STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	07/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHAPTERS LIVING OF SOUTH BEND	955 HICKORY ROAD, SOUTH BEND, , 46615

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...	(X5) COMPLETION DATE
R 0000	INITIAL COMMENTS This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaints IN00457398 and IN00458551completed on 5/1/2025. This visit was in conjunction with a Recertification and State Licensure Survey and Investigation of Complaint IN00459606 completed on 7/2/2025. Complaint IN00457398 - Corrected. Complaint IN00458551 - Corrected. Survey dates: July 1 and 2, 2025. Facility number: 016149 Residential Census: 15 Chapters Living of South Bend was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the Investigations of	R 0000		

	Complaint IN00457398 and IN00458551. Quality Review completed on 7/8/2025			
R 0041	Residents' Rights - Deficiency 410 IAC 16.2-5-1.2(o)(4) (4) The facility shall develop and implement policies for investigating and responding to complaints when made known and grievances made by: (A) an individual resident; (B) a resident council or family council, or both; (C) a family member; (D) family groups; or (E) other individuals.	R 0041		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.)

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