

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 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	

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)
<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</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> <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</p> <p>(continued on next page)</p>

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
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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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 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 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 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.</p> <p>(continued on next page)</p>		

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