

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/09/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155617		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/30/2025	
NAME OF PROVIDER OR SUPPLIER WATERS OF CHESTERFIELD SKILLED NURSING FACILITY				STREET ADDRESS, CITY, STATE, ZIP CODE 524 ANDERSON RD CHESTERFIELD, IN 46017			
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F 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00458362.</p> <p>Complaint IN00458362 - Federal/state deficiencies related to the allegations are cited at F585.</p> <p>Survey date: May 30, 2025</p> <p>Facility number: 000524 Provider number: 155617 AIM number: 100267090</p> <p>Census Bed Type: SNF/NF: 36 Total: 36</p> <p>Census Payor Type: Medicare: 1 Medicaid: 25 Other: 10 Total: 36</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p>			F 000			
F 585 SS=D	<p>Quality review completed June 6, 2025.</p> <p>Grievances CFR(s): 483.10(j)(1)-(4)</p> <p>§483.10(j) Grievances. §483.10(j)(1) The resident has the right to voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. Such grievances include those with respect to care and treatment which has been</p>			F 585			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.

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F 585	<p>Continued From page 1</p> <p>furnished as well as that which has not been furnished, the behavior of staff and of other residents, and other concerns regarding their LTC facility stay.</p> <p>§483.10(j)(2) The resident has the right to and the facility must make prompt efforts by the facility to resolve grievances the resident may have, in accordance with this paragraph.</p> <p>§483.10(j)(3) The facility must make information on how to file a grievance or complaint available to the resident.</p> <p>§483.10(j)(4) The facility must establish a grievance policy to ensure the prompt resolution of all grievances regarding the residents' rights contained in this paragraph. Upon request, the provider must give a copy of the grievance policy to the resident. The grievance policy must include:</p> <p>(i) Notifying resident individually or through postings in prominent locations throughout the facility of the right to file grievances orally (meaning spoken) or in writing; the right to file grievances anonymously; the contact information of the grievance official with whom a grievance can be filed, that is, his or her name, business address (mailing and email) and business phone number; a reasonable expected time frame for completing the review of the grievance; the right to obtain a written decision regarding his or her grievance; and the contact information of independent entities with whom grievances may be filed, that is, the pertinent State agency, Quality Improvement Organization, State Survey Agency and State Long-Term Care Ombudsman program or protection and advocacy system;</p>	F 585			

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F 585	Continued From page 2 (ii) Identifying a Grievance Official who is responsible for overseeing the grievance process, receiving and tracking grievances through to their conclusions; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances, for example, the identity of the resident for those grievances submitted anonymously, issuing written grievance decisions to the resident; and coordinating with state and federal agencies as necessary in light of specific allegations; (iii) As necessary, taking immediate action to prevent further potential violations of any resident right while the alleged violation is being investigated; (iv) Consistent with §483.12(c)(1), immediately reporting all alleged violations involving neglect, abuse, including injuries of unknown source, and/or misappropriation of resident property, by anyone furnishing services on behalf of the provider, to the administrator of the provider; and as required by State law; (v) Ensuring that all written grievance decisions include the date the grievance was received, a summary statement of the resident's grievance, the steps taken to investigate the grievance, a summary of the pertinent findings or conclusions regarding the resident's concerns(s), a statement as to whether the grievance was confirmed or not confirmed, any corrective action taken or to be taken by the facility as a result of the grievance, and the date the written decision was issued; (vi) Taking appropriate corrective action in accordance with State law if the alleged violation of the residents' rights is confirmed by the facility or if an outside entity having jurisdiction, such as the State Survey Agency, Quality Improvement Organization, or local law enforcement agency	F 585			

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F 585	<p>Continued From page 3</p> <p>confirms a violation for any of these residents' rights within its area of responsibility; and (vii) Maintaining evidence demonstrating the result of all grievances for a period of no less than 3 years from the issuance of the grievance decision.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to make prompt efforts to resolve a grievance for a resident requesting a vegetarian diet for 1 of 1 resident reviewed for concerns related to specialized diet (Resident B).</p> <p>Findings include:</p> <p>Resident B's clinical record was reviewed on 5/30/25 at 11:00 a.m. Current diagnoses included hypothyroidism, gastro-esophageal reflux disease, and hypertension. The resident was admitted to the facility in February 2025. The resident had a 2/25/25 physician's order for a general diet-regular textured- vegetarian diet (revised 3/12/25).</p> <p>An "Admission/Re-Admission Assessment," opened on 2/24/25 and locked on 2/27/25, indicated the resident required a regular vegetarian diet.</p> <p>A 3/1/25, quarterly, Minimum Data Set (MDS) assessment indicated the resident was cognitively intact.</p> <p>A 5/22/25 quarterly dietary assessment, completed by the Registered Dietician, contained no dietary pretences nor mention of the resident's desire for a vegetarian diet.</p>	F 585	Past noncompliance: no plan of correction required.		

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F 585	<p>Continued From page 4</p> <p>The clinical record lacked a formalized care plan to address a dietary preference for a vegetarian diet nor the approaches to ensure this diet was provided.</p> <p>A 5/1/25 at 11:26 a.m., "Care Plan Meeting Progress Note" indicated the facility's leadership, the resident, the resident's family, the Ombudsman, the Registered Dietitian, the Dietary Manager, and the Therapy Director had meet to discuss the resident and family's concerns with the dietary department and the food provided for the resident's dietary needs. New interventions and recommendations decided upon were: therapy to evaluate for a weighted spoon, dietary to go over the menu with the resident and then dietary to prepare ahead for substitutions, and dietary to go over food preferences with the resident.</p> <p>During an interview on 5/30/25 at 10:57 a.m., the Social Service Director indicated the facility had held a care plan meeting with Resident B and her family in an effort to resolve concerns they had with the resident's vegetarian diet. The family had been unhappy with the dietary department and there had been some conflict.</p> <p>During an interview on 5/30/25 at 12:18 p.m., Resident B indicated she ate a vegetarian diet due to her personal religious convictions. When she admitted to the facility, she told them she was a vegetarian. The facility didn't do a good job serving vegetarian items. She ate eggs, dairy, and peanut butter a lot. Her family brought in non-meat protein for her. The facility even burnt the items the family brought. The meals were not good. There was a recent meeting with everyone present where her diet was discussed. The</p>	F 585			

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F 585	<p>Continued From page 5</p> <p>facility had been doing better since then. Since the meeting, was served food she could eat without repeats and burnt food.</p> <p>The Ombudsman's response to a 5/30/25 email indicated Resident B and her family had been dissatisfied with the vegetarian food options offered to the resident and the preparation of the food. The family indicated it was an ongoing issue since admission. The resident, her family, and the facility had been unable to resolve this concern. In an effort to meet the resident's needs, the family had purchased plant-based protein for the resident. The Ombudsman attended the care plan meeting at the beginning of the month and a plan to address the resident's grievance and concern was developed.</p> <p>During an interview on 5/30/25 at 12:01 p.m., the Dietary Manager indicated he had been made aware Resident B desired a vegetarian diet within 24 hours of the resident's admission. At that time, he ensured she received items they had "on hand" such as cheese, other dairy, and peanut butter. The information used in the dietary department did not become a part of the resident's clinical record and the dietary department did not have access to the electronic clinical record to develop a multidisciplinary plan of care. He had recently attended the care plan meeting to address the resident's dietary concerns. The facility, resident, and family had developed a plan to resolve the concerns the family had about the resident's vegetarian diet.</p> <p>During an observation 5/30/25 at 12:33 p.m., Resident B was served a pasta dish with plant-based "hamburger like" protein in it. After being assured the protein was plant based, the</p>	F 585			

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F 585	<p>Continued From page 6</p> <p>resident indicated the meal was fine for her dietary needs. The resident began to eat her meal.</p> <p>During an interview on 5/30/25 at 12:42 p.m., the Administrator indicated the facility had not been aware of the resident desired a vegetarian diet at the time of admission because it hadn't been in the hospital paperwork.</p> <p>During an interview on 5/30/25 at 1:05 p.m., the DON indicated the facility did not have a formalized care plan regarding the resident's desire for a vegetarian diet until 5/30/25. A plan to address the resident's dietary pretences had been developed at the recent care plan meeting. The facility had not been aware of the resident's dietary preference upon admission.</p> <p>An untitled facility document, dated 4/29/25, signed Social Services Director indicated the following: "...contacted [name and relationship] in regards concerns she had with dietary... She also stated that she has spoken to the Administrator, D.O.N., and A.D.O.N. and nothing has been resolved..."</p> <p>A current, undated facility policy titled, "How to file a grievance or complaint", provided by the Administrator on 5/30/25 at 10:40 a.m., indicated the following: "...All complaints, grievances, concerns, and general questions are reviewed...the party filing the concern will be informed of the results of the investigation, recommendations, if any, and actions contemplated...."</p> <p>The deficient practice was corrected by May 1, 2025, prior to the start of the survey, and was</p>	F 585			

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F 585	Continued From page 7 therefore past noncompliance. The facility had completed a care plan meeting and developed and implemented a plan to correct the resident's dissatisfaction with her vegetarian diet. The resident indicated the plan had been successful in addressing her dietary concerns. This citation relates to Complaint IN00458362. 3.1-7(b)	F 585			