

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155249	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/24/2025
NAME OF PROVIDER OR SUPPLIER Chateau Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6006 Brandy Chase Cove Fort Wayne, IN 46815	

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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>29081</p> <p>Based on observation, interview and record review, the facility failed to ensure ceiling return air ducts were free from debris for 3 of 10 vents observed.</p> <p>Findings include:</p> <p>During an environmental tour on 1-24-25 at 11:01 AM, the following was observed:</p> <p>On Hall 100 south of the dining room, the ceiling air intake had gray, feathery debris.</p> <p>On Hall 100 on the memory unit, the ceiling air intake had gray, feathery matter in strings across the grate.</p> <p>On Hall 100 by nurse's station, the ceiling air intake had gray feathery matter on the grate.</p> <p>In an interview on 1-24-25 at 11:21 AM, the Administrator indicated the ceiling air intake vents should be free of debris.</p> <p>A review of an undated Deep Clean List, provided by the Administrator on 1-24-25 at 11:32 am, did not indicate the ceiling air intakes should be cleaned.</p> <p>This citation is related to complaint IN00448990.</p> <p>3.1-19(e)</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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