

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 05/22/2025
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NAME OF PROVIDER OR SUPPLIER ROSE SENIOR LIVING CARMEL	STREET ADDRESS, CITY, STATE, ZIP COD 1285 FAIRFAX MANOR DRIVE CARMEL, IN 46032
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R 0000 Bldg. 00	<p>This visit was for a State Residential Licensure Survey. This visit included the Investigation of Complaints IN00459428 and IN00455940.</p> <p>Complaint IN00459428-No deficiencies related to the allegations are cited.</p> <p>Complaint IN00455940-No deficiencies related to the allegations are cited.</p> <p>Survey dates: May 21 and 22, 2025.</p> <p>Facility number: 013719</p> <p>Residential Census: 83</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review was completed on May 23, 2025.</p>	R 0000	<p>The following is the Plan of Correction for Rose Senior Living Carmel regarding the Statement of Deficiencies dated 5/22/2025. Please accept this Plan of Correction as confirmation of our ongoing efforts to comply with regulatory requirements.</p>	
R 0116 Bldg. 00	<p>410 IAC 16.2-5-1.4(a) Personnel - Noncompliance</p> <p>Based on interview and record review, the facility failed to ensure employees' files contained pre-employment references for 2 of 5 employees reviewed for employee records. (CNA 3 and CNA 6)</p> <p>Findings include:</p> <p>A review of the employee files, on 5/22/25 at 11:21 a.m., indicated the following employees did not have pre-employment references located in their file:</p>	R 0116	<p>1. Corrective Action for Affected Residents: No residents were directly affected. However, the personnel files for CNA 3 and CNA 6 will be updated to include documented reference checks.</p> <p>2. Identification of Other Potentially Affected Residents: A full audit of all employee files will be conducted to identify any missing reference checks. Any missing documentation will be</p>	07/05/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Angela Martinez	Executive Director	06/05/2025

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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R 0119 Bldg. 00	<p>1. CNA 3 with a hire date of 4/1/25. 2. CNA 6 with a hire date of 3/27/25.</p> <p>During an interview, on 5/22/25 at 2:45 p.m., the Director of Nursing (DON) indicated the facility could not locate the pre-employment references for CNA 3 or 6.</p> <p>A current facility document, titled "NEW HIRE CHECKLIST - INDIANA," dated as last reviewed on 8/2021 and received from the Administrator on 5/23/25 at 11:21 a.m., indicated "...Reference checks completed..."</p> <p>410 IAC 16.2-5-1.4(d)(1)(A-E)(2)(A-D)(3)-Personnel - Noncompliance</p> <p>Based on interview and record review, the facility failed to ensure employees completed general and specific orientation checklists for 2 of 10 employees reviewed for orientation. (CNA 6 and CNA 7)</p> <p>Findings include:</p> <p>1. The employee record for Certified Nursing Assistant (CNA) 6, with a hire date of 3/27/25, was reviewed on 5/22/25 at 11:21 a.m. A general or specific orientation checklist was not located.</p> <p>2. The employee record for CNA 7, with a hire date of 8/31/21, was reviewed on 5/22/25 at 11:21 a.m. A general orientation checklist was not located.</p> <p>During an interview, on 5/22/25 at 2:45 p.m., the Director of Nursing (DON) indicated the facility</p>	R 0119	<p>obtained and filed.</p> <p>3. Systemic Changes: The "New Hire Checklist" will be revised to require HR to verify and document by signature that at least two reference checks have been completed before the employee's start date.</p> <p>4. Monitoring and QA: HR will conduct monthly audits of 10% of new hire files to ensure compliance. Results will be reviewed in monthly QA meetings.</p> <p>5. Completion Date: Corrective action and systematic changes will be completed by July 5, 2025.</p> <p>1. Corrective Action for Affected Residents: No residents were directly affected. However, CNA 6 and CNA 7 will complete a re-orientation, and documentation will be added to their personnel files.</p> <p>2. Identification of Other Potentially Affected Residents: A review of all current employees will be conducted to ensure orientation documentation is complete. Any missing documentation will be addressed through re-orientation and proper filing.</p> <p>3. Systemic Changes: HR will maintain a tickler file to</p>	07/05/2025

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R 0121 Bldg. 00	<p>could not locate documentation of orientation information for CNA 6 and 7.</p> <p>A current facility document, titled "Orientation," undated and received from the Administrator on 5/23/25 at 11:21 a.m., indicated "...New Hire Orientation: New employees will meet with the HR team to complete the required administrative tasks and paperwork. Community Orientation: New employees will meet with management teams to learn about our culture, policies, and procedures. Departmental Orientation: New employees will meet with their team leader and manager to learn about departments, understand expectations of the role, and meet their teammates...."</p> <p>410 IAC 16.2-5-1.4(f)(1-4) Personnel - Noncompliance</p> <p>Based on interview and record review, the facility failed to maintain a health record of each employee which included tuberculosis (TB) testing and annual health screenings for tuberculosis for 6 of 10 employees reviewed for TB. (Dementia Care Director 2, QMA 4, QMA 5, QMA 8, CNA 9 and CNA10).</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Dementia Care Director 2 was hired on 1/17/24. The employee's health record did not contain a 1st or 2nd step TB test or annual health screenings. 2. Qualified Medication Assistant (QMA) 4 was hired on 4/12/22. The employee's health record did not contain a 1st or 2nd step TB test or annual health screenings. 3. QMA 5 was hired on 10/25/21. The employee's health record did not contain a 1st or 2nd step TB 	R 0121	<p>ensure that the General and Job Specific Checklists are completed and turned in prior to the employee working independently.</p> <p>4. Monitoring and QA: HR will review the tickler file weekly and follow up on any outstanding documentation.</p> <p>5. Completion Date: Corrective action and systematic changes will be completed by July 5, 2025.</p> <p>1. Corrective Action for Affected Residents: The six employees identified (Dementia Care Director 2, QMA 4, QMA 5, QMA 8, CNA 9, CNA 10) were immediately scheduled for TB testing and health screenings. Results will be documented in their health records.</p> <p>2. Identification of Other Potentially Affected Residents: An audit of all employee health records will be completed. Any missing TB tests or annual screenings will be scheduled and documented.</p> <p>3. Systemic Changes: The "New Hire Checklist" will be revised to require HR to verify and document by signature that TB</p>	06/30/2025

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	<p>test or annual health screenings.</p> <p>4. QMA 8 was hired on 9/22/20. The employee's health record did not contain a 1st or 2nd step TB test or annual health screenings.</p> <p>5. Certified Nursing Assistant (CNA) 9 was hired on 9/10/18. The employee's health record did not contain a 1st or 2nd step TB test or annual health screenings.</p> <p>6. CNA 10 was hired on 11/30/22. The employee's health record did not contain a 1st or 2nd step TB test or annual health screenings.</p> <p>During an interview, on 5/22/25 at 2:45 p.m., the Director of Nursing (DON) indicated they could not locate the TB records in the employees' health records.</p> <p>A current facility policy, titled "PRE-EMPLOYMENT TB TESTING AND FREE FROM COMMUNICABLE DISEASE," dated as last revised 8/2023 and received from the Administrator on 5/23/25 at 11:21 a.m., indicated "...When utilizing the TB skin test, the first step of the two-step TB skin test will be administered and read prior to any resident engagement...."</p>		<p>testing has been completed before the employee's start date. Annual TB screenings will be conducted each June to ensure all employees are screened annually.</p> <p>4. Monitoring and QA: The HR Director will review the new hire checklists prior to an employees start date to ensure TB compliance.</p> <p>5. Completion Date: All annual screenings will be completed by June 30, 2025. Systemic changes are effective immediately.</p>	