

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

PRINTED: 08/19/2024
FORM APPROVED
OMB NO. 0938-0391

| | | | | | | | |
|--|--|--|--|---|--|--|----------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155121 | | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 02 B. WING _____ | | (X3) DATE SURVEY COMPLETED R 08/15/2024 | |
| NAME OF PROVIDER OR SUPPLIER ROSEWALK VILLAGE AT LAFAYETTE | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1903 UNION ST LAFAYETTE, IN 47904 | | | |
| (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) | | (X5) COMPLETION DATE |
| {K 000} | INITIAL COMMENTS A Fire Safety Evaluation (FSES) Survey and a Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 06/17/24 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a). Survey Date: 08/15/24 Facility Number: 000051 Provider Number: 155121 AIM Number: 100275490 At this FSES survey, Rosewalk Village at Lafayette was found in compliance with National Fire Protection Association (NFPA) 101A, Chapter 4, Fire Safety Evaluation System for Health Care Occupancies in regard to the PSR to the Life Safety Code Recertification and State Licensure Survey. Achieving a passing score on the FSES survey for Health Care Occupancies found in Chapter 4 of NFPA 101A, Guide on Alternative Approaches to Life Safety, 2013 Edition, shows the facility provides a level of Life Safety at least equivalent to that prescribed by NFPA 101, Life Safety Code (LSC). The facility was surveyed with Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2. This facility is fully sprinklered and consisted of: a one-story building of Type V (000) construction and a two-story building determined to be Type V (111). The facility was surveyed as two building due to the different construction Types. The facility has a fire alarm system with hard wired smoke detection in the corridors and spaces open to the corridors. Resident rooms are | | | {K 000} | | | |

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

TITLE

(X6) DATE

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.

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

PRINTED: 08/19/2024
FORM APPROVED
OMB NO. 0938-0391

| | | | | | |
|--|--|--|--|----------------------------|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155121 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 02 B. WING _____ | | (X3) DATE SURVEY COMPLETED R 08/15/2024 |
| NAME OF PROVIDER OR SUPPLIER ROSEWALK VILLAGE AT LAFAYETTE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1903 UNION ST LAFAYETTE, IN 47904 | | |
| (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) | (X5) COMPLETION DATE | |
| {K 000} | Continued From page 1 equipped with battery powered smoke detectors. The facility has the capacity for 141 residents and had a census of 110 at the time of this survey. All areas where residents have customary access were sprinklered. The facility has two detached equipment storage buildings which were not sprinklered. Quality Review completed on 08/16/24 | {K 000} | | | |
| {K 000} | INITIAL COMMENTS A Fire Safety Evaluation (FSES) Survey and a Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 06/17/24 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a). Survey Date: 08/15/24 Facility Number: 000051 Provider Number: 155121 AIM Number: 100275490 At this FSES survey, Rosewalk Village of Lafayette was found in compliance with National Fire Protection Association (NFPA) 101A, Chapter 4, Fire Safety Evaluation System for Health Care Occupancies in regard to the PSR to the Life Safety Code Recertification and State Licensure Survey. Achieving a passing score on the FSES survey for Health Care Occupancies found in Chapter 4 of NFPA 101A, Guide on Alternative Approaches to Life Safety, 2013 Edition, shows the facility provides a level of Life Safety at least equivalent to that prescribed by NFPA 101, Life Safety Code (LSC). The facility | {K 000} | | | |

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

PRINTED: 08/19/2024
FORM APPROVED
OMB NO. 0938-0391

| | | | | | |
|--|---|--|--|----------------------------|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155121 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 02 B. WING _____ | | (X3) DATE SURVEY COMPLETED R 08/15/2024 |
| NAME OF PROVIDER OR SUPPLIER ROSEWALK VILLAGE AT LAFAYETTE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1903 UNION ST LAFAYETTE, IN 47904 | | |
| (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) | (X5) COMPLETION DATE | |
| {K 000} | Continued From page 2 was surveyed with Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2. This facility is fully sprinklered and consisted of: a one-story building of Type V (000) construction and a two-story building determined to be Type V (111). The facility was surveyed as two building due to the different construction Types. The facility has a fire alarm system with hard wired smoke detection in the corridors and spaces open to the corridors. Resident rooms are equipped with battery powered smoke detectors. The facility has the capacity for 141 residents and had a census of 110 at the time of this survey. All areas where residents have customary access were sprinklered. The facility has two detached equipment storage buildings which were not sprinklered. Quality Review completed on 08/16/24 | {K 000} | | | |
| {K 225} SS=F | Stairways and Smokeproof Enclosures CFR(s): NFPA 101 Stairways and Smokeproof Enclosures Stairways and Smokeproof enclosures used as exits are in accordance with 7.2. 18.2.2.3, 18.2.2.4, 19.2.2.3, 19.2.2.4, 7.2 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to provide a continuous protected path of travel to an exit discharge for 4 of 4 stairwell exits in accordance with LSC section 7.2 Means of | {K 225} | Correction obviated - Passed FSES | | |

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

PRINTED: 08/19/2024
FORM APPROVED
OMB NO. 0938-0391

| | | | | | |
|--|--|--|--|----------------------------|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155121 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 02 B. WING _____ | | (X3) DATE SURVEY COMPLETED R 08/15/2024 |
| NAME OF PROVIDER OR SUPPLIER ROSEWALK VILLAGE AT LAFAYETTE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1903 UNION ST LAFAYETTE, IN 47904 | | |
| (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) | (X5) COMPLETION DATE | |
| {K 225} | <p>Continued From page 3</p> <p>Egress Components. LSC 7.2.3.5.1 requires every smoke proof enclosure shall discharge into a public way, into a yard or court having direct access to a public way, or into an exit passageway. Such exit passageways shall be without openings other than the entrance from the smoke proof enclosure and the door to the outside yard, court, or public way. The exit passageway shall be separated from the remainder of the building by a two-hour fire resistance rating. This deficient practice could affect all residents, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on observations made with the Maintenance Supervisor during a tour of the facility originall on 06/17/24 and 08/15/24 all four of the four exit stairwells did not discharge into a public way, into a yard or court having direct access to a public way, or into an exit passageway.</p> <p>3.1-19(b)</p> | {K 225} | | | |