

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 01/19/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ROSE SENIOR LIVING CARMEL	STREET ADDRESS, CITY, STATE, ZIP CODE 1285 FAIRFAX MANOR DRIVE CARMEL, IN 46032
---	---

(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.</p> <p>Survey dates: January 17, 18, and 19, 2023</p> <p>Facility number: 013719</p> <p>Residential Census: 55</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review was completed on January 25, 2023.</p>	R 0000		
R 0092 Bldg. 00	<p>410 IAC 16.2-5-1.3(i)(1-2) Administration and Management - Noncompliance</p> <p>(i) The facility must maintain a written fire and disaster preparedness plan to assure continuity of care of residents in cases of emergency as follows:</p> <p>(1) Fire exit drills in facilities shall include the transmission of a fire alarm signal and simulation of emergency fire conditions, except that the movement of nonambulatory residents to safe areas or to the exterior of the building is not required. Drills shall be conducted quarterly on each shift to familiarize all facility personnel with signals and emergency action required under varied conditions. At least twelve (12) drills shall be held every year. When drills are conducted between 9 p.m. and 6 a.m., a coded announcement may be used instead of audible alarms.</p> <p>(2) At least every six (6) months, a facility</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Mitch Backs	Executive Director	02/09/2023

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.

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 01/19/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ROSE SENIOR LIVING CARMEL	STREET ADDRESS, CITY, STATE, ZIP CODE 1285 FAIRFAX MANOR DRIVE CARMEL, IN 46032
---	---

(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 0274 Bldg. 00	<p>shall attempt to hold the fire and disaster drill in conjunction with the local fire department. A record of all training and drills shall be documented with the names and signatures of the personnel present.</p> <p>Based on interview and record review, the facility failed to provide documentation to show the fire department had been invited or attended a fire drill every six months. This deficient practice had the potential to affect 55 of 55 residents residing in the facility.</p> <p>Finding includes:</p> <p>Fire drills from 01/01/22 through 12/31/22 were reviewed, on 01/18/23 at 1:45 p.m., and upon review there was not any documentation to show the fire department had been invited to participate in any fire drills held in 2022.</p> <p>During an interview, on 01/18/23 at 2:25 p.m., the Maintenance Director indicated he had not invited the fire department to participate in any fire drills in 2022.</p> <p>A current policy, titled "FIRE ALARM DRILLS," dated as revised on 02/05/2015 and provided by the Executive Director on 01/18/23 at 4:00 p.m., did not indicate information related to the fire department being invited or attending any facility fire drills.</p> <p>410 IAC 16.2-5-5.1(g)(1-3) Food and Nutritional Services - Noncompliance (g) There shall be an organized food service department directed by a supervisor competent in food service management and knowledgeable in sanitation standards, food handling, food preparation, and meal service.</p>	R 0092	In response to 410 IAC 16.2-5-1.3(i)(1-2), in accordance with the regulation, facility Plant Director has scheduled two fire drills with the Carmel Fire Department to take place in February 2023 and August 2023. Facility will maintain this routine each year moving forward and maintain documentation as proof of collaboration.	02/03/2023

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 01/19/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ROSE SENIOR LIVING CARMEL	STREET ADDRESS, CITY, STATE, ZIP CODE 1285 FAIRFAX MANOR DRIVE CARMEL, IN 46032
---	---

(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
	<p>(1) The supervisor must be one (1) of the following:</p> <p>(A) A dietitian.</p> <p>(B) A graduate or student enrolled in and within one (1) year from completing a division approved, minimum ninety (90) hour classroom instruction course that provides classroom instruction in food service supervision who has a minimum of one (1) year of experience in some aspect of institutional food service management.</p> <p>(C) A graduate of a dietetic technician program approved by the American Dietetic Association.</p> <p>(D) A graduate of an accredited college or university or within one (1) year of graduating from an accredited college or university with a degree in foods and nutrition or food administration with a minimum of one (1) year of experience in some aspect of food service management.</p> <p>(E) An individual with training and experience in food service supervision and management.</p> <p>(2) If the supervisor is not a dietitian, a dietitian shall provide consultant services on the premises at peak periods of operation on a regularly scheduled basis.</p> <p>(3) Food service staff shall be on duty to ensure proper food preparation, serving, and sanitation.</p> <p>Based on observation, interview and record review, the facility failed to prevent foods from freezer burn, cover, label, and date foods, discard expired foods, keep perishable foods off the floor when stored, monitor and track dishwasher temperatures, ensure staff had hair nets on, and keep personal staff items out of the kitchen. This deficient had the potential to affect 55 or 55 residents who received food from the kitchen.</p>	R 0274	In response to 410 IAC 16.2-5-5.1(g) (1-3), the facility notes that no residents had been harmed due to this deficient practice, however, the facility does acknowledge the risk for potential harm. Facility would also note that the current Director of Culinary Services (DOCS) meets the requirements outlined in	03/05/2023

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 01/19/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ROSE SENIOR LIVING CARMEL	STREET ADDRESS, CITY, STATE, ZIP COD 1285 FAIRFAX MANOR DRIVE CARMEL, IN 46032
---	--

(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
	<p>Findings include:</p> <p>During a tour of the kitchen, on 01/17/23 at 10:05 a.m., with the Director of Food Services present the following was observed:</p> <p>1. Refrigerator</p> <p>a. Two boxes of pork egg rolls opened without an open date and no expiration date on the box.</p> <p>b. A plastic bin of chicken salad dated 01/09/23.</p> <p>c. A plastic bin containing 10 hot dogs uncovered without an open or use by date.</p> <p>d. A baking pan with two brown baked potatoes uncovered with no use by date.</p> <p>e. A metal pan with seven thawed steaks wrapped in plastic wrap with "Tuesday" label but without an open or use by date.</p> <p>f. A package of tilapia fish without an open or use by date.</p> <p>During an interview, at that time, the Director of Food Services indicated the chicken salad was good for 7 days, it was expired and should have been discarded.</p> <p>2. Freezer 1:</p> <p>a. 11 hamburgers in a pan open to air without a label or use by date.</p> <p>b. An open package of chicken tenders without an open or use by date.</p> <p>c. An open package of onion rings without an open or use by date.</p> <p>d. An open package of chicken burgers in a metal pan with ice formed on the sides of the pan and on the burgers, without a label or use by date.</p> <p>e. An open package of French fries without an open or use by date.</p> <p>f. Uncovered hashbrowns in a metal pan with ice formed on the sides of the pan and on the hashbrowns, without a label or use by date.</p>		<p>subsection (g). DOCS possesses a current Food Service Sanitation Manager Certification. All observations as noted in citation relating to improper food storage and handling were addressed and corrected prior to state exiting on January 19th, 2023. The facility will take the following steps to satisfy and maintain the requirements necessary to comply with the regulation.</p> <p>1) The DOCS will register and complete a Food Service Manager course approved by the American National Standards Institute (ANSI) to update knowledge and training in proper food safe sanitation standards. Certification will be renewed appropriately by DOCS as required by the certification body. This will be completed by March 5th, 2023.</p> <p>2) All food production team members will undergo Food Handler Certification training by March 31st, 2023. Certifications will be monitored and maintained by DOCS as required by the certification body.</p> <p>3) DOCS to complete mandatory in-service with all culinary services team members. In-service to cover proper food storage, handling, and sanitation practices as recommended by ANSI. This in-service will be completed by</p>	

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 01/19/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ROSE SENIOR LIVING CARMEL	STREET ADDRESS, CITY, STATE, ZIP CODE 1285 FAIRFAX MANOR DRIVE CARMEL, IN 46032
---	---

(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
	<p>g. Uncovered "veggie" burger in a metal pan with ice formed on the sides of the pan and on the burger, without a label or use by date.</p> <p>During an interview, at that time, the Director of Food Services indicated foods should be discarded when they appear to have freezer burn.</p> <p>3. Dry Storage Area:</p> <ul style="list-style-type: none"> a. Boxes of soda syrup on the floor. b. A 50-pound bag of corn meal on the floor. c. A 25-pound bag of corn starch with a measuring scoop inside the open bag, without a open or use by date. d. A large box of both regular potatoes and sweet potatoes on the floor. <p>During an interview, at that time, the Director of Food Services indicated no items should be located on the floor and scoops should not be stored inside the bags of dried food packages.</p> <p>4. Cooler:</p> <ul style="list-style-type: none"> a. A plastic bin of cooked sliced potatoes without an open or use by date. b. A plastic bag of sausages without a label or an open or use by date. c. A large package of chicken defrosting in an open bag without a date when defrosting was started or a use by date. d. A partially used package containing a ham shank without an open or use by date. e. 8 smoked sausages open to air without an open or use by date. f. 12 hot dogs open to air without an open or use by date. g. Sausage patties open to air without an open or use by date. h. Deli ham open to air without an open or use by date. 		<p>March 31st, 2023.</p> <p>4) To ensure continued compliance, DOCS (or designee) will conduct and document food storage, handling, and sanitation audits weekly through June 2023. From that point forward, audits will take place at random, monthly, to maintain compliance.</p>	

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 01/19/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ROSE SENIOR LIVING CARMEL	STREET ADDRESS, CITY, STATE, ZIP CODE 1285 FAIRFAX MANOR DRIVE CARMEL, IN 46032
---	---

(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
	<p>i. Multiple pork loin packages thawed without a date when defrosting was started or a use by date.</p> <p>j. A large open tube of hamburger with a red blood substance on the outside of the hamburger package without an open or use by date.</p> <p>k. A quart of buttermilk, half used, with an expiration date of 01/16/23.</p> <p>l. A pan of hard-boiled eggs without a label or open or use by date.</p> <p>Freezer 2:</p> <p>a. Packages of individually wrapped lobster tails without an open or use by date.</p> <p>b. An open bag of dinner rolls without an open date.</p> <p>During an interview, at that time, the Director of Food Services indicated the buttermilk was expired and should have been discarded, foods should be in sealed containers, labeled, and have open or use by dates.</p> <p>General Observations:</p> <p>1. There were not any documented logs of dishwasher temps for both washing and sanitizing dishes.</p> <p>2. Under the prep table, there was a white disposable coffee like cup with a coffee like substance on top and an open water bottle.</p> <p>3. On the prep table, there was a white disposable coffee like cup.</p> <p>4. Under the grill top, there was a large, uncovered plastic container labeled "rou" without a date.</p> <p>During an interview, on 01/18/23 at 1:44 p.m., the Director of Food Services indicated he did not have a logbook to track the temperatures of the dishwasher.</p> <p>6. On 01/18/23 at 1:57 p.m., the Sous Chef was</p>			

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 01/19/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ROSE SENIOR LIVING CARMEL	STREET ADDRESS, CITY, STATE, ZIP CODE 1285 FAIRFAX MANOR DRIVE CARMEL, IN 46032
---	---

(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 0410 Bldg. 00	<p>observed without a hair net while cooking at the stove.</p> <p>During an interview, on 01/18/23 at 1:59 p.m., the Sous Chef indicated she should have a hair net on while cooking.</p> <p>During an interview, on 01/18/23 at 4:45 p.m., the Executive Director indicated there should not be any personal staff items in the kitchen, this included coffee cups and water bottles.</p> <p>During an interview, on 01/20/23 at 2:24 p.m., the Executive Director indicated the facility followed the rules and regulations of "Safe Serve" in the kitchen.</p> <p>A current policy, titled "COLD FOOD STORAGE," dated as revised August 2101 and provided by the Executive Director on 1/18/23 at 4:00 p.m., indicated "...7. Fruits and vegetables shall be stored in the crisp drawers...to preserve the fruit and vegetable quality of for longer periods of time. 8. Raw meat and poultry shall be wrapped securely so leakage and contamination of other foods of surfaces does not occur...10. Foods being prepared for the freezer shall be wrapped...to minimize dehydration and deterioration...."</p> <p>410 IAC 16.2-5-12(e)(f)(g) Infection Control - Noncompliance (e) In addition, a tuberculin skin test shall be completed within three (3) months prior to admission or upon admission and read at forty-eight (48) to seventy-two (72) hours. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered and read. (f) For residents who have not had a</p>			

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 01/19/2023
NAME OF PROVIDER OR SUPPLIER ROSE SENIOR LIVING CARMEL			STREET ADDRESS, CITY, STATE, ZIP COD 1285 FAIRFAX MANOR DRIVE CARMEL, IN 46032		
(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	
	<p>documented negative tuberculin skin test result during the preceding twelve (12) months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed within one (1) to three (3) weeks after the first test. The frequency of repeat testing will depend on the risk of infection with tuberculosis.</p> <p>(g) All residents who have a positive reaction to the tuberculin skin test shall be required to have a chest x-ray and other physical and laboratory examinations in order to complete a diagnosis.</p> <p>Based on record review and interview, the facility failed to administer a 2-step Tuberculin (TB) skin tests (a two-step test administered 1-3 weeks apart which was used to determine if a person had been exposed to tuberculosis), to administer the 2nd part of the 2 step TB skin test and failed to administer an annual Tuberculin (TB) skin test for 6 of 7 residents reviewed for TB skin testing. (Resident 1, 2, 4, 5, 3 and 7)</p> <p>Findings include:</p> <p>1. The record for Resident 1 was reviewed on 01/18/2023 at 12:31 p.m. Diagnoses included, but were not limited to, hypertension, fatigue, and hypothyroidism (a condition in which your thyroid gland did not produce enough thyroid stimulating hormone).</p> <p>A Resident Face Sheet Profile indicated Resident 1 was admitted to the facility on 05/31/2022.</p> <p>There was not any documentation in the resident's record indicating she received a 1st or 2nd step TB test upon or before admission.</p>	R 0410	<p>In response 410 IAC 16.2-5-12(e) (f)(g), facility notes that no residents were harmed due to this deficient practice but acknowledges the potential risk. Facility will take the following steps to achieve and maintain full compliance.</p> <p>1) Current resident charts will be audited for complete compliance by Director of Health Services (DOHS), Health Services Assistant (HSA), and any other DOHS designee. All charts that do not meet the requirements of 410 IAC 16.2-5-12(e)(f)(g), will be corrected immediately. This will be completed by March 10th, 2023.</p> <p>2) DOHS to conduct in-service with all LPN's employed by facility educating them on facility policy relating to TB screening and documentation. This will be completed by February 22nd,</p>	03/10/2023	

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 01/19/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ROSE SENIOR LIVING CARMEL	STREET ADDRESS, CITY, STATE, ZIP CODE 1285 FAIRFAX MANOR DRIVE CARMEL, IN 46032
---	---

(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
	<p>2. The record for Resident 2 was reviewed on 01/18/2023 at 2:38 p.m. Diagnoses included, but were not limited to, diabetes mellitus, depression, and anxiety.</p> <p>There was not any documentation in the resident's record indicating he received a 1st or 2nd step TB test upon or before admission.</p> <p>3. The record for Resident 4 was reviewed on 01/18/23 at 2:48 p.m. Diagnoses included, but were not limited to, restless leg syndrome, anxiety, and dementia.</p> <p>A Resident Face Sheet Profile indicated Resident 4 was admitted to the facility on 01/31/22.</p> <p>A Resident tuberculosis Screening Record indicated the resident received a 1st step TB test on 1/31/22. There was not any documentation the resident received the 2nd step 1 to 3 weeks later.</p> <p>4. The record for Resident 5 was reviewed on 1/18/23 at 3:30 p.m. Diagnoses included, but were not limited to, hypertension, dementia, and epilepsy (a disorder in the brain functioning which could lead to seizures).</p> <p>A Resident Face Sheet Profile indicated Resident 5 was admitted to the facility on 12/12/22.</p> <p>A Resident tuberculosis Screening Record indicated the resident received a 1st step TB test on 12/13/22. There was not any documentation the resident received the 2nd step 1 to 3 weeks later.</p> <p>During an interview, on 1/18/23 at 4:15 p.m., the Director of Nursing indicated Resident 1 and 2 should have received a 2-step TB test upon</p>		<p>2023.</p> <p>3) All new move ins will receive first step upon move in and second step within 7-21 days following a negative first step per state guidance. TB screening questionnaire to be completed annually by nursing personnel on or around the anniversary date of resident admission.</p>	

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

PRINTED: 02/16/2023
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 01/19/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ROSE SENIOR LIVING CARMEL	STREET ADDRESS, CITY, STATE, ZIP CODE 1285 FAIRFAX MANOR DRIVE CARMEL, IN 46032
---	---

(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
	<p>admission and Resident 4 and 5 should have received the 2nd step 1 to 3 weeks after the administration of the 1st step.</p> <p>5. The record for Resident 3 was reviewed on 01/18/2023 at 2:42 p.m. Diagnoses included, but were not limited to, dementia, hypertension, and anxiety.</p> <p>A Resident Face Sheet Profile indicated Resident 3 was admitted to the facility on 12/02/2021.</p> <p>6. The record for Resident 7 was reviewed on 01/19/23 at 11:01 a.m. Diagnoses included, but were not limited to, hypertension, mood disorder, and dementia.</p> <p>A Resident Face Sheet Profile indicated Resident 7 was admitted to the facility on 08/30/20.</p> <p>During an interview, on 01/18/2023 at 4:15 p.m., the Director of Nursing indicated residents should receive a TB screening test annually and he could not provide documentation either resident received a TB test in 2022.</p> <p>During an interview, on 01/18/2023 at 4:20 p.m., the Executive Director indicated the facility did not have a specific policy in place indicating residents needed to receive a tuberculosis test. The facility followed all state regulations and guidelines.</p> <p>A current policy, titled "PRE-ADMISSION PROCESS," dated as revised on 04/04/18 and provided by the Executive Director on 01/18/23 at 4:00 p.m., indicated "...current healthcare providers assessments and evidence of contagious diseases must be provided...."</p>			