

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155336	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  09/13/2023
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NAME OF PROVIDER OR SUPPLIER  CHALET REHABILITATION AND HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 4851 TINCHER RD INDIANAPOLIS, IN 46221
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00412623.</p> <p>Complaint IN00412623 - Federal/State deficiencies related to the allegations are cited at F812.</p> <p>Survey date: September 13, 2023</p> <p>Facility number: 000229 Provider number: 155336 AIM number: 100266850</p> <p>Census Bed Type: SNF/NF: 77 Total: 77</p> <p>Census Payor Type: Medicare: 6 Medicaid: 37 Other: 34 Total: 77</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed September 15, 2023.</p>	F 0000	<p>9-22-2023</p> <p>ISDH ATT: Brenda Buroker Director of Division Long Term Care 2 North Meridian Street Indianapolis, Indiana 46204</p> <p>Facility# 000229 Provider# 155336 AIM# 100266850</p> <p>Re: Complaint Survey IN00412623 Chalet Rehabilitation and Healthcare Center 4851 Tincher RD Indianapolis, IN 46221</p> <p>Dear Ms. Buroker:</p> <p>On September 13, 2023, a Complaint Survey was conducted at Chalet Rehabilitation and Healthcare Center. Enclosed please find the Statement of Deficiencies with our facilities Plan of Correction for the alleged deficiencies. Please consider this letter and Plan of Correction to be the facility's credible allegation of compliance.</p> <p>We respectfully request a desk review that the facility has achieved substantial compliance with the applicable requirements</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Edward Hughes	Administrator	09/22/2023

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 disclosable 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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F 0812 SS=E Bldg. 00	<p>483.60(i)(1)(2) Food Procurement,Store/Prepare/Serve-Sanitary §483.60(i) Food safety requirements. The facility must -</p> <p>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. Based on observation, interview, and record review the facility failed to ensure food was stored</p>	F 0812	<p>as of the date set forth in the Plan of Correction of September 22,2023.</p> <p>Please feel free to call me with any further questions at 317-856-4851. Respectfully submitted, Edward Hughes, HFA Executive Director, Chalet Rehabilitation and Healthcare Center</p> <p><b>F812 E Food Procurement, Store/Prepare/Serve-Sanitary</b></p>	09/22/2023

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	<p>in a sanitary manner for 1 of 1 kitchen observations. Food was not dated.</p> <p>Finding includes:</p> <p>During the initial tour of the kitchen on 9/13/23 from 9:01 a.m. until 9:40 a.m., the freezer and refrigerator were observed.</p> <p>Inside the freezer the following was observed:</p> <ul style="list-style-type: none"> <li>- A large clear plastic opened bag, undated, that contained 1 chicken breast that was observed to be covered with small ice crystals.</li> <li>- A large clear plastic opened bag, undated, that contained green vegetables that was observed to have small ice crystals throughout the bag.</li> </ul> <p>Inside the refrigerator the following was observed:</p> <ul style="list-style-type: none"> <li>- An opened, undated, glass 32 ounce container. The glass container was half full of great value pickles with a use by date of 6/18/23.</li> <li>- An opened, undated, clear plastic 30 ounce container. The plastic container was half full of mayonnaise.</li> <li>- An opened, undated, clear plastic gallon container. The gallon container was 3/4 full of unsweet tea with a best by date of 2/18/23.</li> <li>- An opened, undated, clear plastic 74 ounce container. The plastic container was 3/4 full of maraschino cherries.</li> <li>- An opened, undated, glass 16 ounce jar. The glass jar was 1/2 full of pickle relish.</li> </ul>		<p><b>The facility requests paper compliance for this citation.</b></p> <p>This Plan of Correction is the center's credible allegation of compliance.</p> <p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</p> <p><b>1) Immediate actions taken for those residents identified:</b></p> <ul style="list-style-type: none"> <li>- No resident was identified to have been affected.</li> </ul> <p><b>2) How the facility identified other residents:</b></p> <ul style="list-style-type: none"> <li>- Any resident residing in the facility had the potential to be affected. however, no resident was identified to have been affected.</li> </ul> <p><b>3) Measures put into place/ System changes:</b></p> <ul style="list-style-type: none"> <li>- Dietary staff was educated on the following policy of food storage.</li> <li>- The Executive Director/ designee will conduct random observations 3 times weekly of food storage r/t labeling and</li> </ul>	

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	<p>- An opened, undated, plastic 128 ounce container. The plastic container was 1/4 full of mayonnaise. The Dietary Manager was unable to locate a use by or expiration date printed on the plastic container.</p> <p>- An opened, undated, clear plastic 32 ounce container. The container was 1/2 full of crushed garlic.</p> <p>- An opened, undated, plastic 128 ounce container. The container was 1/2 full of ranch salad dressing. The Dietary Manager was unable to locate a use by or expiration date printed on the plastic container.</p> <p>During an interview on 9/13/23 at 9:04 a.m., the Dietary Manager indicated any food items that were opened should have been dated for the date they were opened. The Dietary Manager was not sure what the expiration dates were for the 128 ounce container of ranch dressing or the 128 ounce container of mayonnaise. The Dietary Manager needed to call the company.</p> <p>On 9/13/23 at 11:48 a.m., the Regional Nurse provided a copy of a facility policy, titled Safe Food Handling, dated 9/1/21, and indicated this was the current policy used by the facility. A review of the policy indicated all foods will be covered and dated.</p> <p>This Federal tag relates to Complaint IN00412623.</p> <p>3.1-21(i)(2) 3.1-21(i)(3)</p>		<p>dating, food covered, and no employee food stored in kitchen and or resident refrigerators.</p> <ul style="list-style-type: none"> <li>Identified issues will be immediately addressed with additional education.</li> </ul> <p><b>4)How the corrective actions will be monitored:</b></p> <ul style="list-style-type: none"> <li>The responsible party for this plan of correction is the Dietary Manager with Executive Director oversight.</li> <li>Issues identified will be immediately addressed with 1-1 education and disciplinary action as required.</li> <li>The results of these audit will be reviewed in Quality Assurance Meeting monthly for 6 months or until 100% compliance is achieved x3 consecutive months.</li> <li>The QA Committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated.</li> </ul> <p><b>5)Date of compliance:</b> 9-22-2023</p>	