

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155757	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/20/2025
NAME OF PROVIDER OR SUPPLIER Rosegate Village		STREET ADDRESS, CITY, STATE, ZIP CODE 7510 Rosegate Dr Indianapolis, IN 46237	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>45292</p> <p>Based on interview and record review, the facility failed to protect the residents' rights to be free from misappropriation of property for 1 of 2 allegations of misappropriation of property. (RN 3, Resident D, Resident E)</p> <p>Findings include:</p> <p>During an interview on 2/20/25 at 9:40 a.m., the Administrator indicated that during a facility wide audit, it was brought to management's attention on 1/29/25 that a few narcotic count sheets, whose counts were correct and had been initially thought to be fine, appeared to have medications signed out for residents who had been out at the hospital at the time of the suspicious administration. The two suspicious narcotic administration sheets, one for Resident D and one for Resident E, had each been signed out by RN 3. RN 3 had a drug screening test on 1/29/25 after the reasonable suspicion was discovered from the medications signed out for residents who were not physically in the building. RN 3 tested positive for both opioids and benzodiazepines. RN 3 did not confess to taking the residents' medications, telling the Administrator RN 3 had taken hydrocodone from an old prescription that belonged to RN 3 and that RN 3 had taken Xanax from a family member's prescription. RN 3 was terminated for misappropriation of resident medications for the suspected drug diversion.</p> <p>On 2/20/25 at 11:55 a.m., the clinical records for Resident D was reviewed. The diagnoses for Resident D included, but were not limited to, chronic lymphocytic leukemia (a type of cancer that affects white blood cells), pneumonia, and congestive heart failure (a condition where the heart can't pump blood effectively).</p> <p>The Scheduled 5-Day MDS assessment, dated 1/21/25, indicated Resident D was cognitively intact.</p> <p>A physician's order, initiated 1/16/25, indicated Resident D had hydrocodone-acetaminophen 5-325 mg, ordered once as needed every six hours.</p> <p>Resident D's narcotic count sheet for the hydrocodone-acetaminophen 5-325 mg order had a tablet signed out on 1/28/25 at 8:00 a.m. by RN 3. Resident D was transferred out to the hospital on 1/21/25 and did not return to facility.</p> <p>On 2/20/25 at 11:55 a.m., the clinical records for Resident E was reviewed. The diagnoses for Resident E included, but were not limited to, sepsis (a severe potentially life-threatening infection) and congestive heart failure.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>The Significant Change in Status MDS assessment, dated 2/4/25, indicated that Resident E had severe cognitive impairment.</p> <p>A physician's order, initiated 1/3/25 and discontinued 1/30/25, indicated Resident E had oxycodone (a prescription-controlled opioid substance used to treat pain) 5 mg, ordered every four hours as needed.</p> <p>Resident E's narcotic count sheet for oxycodone 5 mg order had a tablet signed out for 1/8/25 at 8:00 a.m. by RN 3. Resident E was transferred out to the hospital on 1/7/25 and did not return to the facility until 1/29/25.</p> <p>During an interview on 2/20/25 at 11:05 a.m., the Administrator stated RN 3 did not ever admit to taking any medications, however, the drug diversions had most likely occurred based on the two narcotic sheets signed out by RN 3 for residents who were not in the building at the alleged administration time.</p> <p>On 2/20/25 at 11:05 a.m., the Administrator provide a copy of the facility's abuse policy, titled Abuse Prohibition, Reporting, and Investigation, dated for February 2010, and indicated it was the policy in use by the facility. A review of the policy indicated that residents are to be free from abuse, including, but not limited to, misappropriation of resident property.</p> <p>This citation relates to Complaints IN00451925 and IN00452436.</p> <p>3.1-28(a)</p>		