STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	12/23/2025

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 the Investigation of Intakes 466507 and 466652. Intake 466507 - State deficiencies related to the allegations are cited at R0117. Intake 466652 - No deficiencies related to the allegation(s) are cited. Survey date: 12/22 and 23, 2025 Facility number: 016149 Residential Census: 18 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality Review completed on 12/24/2025	R 0000		
R 0117	Personnel - Deficiency 410 IAC 16.2-5-1.4(b)	R 0117	· What corrective action(s) will be accomplished for those residents found to have been	12/30/2025

	(b) Staff shall be sufficient in number, qualifications, and training in accordance with applicable state laws and rules to meet the twenty-four (24) hour scheduled and unscheduled needs of the residents and services provided. The number, qualifications, and training of staff shall depend on skills required to provide for the specific needs of the residents. A minimum of one (1) awake staff person, with current CPR and first aid certificates, shall be on site at all times. If fifty (50) or more residents of the facility regularly receive residential nursing services or administration of medication, or both, at least one (1) nursing staff person shall be on site at all times. Residential facilities with over one hundred (100) residents regularly receiving residential nursing services or administration of medication, or both, shall have at least one (1) additional nursing staff person awake and on duty at all times for every additional fifty (50) residents. Personnel shall be assigned only those duties for which they are trained to perform. Employee duties shall conform with written job descriptions. Based on record review and interview, the facility failed to staff the facility with Cardiopulmonary Resuscitation (CPR) and First-Aide certified staff members for 28 of the 42 shifts that were reviewed. Findings include: A review of the facility schedules for 12/7/2025 through		affected by the deficient practice. All staff are CPR/First aide certified. · How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken. On every shift there will be an awake person that is CPR/First Aide certified. · What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur; On 12/24/25 Executive Director did an in-service on the importance of everyone being CPR/First aide certified. As a result, every nursing staff member is required to become certified in order to continue employment. Future nursing staff members are required to have an updated certification before orientation. · How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; Health and Wellness director or disgnee will audit employee files 1x a month for 6 months,	

	12/20/2025 was completed on 12/23/2025 at 12:12 P.M. A review of staff CPR and First-Aide certifications was completed on 12/23/2025 at 12:22 P.M. The facility had not had a CPR or First-Aide certified staff member in the facility on the following dates and times: -12/7/2025 first and second shift -12/8/2025 second and third shifts -12/9/2025 second and third shifts -12/10/2025 second and third shifts -12/11/2025 second and third shifts -12/13/2025 second and third shifts -12/14/2025 second and third shifts -12/15/2025 second and third shifts -12/16/2025 second and third shifts -12/17/2025 second and third shifts -12/18/2025 second and third shifts		thereafter randomly. Every employee certification due date is documented in files. Staff will be aware of expiration date 1 month prior to expiration. The scheduler will go over every shift to ensure there will be a cpr certified staff member on every shift. The HWD will also audit schedule daily for 6 months to ensure policy is followed. By what date the systemic changes will be completed. Date of compliance- 12/30/25	

-12/19/2025 second and third shifts

-12/20/2025 second and third shifts

During an interview on 12/23/2025 at 12:30 P.M., the Executive Director indicted the facility had not been staffed with employees who had current CPR or First-Aide certifications as required. The ED indicated the facility did not have a policy related to ensuring there was an awake staff member on the premises with a First-Aide and CPR certification.

This citation relates to Intake 466507.

Based on record review and interview, the facility failed to staff the facility with Cardiopulmonary Resuscitation (CPR) and First-Aide certified staff members for 28 of the 42 shifts that were reviewed.

Findings include:

A review of the facility schedules for 12/7/2025 through 12/20/2025 was completed on 12/23/2025 at 12:12 P.M.

A review of staff CPR and First-Aide certifications was completed on 12/23/2025 at 12:22 P.M. The facility had not had a CPR or First-Aide certified staff member in the facility on the following dates and times:

-12/7/2025 first and second shift

-12/8/2025 second and third shifts

-12/9/2025 second and third shifts

-12/10/2025 second and third shifts

-12/11/2025 second and third shifts

-12/13/2025 second and third shifts

-12/14/2025 second and third shifts

-12/15/2025 second and third shifts

-12/16/2025 second and third shifts

-12/17/2025 second and third shifts

-12/18/2025 second and third shifts

-12/19/2025 second and third shifts

	-12/20/2025 second and third shifts During an interview on 12/23/2025 at 12:30 P.M., the Executive Director indicted the facility had not been staffed with employees who had current CPR or First-Aide certifications as required. The ED indicated the facility did not have a policy related to ensuring there was an awake staff member on the premises with a First-Aide and CPR certification. This citation relates to Intake 466507.			

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 SIGNATUREJasmine Wynne	TITLEExecutive Director	(X6) DATE01/12/2026