| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155336 | A. BUILDING _____ B. WING _____ | C 11/17/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| CHALET REHABILITATION AND HEALTHCARE CENTER | 4851 TINCHER RD INDIANAPOLIS, IN 46221 |

| (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 |
|---|---|---|---|---|
| F 000 | INITIAL COMMENTS | F 000 | | |

This visit was for the Investigation of Complaints IN00394798 and IN00393596.

Complaint IN00394798 - Unsubstantiated due to lack of evidence.

Complaint IN00393596 - Substantiated. No deficiencies related to the allegations are cited.

Survey date: November 17, 2022

Facility number: 00229
Provider number: 155336
AIM number: 100266850

Census Bed Type:
SNF/NF: 64
Total: 64

Census Payor Type:
Medicare: 1
Medicaid: 37
Other: 26
Total: 64

Chalet Rehabilitation and Healthcare Center was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the Investigation of Complaints IN00394798 and IN00393596.

Quality review completed November 21, 2022.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE