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	06/05/2026

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to ensure foods were served in a sanitary and safe manner for 1 of 3 kitchen observations. Staff hair was not covered while in the kitchen food preparation area and while serving the meal. (Cook 4) Finding includes: During a follow-up kitchen observation on 6/1/26 from 12:20 p.m. to 12:40 p.m., [NAME] 4 was observed working at the food preparation table located on the opposite side of the steam table that held the noon foods. [NAME] 4 was observed preparing the resident's food trays. [NAME] 4 was observed to have facial hair, approximately one-half inch in length, located above the upper lips and sideburns located in front of both ears. The facial hair above the lips and the sideburns were observed to not be covered. During an interview on 6/1/26 at 1:20 p.m., the Dietary Manager indicated staff hair, including facial hair, was to be kept covered while in the kitchen. On 6/1/26 at 1:46 p.m., the Dietary Manager provided an undated copy of the Personal Hygiene and Health Reporting policy and indicated it was the current policy in use by the facility. A review of the document indicated, .hair restraints must be worn around exposed foods .beards and mustaches .must be restrained using beard covers . On 6/1/26 at 3:45 p.m., a review of the Indiana Food Establishment Sanitation Requirements, Title 410 IAC (Indiana Administrative Code) 7-26, effective April 15, 2025, indicated, .food employees shall wear hair restraints, such as hats, hair coverings or nets .that are designed and worn to effectively keep their hair from contacting .exposed food . 410 IAC (Indiana Administrative Code) 16.2-3.1-21(i)(2)410 IAC (Indiana Administrative Code) 16.2-3.1-21(i)(3)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, record review, and interview, the facility failed to ensure infection control practices were implemented for residents requiring Enhanced Barrier Precautions (EBP) for 1 of 5 residents reviewed for EBP. Gowns were not worn during direct resident care. (Resident 74, CNA 2, and CNA 3)Finding includes: On 6/1/26 at 10:10 a.m., a sign was observed on Resident 74's door indicating EBP (gown and gloves) were required for direct resident care. CNA 2 and CNA 3 were observed to be providing care to Resident 74. CNA 2 and CNA 3 were observed to be wearing only gloves. CNA 2 was observed cleansing Resident 74's groin area with a washcloth. At that time, CNA 3 had begun to don a gown. CNA 2 stopped providing direct care to Resident 74 donned a gown. During an interview at that time CNA 2 and CNA 3 indicated that a gown should have been donned prior to providing direct care to Resident 74. During an interview on 6/1/26 at 12:03 p.m., the Director of Nursing indicated that staff should wear EBP (gowns and gloves) when providing direct care to a resident that required EBP. On 6/2/26 at 9:00 a.m., Resident 74's clinical record was reviewed. The diagnoses included, but were not limited to, chronic kidney disease and benign prostatic hyperplasia. An admission Minimum Data Set assessment, dated 5/18/26, indicated Resident 74 had no cognitive impairment.A Physician Order, dated 5/12/26, indicated Resident 74 had an indwelling urinary catheter and to follow EBP when providing direct care. On 6/1/26 at 12:16 p.m., the Director of Nursing provided a copy of policy titled, Enhanced Barrier Precautions - 880, Infection Control, Enhanced Barrier Precautions (EBP), revised 12/2024 and indicated it was the current policy in use by the facility. A review of the policy indicated, Enhanced Barrier Precautions apply when: .Indwelling medical devices including central lines, urinary catheters, tube feeding tubes, and tracheotomies. 410 IAC (Indiana Administrative Code) 16.2-3.1-18(b)(1)