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	01/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Chalet Rehabilitation and Healthcare Center	4851 Tincher Rd Indianapolis, IN 46221

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on observation, interview and record review, the facility failed to ensure a comprehensive care plan was developed for a resident with an indwelling urinary catheter for 1 of 2 residents reviewed for urinary catheters. (Resident C) Finding includes:On 1/6/26 at 11:20 a.m., observed Resident C to have an indwelling urinary catheter. At that time, Resident C indicated the staff had taken good care of his urinary catheter since it had been placed. The clinical record for Resident C was reviewed on 1/7/26 at 9:43 a.m. The diagnoses included, but were not limited to, obstructive uropathy and benign prostatic hyperplasia. A current physician's order, initiated on 8/7/25, indicated Resident C had an indwelling urinary catheter. The Quarterly Minimum Data Set (MDS) assessment, dated 11/15/25, indicated Resident C was moderately cognitively impaired and had an indwelling urinary catheter. The clinical record for Resident C lacked a comprehensive care plan for Resident C's indwelling urinary catheter. On 1/7/26 at 11:58 a.m., the Director of Nursing provided a copy of a facility policy, titled Comprehensive Care Plans, dated 2/22/21, and indicated this was the current policy used by the facility. A review of the policy indicated the person centered comprehensive care plan was developed within seven days of the completion of the required MDS assessment and no later than 21 days after admission. This citation is related to Intake 2705290. 3.1-35(a)

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 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide for the safe, appropriate administration of IV fluids for a resident when needed. Based on observation, interview, and record review, the facility failed to ensure a resident's with a peripherally inserted central line (PICC) (a small tube inserted into a vein in the upper arm that extends to the top of the heart used to administer intravenous fluid/medications) was dated and initialed for 1 of 2 residents reviewed for quality of intravenous (IV) care. (Resident D) Finding includes:On 1/6/26 at 10:28 a.m., observed Resident D to have an IV (a small catheter inserted into the vein) in the right upper arm. The IV dressing was not dated or initialed. At that time, Resident D indicated he had been receiving antibiotics through his PICC (peripherally inserted central catheter) line. The clinical record for Resident D was reviewed on 1/6/26 at 2:08 p.m. The diagnoses included, but were not limited to, acute hematogenous osteomyelitis, peripheral vascular disease, and diabetes. A current physician's order, initiated on 1/3/26, indicated to change PICC line dressing every seven days and as needed. An admission Minimum Data Set (MDS) assessment, dated 12/31/25, indicated Resident D was cognitively intact. The Treatment Administration Record (TAR), dated 1/1/26 through 1/6/26, indicated Resident D's PICC line dressing was placed/changed on 1/3/26. On 1/7/26 at 9:47 a.m., observed Resident D's PICC line dressing to not be dated or initialed. At that time, Resident D indicated he didn't think it had been changed in over a week at least. On 1/7/26 at 12:00 p.m., the Director of Nursing provided an undated copy of a facility policy, titled PICC/Midline/CVAD Dressing Change, and indicated this was the current policy used by the facility. A review of the policy indicated it was the policy of the facility to change PICC line dressing every week or if soiled. 3.1-47(a)(2)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on interview and record review, the facility failed to ensure documentation was complete for 2 of 3 residents reviewed. The Treatment Administration Record was incomplete. (Resident B, Resident C) Finding includes:1. On 1/6/26 at 11:20 a.m., observed Resident C to have an indwelling urinary catheter. At that time, Resident C indicated the staff had taken good care of his urinary catheter since it had been placed.The clinical record for Resident C was reviewed on 1/7/26 at 9:43 a.m. The diagnoses included, but were not limited to, obstructive uropathy and benign prostatic hyperplasia.A quarterly Minimum Data Set (MDS) assessment, dated 11/15/25, indicated Resident C was moderately cognitively impaired and had an indwelling urinary catheter.The physician's orders included, but were not limited to: - Ensure catheter bag is covered, maintain urinary drainage bag below the bladder, keep tubing and bag from touching the floor, and empty bag every shift, initiated on 8/7/25. - Provide catheter care every shift, initiated on 8/7/25. The December 2025 TAR, dated 12/1/25 at 12:00 a.m., through 12/31/25 at 11:59 p.m., indicated the facility failed to ensure documentation was completed for the following treatments on the following days:- Ensure catheter bag is covered, maintain urinary drainage bag below the bladder, keep tubing and bag from touching the floor, and empty bag every shift. The TAR was left blank on 11/15/25 evening shift, 11/16/25 night shift, 11/19/25 evening and night shifts, 11/20/25 night shift, and 11/21/25 night shift. - Provide catheter care every shift. The TAR was left blank on 11/15/25 evening shift, 11/16/25 night shift, 11/19/25 evening and night shifts, 11/20/25 night shift, and 11/21/25 night shift. 2. The clinical record for Resident B was reviewed on 1/6/26 at 9:30 a.m. The diagnoses included, but were not limited to, heart failure, diabetes, cellulitis of right lower leg, and acquired absence of right leg above knee. A quarterly MDS assessment, dated 9/9/25, indicated Resident B was moderately cognitively impaired. The physician's orders included, but were not limited to:- Apply zinc oxide 20% ointment to coccyx every shift, initiated 11/10/25, and discontinued on 12/7/25.- Provide catheter care every shift, initiated 11/11/25, and discontinued on 12/7/25.- Monitor for new onset of frequency, urgency, malaise, dysuria, fever, persistent nausea and vomiting, flank pain, suprapubic pain, hematuria, increased urinary sediment, and new onset of altered mental status every shift for neurogenic bladder, initiated 11/11/25, and discontinued on 12/7/25.- Cleanse lower back skin tears with soap and water and pat dry. Apply a thick layer of sensi care cream (barrier cream), cover with Mepilex bordered sacrum dressing once daily on Mondays, Wednesday, and Fridays, initiated 11/12/25, and discontinued on 12/7/25.- Cleanse area to left distal medial thigh with normal saline and pat dry. Paint wound bed with betadine each shift, initiated 11/14/25, and discontinued on 11/22/25.- Cleanse left proximal medial thigh with wound cleanser and pat dry. Apply Medihoney to wound bed and cover with bordered gauze daily on Mondays, Wednesdays, and Fridays, initiated 11/17/15, and discontinued on 11/28/25.- Cleanse left lateral foot with wound cleanser and pat dry. Apply skin prep to peri-wound, apply collagen to wound bed then hydrocolloid daily on Mondays, Wednesdays, and Fridays, initiated 11/17/25, and discontinued on 12/7/25.- Cleanse left ischium with wound cleanser and pat dry. Apply hydrocolloid daily on Mondays, Wednesdays, and Fridays, initiated 11/19/25, and discontinued on 11/28/25. - Cleanse coccyx with wound cleanser and pat dry. Apply hydrocolloid daily on Mondays, Wednesdays, and Fridays, initiated 11/24/25, and discontinued on 11/28/25 at 12:20 p.m.- Cleanse area to left distal medial thigh with wound cleanser and pat dry. Apply Medihoney to wound bed, cover with bordered gauze daily on Mondays, Wednesdays, and Fridays, initiated 11/24/25, and discontinued on 11/28/25.- Cleanse left distal hip surgical wound with normal saline and pat dry. Apply skin prep to peri wound (may use Duoderm as added barrier). Apply white foam lightly packed into (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	the incision and bridge area with dressing tape. Cut a piece of black wound vac foam dressing and connect with white foam. Then, secure with dressing drape. Place the track pad over the black foam and connect to low continuous suction at 100 mmHg (milimeters of Mercury). Pad the wound vac tubing with an ABD pad and secure with tape daily on Mondays, Wednesdays, and Fridays, initiated 11/24/25, and discontinued on 12/7/25.- Cleanse left proximal hip with normal saline and pat dry. Apply skin prep to per-wound (may use Duoderm as added barrier). Apply white foam lightly packed into the incision. Bridge area with dressing tape and cut a piece of black wound vac foam and connect with the white foam. Secure with dressing drape and place the track over the black foam. Then connect to low continuous suction at 100 mmHg. Pad the wound vac tubing with an ABD pad and secure with tape daily on Mondays, Wednesdays, and Fridays, initiated on 11/24/25, and discontinued on 12/7/25. The November 2026 TAR, dated 11/1/25 at 12:00 a.m. until 11/30/25 at 11:59 p.m., indicated the facility failed to ensure documentation was completed for the following treatments on the following days:- Apply zinc oxide 20% ointment to coccyx every shift. The TAR was left blank on 11/16/25 evening shift, 11/17/25 evening shift, 11/23/25 evening shift, 11/26/25 day shift, and 11/28/25 day shift.- Provide catheter care every shift. The TAR was left blank on 11/28/25 day shift.- Monitor for new onset of frequency, urgency, malaise, dysuria, fever, persistent nausea and vomiting, flank pain, suprapubic pain, hematuria, increased urinary sediment, and new onset of altered mental status every shift for neurogenic bladder. The TAR was left blank on 11/16/25 evening shift, 11/17/25 evening shift, 11/23/25 evening shift, 11/26/25 day shift, and 11/28/25 day and evening shifts.- Cleanse lower back skin tears with soap and water and pat dry. Apply a thick layer of sensi care cream (barrier cream), cover with Mepilex bordered sacrum dressing once daily on Mondays, Wednesday, and Fridays. The TAR was left blank on 11/26/25 (Wednesday) day shift and 11/28/25 (Friday) day shift.- Cleanse area to left distal medial thigh with normal saline and pat dry. Paint wound bed with betadine each shift. The TAR was left blank on 11/16/25 day and evening shifts and 11/17/25 evening shift. - Cleanse left proximal medial thigh with wound cleanser and pat dry. Apply Medihoney to wound bed and cover with bordered gauze daily on Mondays, Wednesdays, and Fridays. The TAR was left blank on 11/26/25 (Wednesday) day shift and 11/28/25 (Friday) day shift.- Cleanse left lateral foot with wound cleanser and pat dry. Apply skin prep to peri-wound, apply collagen to wound bed then hydrocolloid daily on Mondays, Wednesdays, and Fridays. The TAR was left blank on 11/26/25 (Wednesday) day shift and 11/28/25 (Friday) day shift.- cleanse left ischium with wound cleanser and pat dry. Apply hydrocolloid daily on Mondays, Wednesdays, and Fridays. The TAR was left blank on 11/19/25 (Wednesday) day shift, 11/21/25 (Friday) day shift, 11/26/25 (Wednesday) day shift, and 11/28/25 (Friday) day shift.- Cleanse coccyx with wound cleanser and pat dry. Apply hydrocolloid daily on Mondays, Wednesdays, and Fridays. The TAR was left blank on 11/26/25 (Wednesday) day shift and 11/28/25 (Friday) day shift.- Cleanse area to left distal medial thigh with wound cleanser and pat dry. Apply Medihoney to wound bed, cover with bordered gauze daily on Mondays, Wednesdays, and Fridays. The TAR was left blank on 11/26/25 (Wednesday) day shift and 11/28/25 (Friday) day shift.- Cleanse left distal hip surgical wound with normal saline and pat dry. Apply skin prep to peri wound (may use Duoderm as added barrier). Apply white foam lightly packed into the incision and bridge area with dressing tape. Cut a piece of black wound vac foam dressing and connect with white foam. Then, secure with dressing drape. Place the track pad over the black foam and connect to low continuous suction at 100 mmHg. Pad the wound vac tubing with an ABD pad and secure with tape daily on Mondays, Wednesdays, and Fridays. The TAR was left blank on 11/26/25 (Wednesday) day shift and 11/28/25 (Friday) day shift.- Cleanse left proximal hip with normal saline and pat dry. Apply skin prep to per-wound (may use Duoderm as added barrier). Apply white foam (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	lightly packed into the incision. Bridge area with dressing tape and cut a piece of black wound vac foam and connect with the white foam. Secure with dressing drape and place the track over the black foam. Then connect to low continuous suction at 100mmHg. Pad the wound vac tubing with an ABD pad and secure with tape daily on Mondays, Wednesdays, and Fridays. The TAR was left blank on 11/26/25 (Wednesday) day shift and 11/28/25 (Friday) day shift.During an interview on 1/7/15 at 10:10 a.m., the Director of Nursing (DON) indicated the documentation on the TARs should have been completed. On 1/7/26 at 11:58 a.m., the DON provided a copy of an undated facility policy, titled Charting and Documentation, and indicated this was the current policy used by the facility. A review of the policy indicated all services provided to the residents shall be documented in the resident's medical record. This citation relates to Intake 2705290. 3.1-50(a)