	DEFICIENCY)		DATE	
This item was again discussed at the exit Maintenance staff will be									
conference held on 06/17/24 at 2:17 p.m. in-serviced on posting door codes		conference held on	06/17/24 at 2:17 p.m.				des		
at each exit door on or before		2.1.10(1-)							
3.1-19(b) 7/23/24. Maintenance or designee		3.1-19(b)							
will continue to observe exit doors to ensure door codes are posted									
weekly or more often as needed.						I			
woodly of filore often as needed.							-u.		
How the corrective action(s)						How the corrective action(s)			
will be monitored to ensure the									
deficient practice will not						deficient practice will not			
recur, i.e., what quality									
assurance program will be put							ut		
into place:									
Ongoing compliance with this							orod		
corrective action will be monitored through the facility Quality							brea		
Assurance and Performance									
Improvement Program (QAPI). The							The		
Maintenance Director/designee									
will be responsible for completing						_			
the QAPI Audit tool "Life Safety"						•	_		
POC" monthly for 4 months and						POC" monthly for 4 months ar	nd		
quarterly thereafter for at least 2									
quarters. If threshold of 90% is not							s not		
met, an action plan will be						<u> </u>			
developed. Findings will be						, ,			
submitted to the QAPI Committee							uee		
for review and follow up.						ioi review and follow up.			
By what date the systemic						By what date the systemic			
changes for each deficiency									
will be completed:						_			
Compliance Date: 7/23/24						Compliance Date: 7/23/24			
K 0225 NEDA 404	K 0225	NEDA 101							
K 0225 NFPA 101 SS=F Stairways and Smokeproof Enclosures			ackenreef Englesures						
SS=F Stairways and Smokeproof Enclosures Bldg. 01 Stairways and Smokeproof Enclosures									
Stairways and Smokeproof enclosures used	Diag. 01	1	•						

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i '		X1) PROVIDER/SUPPLIER/CLIA	l í		ONSTRUCTION	(X3) DATE S	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER		JILDING	01	COMPLETED	
		155121	B. WING 06/17/2024				
NAME OF P	PROVIDER OR SUPPLIE	R			ADDRESS, CITY, STATE, ZIP COD		
					NION ST		
ROSEWA	ALK VILLAGE AT L	AFAYETTE		LAFAY	ETTE, IN 47904		
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	``	NCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI	IATE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
		cordance with 7.2.					
		, 19.2.2.3, 19.2.2.4, 7.2					0=11010001
		on and interview, the facility	K 0	225	K- 255 Stairways and		07/10/2024
	-	continuous protected path of			Smokeproof Enclosures		
		scharge for 4 of 4 stairwell exits			NAME of a superation of the su		
		LSC section 7.2 Means of ss. LSC 7.2.3.5.1 requires every			What corrective action(s) wi	III	
		•			be accomplished for those	_	
	-	sure shall discharge into a yard or court having direct			residents found to have bee	eri	
	access to a public v	-			affected by the deficient		
	-	exit passageways shall be			practice:		
		other than the entrance from the			No residents were affected, a	ne	
					facility passed the Fire Safety	II	
	smoke proof enclosure and the door to the outside yard, court, or public way. The exit passageway shall be separated from the remainder				Evaluation System (FSES) w		
					was completed on 7/10/24.	IIIOII	
		a two-hour fire resistance			was completed on 17 forza.		
		ent practice could affect all					
	-	visitors in the facility.			How other residents having	,	
	,	j			the potential to be affected	-	
	Findings include:				the same deficient practice	-	
					be identified and what		
	Based on observati	ons made with the			corrective action(s) will be		
	Maintenance Super	rvisor during a tour of the			taken:		
	facility between 11	:30 a.m. and 2:06 p.m. on					
		of the four exit stairwells did not			No residents were affected, a	as	
		blic way, into a yard or court			facility passed the Fire Safety	/	
	_	ss to a public way, or into an			Evaluation System (FSES) w	hich	
		Based on interview at the time of			was completed on 7/10/24.		
		ne Maintenance Supervisor					
	-	ne four exit stairwells do not			What measures will be put i	nto	
		blic way, into a yard or court			place and what systemic		
		ss to a public way, or into an			changes will be made to		
	exit passageway.				ensure that the deficient		
		the standard to			practice does not recur:		
	_	n discussed at the exit			F0F0 1.1 7.44	0/04	
	conterence held on	06/17/24 at 2:17 p.m.			FSES was completed on 7/10		
	2.1.10(1-)				which indicates the facility me		
	3.1-19(b)				level of LSC equivalent to the		
					prescribed NFPA 101, LSC fo	or	
			1		Health Care Occupancy.		

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CENTERS FOR MEDICARE & MEDICAID SERVICES					OMB NO. 0938-039		
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (IDENTIFICATION NUMBER) 155121		A. BU	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED 06/17/2024	
	PROVIDER OR SUPPLIER			1903 UI	ADDRESS, CITY, STATE, ZIP COD NION ST ETTE, IN 47904		
(X4) ID PREFIX TAG	(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)	ATE	(X5) COMPLETION DATE
					How the corrective action(s) will be monitored to ensure deficient practice will not recur, i.e., what quality assurance program will be pinto place: FSES was completed on 7/10 which indicates the facility melevel of LSC equivalent to the prescribed NFPA 101, LSC for Health Care Occupancy. ED wensure FSES is conducted annually By what date the systemic changes for each deficiency will be completed: Compliance date: 7/10/24	the out 0/24, t the or will	
K 0353 SS=E Bldg. 01	Sprinkler System Automatic sprinkle are inspected, tes accordance with N Inspection, Testin Water-based Fire Records of system inspection and tes secure location ar	- Maintenance and Testing - Maintenance and Testing er and standpipe systems ted, and maintained in IFPA 25, Standard for the g, and Maintaining of Protection Systems. In design, maintenance, etting are maintained in a and readily available. system last checked					

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c) Water system supply source

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155121		A. BU	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED 06/17/2024	
NAME OF PROVIDER OR SUPPLIER					ADDRESS, CITY, STATE, ZIP COD		
ROSEWA	ALK VILLAGE AT L	AFAYETTE	_		INION ST ETTE, IN 47904		
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	ATE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION RKS information on		TAG	Daniela.ve.i /		DATE
		non-required or partial					
	automatic sprinkle						
	9.7.5, 9.7.7, 9.7.8,	<u> </u>					
		on and interview, the facility	K 0	353	K 353- Sprinkler System-		07/23/2024
		of over 100 sprinkler heads in			Maintenance and Testing		
	the facility were cle	an, free of foreign materials,			_		
	and corrosion. NFP	A 25, 2011 edition, at 5.2.1.1.1			What corrective action(s) w	ill	
	_	show signs of leakage; shall			be accomplished for those		
		, foreign materials, paint, and			residents found to have been		
		nd shall be installed in the			affected by the deficient		
		(e.g., up-right, pendent, or			practice:		
	· · · · · · · · · · · · · · · · · · ·	ore, at 5.2.1.1.2 any sprinkler			The 16 identified sprinkler he	ads	
	_	any of the following shall be			were immediately replaced.		
		age (2) Corrosion (3) Physical			l		
		f fluid in the glass bulb heat		How other residents have			
	-	(5) Loading (6) Painting		potential to be affected I			
		ne sprinkler manufacturer. This puld affect as many as 14			same deficient practice will		
	_	nd 2 visitors in the facility.			identified and what correcting action(s) will be taken:	ve	
	residents, o starr, ar	id 2 visitors in the facility.			14 residents, 8 staff and 2 vis	ritor	
	Findings include:				have the potential to be affect		
	1 maniga merada.				by deficient finding. A facility		
	Based on observation	ons made with the			audit will be conducted to en		
		visor during a tour of the			that all sprinkler heads are cl		
	_	30 a.m. and 2:06 p.m. on			and free from debris or paint.		
	06/17/24, the follow	ving was noted:			sprinkler heads identified from	-	
	, , , , , , , , , , , , , , , , , , ,	on the sidewall sprinkler			audit will be replaced.		
	heads in the followi	_					
	· ·	n #101. #102, #103, #105, #107,			What measures will be put i	nto	
	#141, #143				place and what systemic		
	· ·	on the upright sprinkler heads			changes will be made to		
	in the following Res				ensure that the deficient		
	· · · · · · · · · · · · · · · · · · ·	1#104, #106, #108, #109, #125,			practice does not recur:		
	#129, #135, #136, #	#139, and #144. ew at the time of each			Maintenance staff will be	, f	
		ew at the time of each intenance Supervisor stated			in-serviced on Maintenance of		
		oms had been recently painted,			Sprinkler Heads on or before		
					7/23/24. Maintenance or desi	-	
	but he was not aware of all the paint the painters				will continue to observe sprin		

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155121		A. BUILDING B. WING	01	COMPLETED 06/17/2024				
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	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ID CY MUST BE PRECEDED BY FULL PREFIX LISC IDENTIFYING INFORMATION TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) DATE				
	throughout the facility. This item was again discussed at the exit			and free of debris weekly or moften as needed.	ore			
	_	06/17/24 at 2:17 p.m.		How the corrective action(s) will be monitored to ensure to deficient practice will not recur, i.e., what quality assurance program will be printo place: Ongoing compliance with this corrective action will be monitor through the facility Quality Assurance and Performance Improvement Program (QAPI) Maintenance Director/designe will be responsible for complete the QAPI Audit tool "Life Safett POC" monthly for 4 months and 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 Commit for review and follow up. By what date the systemic changes for each deficiency will be completed: Compliance Date: 7/23/24	ut ored . The e ting by nd t 2 s not			
K 0000								
Bldg. 02	Licensure Survey w	Recertification and State as conducted by the Indiana th in accordance with 42 CFR	K 0000					

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STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFIC		IDENTIFICATION NUMBER	A. BUILDIN	IG	02	COMPLETED		
		155121	B. WING				06/17/2024	
			STR	EET A	ADDRESS, CITY, STATE, ZIP COD			
NAME OF P	PROVIDER OR SUPPLIEF	8			NION ST			
ROSEWA	ALK VILLAGE AT L	AFAYETTE	LAI	FAYE	ETTE, IN 47904			
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	ID		PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX		ICY MUST BE PRECEDED BY FULL	PREFI		(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION	
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION	TAC	j	DEFICIENCY)		DATE	
	Facility Number: 0	000051						
	Provider Number:							
	AIM Number: 100							
	/ 111vi i valilioci. 100	213 170						
	At this Life Safety	Code survey, Rosewalk Village						
		und not in compliance with						
	Requirements for P	-						
	Medicare/Medicaid	l, 42 CFR Subpart 483.90(a),						
	Life Safety from Fi	re and the 2012 edition of the						
	National Fire Prote	ction Association (NFPA) 101,						
	Life Safety Code, (LSC), Chapter 19, Existing						
	Health Care Occupa	ancies and 410 IAC 16.2.						
		sprinklered and consisted of: a						
		of Type V (000) construction						
	1	lding determined to be Type V						
		was surveyed as two building						
		construction Types. The						
	1	arm system with hard wired						
		the corridors and spaces open						
		sident rooms are equipped						
		ed smoke detectors. The						
		ity for 141 residents and had a						
	census of 107 at the	e time of this survey.						
	All areas where res	idents have customary access						
		The facility has two detached						
	_	buildings which were not						
	sprinklered.							
	1							
	Quality Review cor	mpleted on 06/24/24						

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