STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155757	A. Building B. Wing	01/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rosegate Village	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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to ensure foods were served in a sanitary and safe manner for 2 of 3 observations. Staff hair was not covered while in the kitchen, food preparation, and serving areas. (Cook 2, Culinary Aide 3) Findings include: During a kitchen observation, on 1/13/26 from 11:25 a.m. to 11:35 a.m., the following was observed:- [NAME] 2 was observed working at the steamtable that held the noon meal foods. [NAME] 2 was observed taking the starting food temperatures and plating the noon meal. [NAME] 2 was observed wearing a white hair net that covered the hair above his ears to the top of his head. He was also observed wearing a beard restraint that covered the facial hair near the jaw line, below the ears and surrounding the lip area. [NAME] 2's facial hair, approximately one-half inch in length, located in front of the ears, was observed to not be covered. - Culinary Aide 3 was observed walking through-out the kitchen area and near the steamtable that held the noon meal foods. Culinary Aide 3 was observed wearing a white hair net. Culinary Aide 3's hair, in front of his ears and in the middle of his forehead area, approximately 2 inches in length, was observed to not be covered. During a follow-up kitchen observation, on 1/13/26 from 12:20 p.m. to 12:35 p.m., the following was observed: - [NAME] 2 was observed working at the steamtable that held the noon meal foods. [NAME] 2 was observed plating the noon meal and taking the ending food temperatures. [NAME] 2 was observed wearing a white hair net that covered the hair above his ears to the top of his head. He was also observed wearing a beard restraint that covered the facial hair near the jaw line, below the ears and surrounding the lip area. [NAME] 2's facial hair, approximately one-half inch in length, located in front of the ears, was observed to not be covered. - Culinary Aide 3 was observed walking through-out the kitchen area and near the steamtable that held the noon meal foods. Culinary Aide 3 was observed wearing a white hair net. Culinary Aide 3's hair, in front of his ears and in the middle of his forehead area, approximately 2 inches in length, was observed to not be covered. During an interview on 1/13/26 at 12:40 p.m., the Dietary Manager indicated dietary staff were to keep their hair covered while in the kitchen. On 1/13/26 at 1:45 p.m., the Executive Director provided a copy of the Culinary Personal Hygiene policy, dated May of 2025, and indicated it was the current policy in use by the facility. A review of the policy indicated, .all employees working in the culinary department must wear a clean hair restraint which effectively covers all hair.employees with facial hair.must wear a beard restraint that effectively covers all facial hair. On 1/13/26 at 3:00 p.m., a review of the Indiana Food Establishment Sanitation Requirements, Title 410 IAC 7-26, effective April 16, 2025, indicated, .food employees shall wear hair restraints, such as hair coverings or nets, beard restrains.that are designed and worn to effectively keep their hair form contacting .exposed foods. 3.1-21(i)(2)3.1-21(i)(3)

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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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. Based on record review and interview, the facility failed to ensure a resident was referred to the State-designated authority contractor for a Level I screening Resident Review (PASARR) mental health assessment for new diagnosis for mental illness evaluation and determination for 2 of 2 residents reviewed for PASARR. (Residents 12, Resident 79) Findings include: 1. On 1/15/26 at 11:35 a.m., Resident 79's clinical record was reviewed. The diagnoses included, but were not limited to, chronic diastolic (congestive) heart failure and major depressive disorder. Resident 79 was admitted to facility on 9/24/24 with a PASARR (Pre-admission Screening and Resident Review) Level I completed. On 9/24/24, a new diagnosis of psychotic disorder with hallucinations due to known physiological condition was added without a new PASARR Level I completed. A Quarterly Minimum Data Set (MDS) assessment, dated 12/9/25, indicated Resident 79 was moderately cognitively impaired. 2. On 1/15/26 at 1:05 p.m., Resident 12's clinical record was reviewed. The diagnoses included, but were not limited to, dementia, psychotic disturbance, mood disturbance, and anxiety. Resident was admitted to facility on 10/11/24 with a PASARR Level I completed. On 5/1/25 a new diagnoses of psychotic disorder with hallucinations was added without a new PASARR Level I completed. A Quarterly Minimum Data Set (MDS) assessment. dated 10/22/25, indicated Resident 12 was severely cognitively impaired. During an interview on 1/15/26 at 11:35 a.m. the Executive Director indicated that a PASARR Level I should be completed with any new diagnoses and a PASARR Level I was not completed for Resident 79 and Resident 12. On 1/15/26 at 11:35 a.m., the Executive Director provided a copy of an American Senior Communities Indiana PASARR Policy, dated 11/2017, and indicted that it was the current policy. The policy indicated it was the policy of the facility to ensure that any Pre-admission Screening and Resident Review (PASARR) recommendations which impact those with Intellectual, Mental Disability or related conditions were completed as prescribed and PASARR assessments were updated with significant changes in mental or physical status. 3.1-16(d)(1)(A)3.1-16(d)(1)(B)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. Based on record review and interview, the facility failed to hold blood pressure medications for a resident with low blood pressure per the physician orders for 1 of 26 clinical record reviews. (Resident 98) Finding includes: On 1/16/26 at 11:45 a.m., the clinical record of Resident 98 was reviewed. The diagnoses included, but was not limited to, venous insufficiency and hypertension. The Physician Orders included, but was not limited to: - Metoprolol succinate tablet, extended release 24 hour, 50 milligrams (mg), administer 50 mg, by mouth one time a day. Hold if systolic blood pressure is less than 110, or heart rate less than 60, initiated 1/8/26. - Lisinopril tablet 20 mg, by mouth one time a day, hold if systolic blood pressure is less than 110, initiated 1/8/26. A Vital Sign Record, dated 1/9/26, indicated Resident 98's systolic blood pressure was 90. A Medication Administration Record, dated January 2026, indicated lisinopril and metoprolol were administered on 1/9/26. During an interview on 1/16/26 at 12:03 p.m., the Director of Nursing indicated the lisinopril and metoprolol should have been held on 1/9/26 as indicated by the physician's order. During an interview on 1/20/26 at 8:55 a.m., the Director of Nursing indicated the facility was unable to provide a specific policy for following physician orders. The facility was to follow state and federal regulations. 35-(g)(2)