

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

PRINTED: 02/05/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155249		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2025	
NAME OF PROVIDER OR SUPPLIER  CHATEAU REHABILITATION AND HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 6006 BRANDY CHASE COVE FORT WAYNE, IN 46815			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00448990 and IN00450790.</p> <p>Complaint IN00448990 - Federal/state deficiencies related to the allegations are cited at F921.</p> <p>Complaint IN00450790 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: January 23, and 24, 2025</p> <p>Facility number: 000153 Provider number: 155249 AIM number: 100266910</p> <p>Census Bed Type: SNF/NF: 80 Total: 80</p> <p>Census Payor Type: Medicare: 4 Medicaid: 49 Other: 27 Total: 80</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed January 24, 2025</p>			F 0000	<p><b>This Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</b></p> <p>The facility respectfully requests paper compliance.</p>		
F 0921 SS=D Bldg. 00	<p>483.90(i) Safe/Functional/Sanitary/Comfortable Environ</p> <p>Based on observation, interview and record review, the facility failed to ensure ceiling return</p>			F 0921	<p><b>1) Immediate actions taken for those residents identified:</b> No Residents were specifically</p>		02/08/2025

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

TITLE

(X6) DATE

Jessica Bates

HFA

02/03/2025

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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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	<p>air ducts were free from debris for 3 of 10 vents observed.</p> <p>Findings include:</p> <p>During an environmental tour on 1-24-25 at 11:01 AM, the following was observed: On Hall 100 south of the dining room, the ceiling air intake had gray, feathery debris. On Hall 100 on the memory unit, the ceiling air intake had gray, feathery matter in strings across the grate. On Hall 100 by nurse's station, the ceiling air intake had gray feathery matter on the grate.</p> <p>In an interview on 1-24-25 at 11:21 AM, the Administrator indicated the ceiling air intake vents should be free of debris.</p> <p>A review of an undated Deep Clean List, provided by the Administrator on 1-24-25 at 11:32 am, did not indicate the ceiling air intakes should be cleaned.</p> <p>This citation is related to complaint IN00448990.</p> <p>3.1-19(e)</p>				<p>identified.</p> <p><b>2)How the facility identified other residents:</b> Any resident who resides within the facility could be affected by the alleged deficient practice. An audit was completed to ensure all vents were free from gray feathery material. No other concerns were noted.</p> <p><b>3) Measures put into place/ System changes:</b> An in-service was completed on 1/31/2025 by EVS Director/Designee emphasizing cleaning of all vents within the facility. Vent cleaning was added to the daily cleaning checklist and the resident room deep cleaning checklist. EVS Director or designee will complete a random audit of 3 resident rooms five times a week for four weeks, then three times a week for four weeks then one time a week for four weeks, then monthly for three months to ensure vents within the facility are free of gray feathery material.</p> <p><b>4) How the corrective actions will be monitored:</b> Audit findings will be presented to the QAA Committee monthly x 6 months. The results of these audits will be reviewed in Quality Assurance Meeting monthly for 6 months or until 100% compliance</p>		

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					is achieved x3 consecutive months. The QA Committee will identify any trends or patterns and make recommendations to revise the plan of Correction as indicated.		