

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155336	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/16/2026
NAME OF PROVIDER OR SUPPLIER Chalet Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0689 Level of Harm - Actual harm Residents Affected - Few	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>Based on interview and record review, the facility failed to ensure a resident's person-centered fall prevention care plan interventions were implemented for 1 of 3 residents reviewed for falls. This deficient practice resulted in a resident sustaining a fracture to her left tibia and fibula. (Resident B) Findings include: During an interview on 2/13/26 at 9:52 a.m., Resident B indicated she had a fall from bed when CNA 1 stood on the left side of the bed and rolled Resident B to her right side. Resident B's left leg slid forward, and she fell from the bed. Resident B fractured her left tibia and fibula. There was only one staff member in her room when she fell. The clinical record for Resident B was reviewed on 2/8/26 at 1:53 p.m. The diagnoses included, but were not limited to, cerebral infarct and hemiplegia affecting left nondominant side. A care plan, dated 10/1/25, indicated Resident B had a self-care deficit related to weakness, limited mobility, and impaired balance. The interventions included, but were not limited to, two staff assist with bed mobility. A Quarterly Minimum Data Set (MDS) assessment, dated 12/31/25, indicated Resident B was cognitively intact. A Progress Note, dated 2/8/26 at 6:24 a.m., indicated Resident B had a witnessed fall from her bed while CNA 1 provided care. A Progress Note, dated 2/8/26 at 6:50 p.m., indicated Resident B complained of pain in her left leg. An x-ray had been completed. A Progress Note, dated 2/8/26 at 11:08 p.m., indicated Resident B had a left tibia and fibula fracture and was being sent to the hospital. An X-ray result, dated 2/8/26 at 7:35 p.m., indicated Resident B had a fracture involving the proximal tibia and fibula with no displacement. During an interview on 2/13/26 at 2:33 p.m., Licensed Practical Nurse (LPN) 1 indicated she was the nurse that cared for Resident B when she fell from her bed and fractured her left tibia and fibula. CNA 1 reported to LPN 1 that Resident B rolled out of bed on her right side when CNA 1 was providing care. LPN 1 was not aware that Resident B needed two staff members to assist with bed mobility. During an interview on 2/13/26 at 2:40 p.m., CNA 1 indicated on 2/8/26 at approximately 6:30 a.m., she was providing care to Resident B when Resident B fell from her bed. CNA 1 stood at the left side of Resident B's bed and rolled Resident B to her right side. While Resident B was lying on her right side, CNA 1 attempted to fix the sheet under Resident B and Resident B rolled off the right side of the bed and fell on the floor. CNA 1 had not been made aware that Resident B needed two staff to assist with bed mobility. On 2/13/26 at 8:46 a.m., the Director of Nursing provided a copy of a facility policy, titled Fall Management and Fall Risk, dated 10/20/23, and indicated this was the current policy used by the facility. A review of the policy indicated person-centered fall related interventions to address fall prevention would be implemented. This deficient practice was corrected on 2/11/26 after the facility implemented a systemic plan of correction that included the following actions: staff were educated on bed mobility and following the plan of care, with ongoing monitoring and audits. This citation related to Intake 2742859.3.1-45(a)(2)</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 155336	Facility ID: 155336 If continuation sheet Page 1 of 2

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155336	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/16/2026
NAME OF PROVIDER OR SUPPLIER Chalet Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident's tube gastrostomy tube feeding was labelled for 1 of 2 residents reviewed for tube feeding. (Resident C) Findings include: On 2/13/26 at 12:21 p.m., Resident C was observed lying in bed. There was a tab-colored tube running from under Resident C's sheet up to a tube feeding pump at the side of the bed. The feeding pump was set to administer 60 milliliters (ml) of feeding per hour with a 40 ml water flush every hour. The feeding bag lacked a label that indicated the type of feeding, the rate of the feeding, the date and time the feeding was hung/administered, and the nurse's initials. At that time, LPN 2 indicated the feeding bag should have been labeled when the nurse hung it. The clinical record for Resident C was reviewed on 2/16/26 at 8:39 a.m. The diagnoses included, but were not limited to, traumatic brain injury, aphasia, dysphagia, and gastrotomy. A current physician's order, initiated 12/29/25, indicated Glucerna 1.5 at 60 ml per hour with 40 ml free water flush every hour. On 2/16/26 at 9:00 a.m., the Director of Nursing provided a copy of an undated facility policy, titled Enteral Tube Feeding via Continuous Pump, and indicated this was the current policy used by the facility. A review of the policy indicated on the formula label document staff initials, date and time the formula was hung/administered, and initial that the label was checked against the physician's order. 3.1-47(a)(2)</p>		