STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 10/01/2013

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STERLING HOUSE OF MERRILLVILLE	8253 VIRGINIA ST MERRILLVILLE, IN 46410

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R000000	This visit was for a State Residential Licensure Survey. This visit included the Investigation of Complaint IN00134336. Complaint IN00134336-Substantiated. State Residential deficiency related to the allegations were cited at R0144. Survey dates: September 30 and October 1, 2013 Facility number: 010887 Provider number: 010887 AIM number: N/A Survey team: Regina Sanders, RN, TC Cindy Stramel, RN (October 1, 2013) Census bed type: Residential: 44 Total: 44 Census payor type: Private: 44 Total: 44 Sample: 8 Supplemental sample: 11 These State findings are cited in	R000000		

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

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	accordance with 410 IAC 16.2. Quality review completed on October 1, 2013, by Janelyn Kulik, RN.			

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R000117	410 IAC 16.2-5-1.4(b) Personnel - Deficiency (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 ensure there was at least one staff member with a current first aid and CPR (cardiopulmonary resuscitation) certificate scheduled for 38 of 42 shifts, this had the potential to affect 44 of 44 residents who reside in the facility. Findings include:	R000117	What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice? Nurses will be recertified in CPR and First Aid as required by state regulation.A licensed nurse will be scheduled for each shift.Other associates will obtain certifications as required. How will the facility identify other residents with the potential to be affected by the same alleged deficient practice and what corrective	10/30/2013

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	Review of the facility's Nursing staff schedules on 10/01/13 at 11 a.m., received from the Health and Wellness Director, dated 09/15/13 through 09/29/13, indicated there was no staff in the facility first aid and CPR certified on the following dates/shifts: 09/15/13- day, evening and night shift 09/16/13- day, evening and night shift 09/17/13- evening and night shift 09/18/13- evening and night shift 09/19/13-day, evening and night shift 09/20/13-day, evening and night shift 09/21/13-day, evening and night shift 09/22/13-day, evening and night shift 09/23/13- evening and night shift 09/24/13-day, evening and night shift 09/25/13-day, evening and night shift 09/26/13- evening and night shift 09/27/13-day, evening and night shift 09/28/13-day, evening and night shift 09/29/13-day, evening and night shift During an interview on 10/01/13 at 11:10 a.m., the Health and Wellness Director indicated there is a class scheduled for the staff. During an interview on 10/01/13 at 11:15 a.m., the Administrative Assistant indicated she had called the CPR Certifier and was told some of		action will be taken?An audit of associate files will be completed by the Business Office Manager to verify expiration dates for CPR and First Aid certifications and a tickler file will be initiated to track such due dates in an on-going manner.In the event other associates are found to be due for recertification, the Business Office Manager (BOM) is to notify the Health and Wellness Director (HWD) in order for the HWD to schedule required training with a certified instructor. What measures will be put in place or what systemic changes will the facility make to ensure the alleged deficient practice does not recur?The BOM has been re-educated on the use of an audit tool by the Regional Director of Health Care Services.The results of the audits are to be routinely provided by the BOM to the HWD and the ED. The HWD will utilize this information when scheduling associates.Nurses will be required to have current CPR and First Aid Certifications in order to be scheduled for their shift.In the event of non-compliance with scheduled CPR/First Aid training, the associate may be removed from the schedule until such time as certification is current. How will the corrective actions be monitored to ensure the deficient practice will not recur, i.e., what quality assurance programs will be put into place?The Executive	

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	the CPR certifications included first aid and some did not.		Director (E.D.) will be provided a copy of the BOM's audit of current associates and the expiration dates of their current CPR and First Aid certifications.This process will continue monthly and on-going to audit for continued compliance with the state requirement.Additional action will be taken by the E.D. as warranted, based on results of audits. By what date will these systemic changes be implemented?10-30-13	

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R000144	410 IAC 16.2-5-1.5(a) Sanitation and Safety Standards - Deficiency (a) The facility shall be clean, orderly, and in a state of good repair, both inside and out, and shall provide reasonable comfort for all residents. Based on observation, interview, and record review, the facility failed to maintain a sanitary interior related to holes in a bathroom wall, dried brown substances on the floor, toilets, and shower curtain in residents' bathrooms, stains on the carpeting in the residents' rooms and dirty bathroom floors, cobwebs and bugs in the corners of residents' rooms, urine odors, and missing trim and loose cove base, which had the potential to affect 11 residents. The facility also had strong urine odors outside the residents' rooms on the 300 and 400 hallway, which had the potential to affect 10 residents who reside on the hallways. (Residents #B, #C, #D, #E, #F, #G, #H, #I, #J, #K, and #L) Findings Include: A. During a tour of the facility on 09/30/13 at 8:40 a.m., 9:15 a.m., and 1:05 p.m. there was a strong urine odor on the 300 and 400 hallway and outside of the Ice Cream Parlor. During a tour of the facility on	R000144	What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice?A) All residential rooms scheduled for carpet removal and vinyl installation within the 300 to 400 hallway will be implemented as soon as possible to rid urine odors and improve sanitation.B) The Community has been cleaned, made orderly, and maintained in a state of good repair, both inside and out, and will be provided reasonable comfort for all residents. o1). The hole in bathroom wall of Resident E's room will be repaired.The dried brown substance on shower curtain, and the brown colored stained caulking around the toilet in Resident #E's bathroom was cleaned immediately.o2). Stains on carpet and the bathroom floor in Resident #F's room were cleaned.o3). The multiple stains on carpet in Resident #G's room were cleaned.o4). The multiple stains on carpet in Resident #D's room have been cleaned.o5). The cobwebs and dead bugs in the corner and the accumulation of dust on the vent of the heater/air conditioner of Resident #H's room were cleaned.o6). The debris on carpeting and orange	10/30/2013

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	10/01/13 at 8:15 a.m., there was a strong urine odor on the 400 hallway. B. During the initial tour of the facility on 09/30/13 from 9:30 a.m. through 10:30 a.m. with LPN #2, the following was observed: 1. There was holes on the bathroom wall, a dried brown colored substance on the shower curtain, and the caulking was stained a brown color around the toilet in Resident #E's bathroom. During an interview at the time of the observation, LPN #2 indicated it looked like bowel movement on the shower curtain. 2. There were multiple stains on the carpet and the bathroom floor was dirty in Resident #F's room. During an interview at the time of the observation, LPN #2 indicated she was unsure how often the carpeting was cleaned in the resident's rooms. 3. There were multiple stains on the carpeting in Resident #G's room. 4. There were multiple stains on the carpeting in Resident #D's room.		stains in Resident #I's room were cleaned.o7). The debris and multiple stains on the carpeting, the dead bugs in the corners of the room, the dirty bathroom floor, and the splattered bowel movement on the raised toilet seat in Resident #J's room have been cleaned.o8). The dead bugs in the corners of the room, debris on the carpet, multiple stains on the carpet in Resident K's room were cleaned. The trim that was off on one of the corners of Resident K's room will be replaced.o9). The strong odor will be addressed in an ongoing manner. The wet stain on the carpeting outside of the bathroom in Resident C's room has been cleaned.o10). The brown/rust colored stain on the caulking around the toilet in Resident L's room has been cleaned.o11). The multiple stains on the carpet in Resident B's room will be addressed by replacing the carpet with vinyl flooring as soon as possible. The loose cove base on the corner of the bathroom will be replaced. The dried substance on the cove base, the dried bowel movement on the floor, the splattered bowel movement on the toilet seat, and the stained bathroom floor have been cleaned and repaired. How will the facility identify other residents with the potential to be affected by the same alleged deficient practice and what corrective action will be	

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	5. There were cobwebs and dead bugs in the corners of the room, the window blinds were bent, the vent on the heater/air conditioner had an accumulation of dust in Resident #H's room. During an interview at the time of the observation, LPN #2 indicated the resident's room is cleaned once a week. She indicated it did not look like it had been done in awhile. 6. There were debris on the carpeting and the bathroom floor was dirty with orange stains in Resident #I's room. 7. There were debris and multiple stains on the carpeting, dead bugs in the corners of the room, the bathroom floor was dirty, and there was a splattered bowel movement on the raised toilet seat in Resident #J's room. 8. There were dead bugs in the corners of the room, debris on the carpet, multiple stains on the carpet and the trim was off on one of the corners in Resident #K's room 9. There was a strong urine odor in the room, and the carpeting outside of the bathroom had a large wet stain in		taken?Other residents have the potential to be affected by the alleged deficient practices. All residential rooms scheduled for carpet removal and vinyl installation will be implemented as soon as possible to improve odor and sanitation. Maintenance Supervisor will be responsible for following a standardized /routine maintenance schedule for the interior and exterior of apartments, and as requested by staff and residents, based on needs. What measures will be put in place or what systemic changes will the facility make to ensure the alleged deficient practice does not recur?A routine housekeeping schedule for residential rooms and common area cleaning that is aligned with Brookdale Standards & best practices will be implemented on a daily basis.Management will develop and implement a housekeeping cleaning checklist that will be monitored routinely.Education & Training on housekeeping best practices and Brookdale Standards for Residential Care Associates/CNA's will be implemented immediately. Routine maintenance checks in residential rooms will be implemented.Professional carpet cleaning services will be implemented throughout Community at least twice annually, and as needed. How will the corrective actions be	

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	Resident #C's room. During an interview at the time of the observation, LPN #2 indicated she could smell the urine. 10. The caulking around the toilet was stained a brown/rust color in Resident #L's bathroom. 11. There were multiple stains on the carpet, a brown dried substance on the cove base, and the corner by the bathroom was marred with loose cove base. In the bathroom there was dried bowel movement on the floor, splattered bowel movement on the toilet seat, and the bathroom floor was stained in Resident #B's room. During an interview at the time of the observation, LPN #2 indicated the resident was a, "Hoarder". During an observation on 10/01/13 at 8:15 a.m., there was dried bowel movement on the bathroom floor, splattered bowel movement on the toilet seat, and the bathroom floor was stained in Resident #B's room. During an interview on 09/30/13, the Executive Director indicated the carpeting in the residents' rooms are cleaned one time a week and as often		monitored to ensure the deficient practice will not recur, i.e., what quality assurance programs will be put into place?The cleaning schedule will be monitored daily by the HWD or designee x 1 month and then weekly thereafter to assure compliance with scheduled cleaning items. Immediate correction will occur for any noted non-compliance.Routine maintenance checks will be monitored daily by the Maintenance Tech or designee x 1 month and then weekly thereafter to assure compliance with maintenance repairs. Immediate correction will occur for any noted non-compliance.Ongoing education/training on sanitation & safety standards for associates via all staff meetings.Results of these audits will be reviewed by the HWD or ED weekly x 1 month and monthly thereafter to monitor for continued compliance.If non-compliance is noted by the ED, further steps will be implemented to assure compliance and monitor ongoing adherence to appropriate procedures. By what date will these systemic changes be implemented?10-30-13	

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	as needed. During an interview on 10/01/13 at 3:10 p.m., the Executive Director indicated the facility wants to remove the carpeting in a couple of the rooms and put vinyl flooring in. He indicated the Maintenance Director had resigned two weeks ago. A facility policy, dated 09/18/12, titled, "Resident Apartment Cleaning", received from the Health and Wellness Director as current, indicated, "...Daily Tidy...Clean bathroom (starting point) only if urine or other bodily fluids are present...5. vacuum or dust/damp mop floor if necessary. 6. Note any items that require maintenance and report to Executive Director, or designee...Weekly Cleaning...clean inside of bowl with bowl brush. b. wipe outside of bowl...mop bathroom floor...vacuum bedroom and living space..." This Residential tag relates to Complaint IN00134336.			

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R000273	410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency (f) All food preparation and serving areas (excluding areas in residents ' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24. Based on observation and interview, the facility failed to store and prepare food in accordance with sanitary food handling standards, related to undated and uncovered bowls of ice cream and an ice cream container stored with the lid partially off in the freezer, out dated pureed food (baby food), dry food storage, and dirty grease traps on the stove in 1 of 1 kitchens. This had the potential to affect 44 residents who eat meals from the kitchen. Findings include: During the observation of the kitchen on 09/30/13 at 8:45 a.m. through 9:30 a.m. with Cook #1 and the Dietary Manager, the following was observed: In an upper cabinet,there were eight containers of chicken and rice baby food with expiration dates of 09/01/13 and three containers of green beans baby food with expiration dates of 08/25/13 and a container of peanut butter, which was not tightly closed and had peanut butter and a jelly	R000273	What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice? Eight containers of chicken and rice baby food with expiration dates of 9/01/13 and three containers of green beans baby food was disposed of immediatelyPeanut Butter container that was not tightly closed and had peanut butter and a jelly substance on the side of the container was disposed of immediately.The four uncovered bowls of sherbet and unsealed/opened packet of hot dogs and partially uncovered container of ice cream stored in the freezer were disposed of immediately.The opened box of Devils's Food Cake Mix and open bag of brown rice was disposed of immediately. The smaller grease trap under the stove top full of uncooked macaroni and the larger grease trap with a large amount of burnt debris and uncooked macaroni were removed, cleaned thoroughly and replaced immediately. How will the facility identify other residents with the potential to be affected by the same alleged deficient practice and what corrective	10/30/2013

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	substance on the side of the container. During an interview at 9 a.m., the Dietary Manager indicated the baby food was expired. She indicated the baby food was not being used for anyone at the present time. There were four uncovered bowls of sherbet and an unsealed/opened packet of hot dogs, and a partially uncovered container of ice cream stored in the freezer. There was an opened/unsealed box of Devil's Food cake mix and an open bag of brown rice stored in the dry storage closet. The smaller grease trap under the stove was filled full of uncooked macaroni and there was a large amount of burnt debris and uncooked macaroni on the larger grease trap under the stove. During an interview at the time of the observation, Cook #1 indicated the drawer collects food which falls through the stove. She indicated the drawers were scheduled to be cleaned on 010/01/13. The Dietary Manager indicated the drawers get cleaned weekly.		action will be taken?All residents have the potential to be affected by the alleged deficient practicesThe baby food items were disposed of immediately to prevent usePeanut Butter container was disposed of immediately to prevent useSherbet and hot dogs were disposed of immediately to prevent useDevil's food cake mix and brown rice were disposed of immediately to prevent useGrease traps under were cleaned immediately and replaced under stove top What measures will be put in place or what systemic changes will the facility make to ensure the alleged deficient practice does not recur?All dining associates will in-serviced on proper storage of food items in dry storage, and freezer and refrigerator to include adequate covering, labeling and dating of food itemsAll dining associates will be in-serviced on expiration dates, and storage limitations of food items to include storage and dating of opened food containersAll dining associates will be re-educated on the cleaning schedule assigned to each position, to include grease trap cleaning, and how to identify cleaning needs that arise between assigned cleaning dates on the schedule.All above in-services and re-education will be completed by 10-30-13 How will the corrective actions be monitored to ensure the deficient	

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	A facility policy, dated 08/03, titled, "Storage of Non-Perishable Foods", received from the Health and Wellness Director as current, indicated, "...6. Opened boxes or cans shall be stored, sealed, labeled, and dated..." A facility policy, dated 08/03, titled, "Storage of Perishable Foods", received from the Health and Wellness Director as current, indicated, "...All pre-dished items must be covered, labeled, and dated to prevent off-flavors, drying, or cross-contamination..." A facility policy, dated 05/07, titled, "Clean Stove Top (Open Top), received from the Dietary Manager as current, indicated, "...The kitchen and dining areas, equipment, furniture, and janitor closets shall remain free from debris and clean...7. Remove the grease tray(s) below burners. Transfer grease tray(s) to the pot and pan sink. 8. Scrub the grease tray(s) with hot detergent solution using a clean cloth..."		practice will not recur, i.e., what quality assurance programs will be put into place?The cleaning schedule will be monitored daily by the DSC or designee x 1 month and then weekly thereafter to assure compliance with scheduled cleaning items to include the grease traps under the stove top. Immediate correction will occur for any noted non-compliance.A Dry food storage audit tool will be completed daily by the DSC or designee x 1 month then weekly thereafter to assure all foods are covered, sealed, labeled, dated and expired items disposed of as necessary. Immediate correction will occur for any noted non-compliance.A refrigerated/frozen food storage audit tool will be completed daily by the DSC or designee x 1 month and then weekly thereafter to assure all foods are covered, sealed, labeled, dated and expired items disposed of as necessary. Immediate correction will occur for any noted non-compliance.Results of these audits will be reviewed by the ED weekly x 1 month and monthly thereafter to monitor for continued compliance.If non-compliance is noted by the DSC or ED, further steps will be implemented to assure compliance and monitor ongoing adherence to appropriate procedures. By what date will corrections be	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 10/01/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING HOUSE OF MERRILLVILLE	8253 VIRGINIA ST MERRILLVILLE, IN 46410

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			completed?10-30-13	