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 08/12/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLER BEACH TERRACE	4905 MELTON RD GARY, IN 46403

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R 0000 Bldg. 00	This visit was for the Investigation of Complaints IN00176405 and IN00177775. Complaint IN00176405 - Substantiated. State Residential deficiencies related to the allegations are cited at R116, R121, R149, and R414. Complaint IN00177775 -.Unsubstantiated. No deficiencies related to the allegation are cited. Survey date: August 12, 2015 Facility number: 001140 Provider number: 001140 AIM Number: N/A Residential Census: 122 Sample: 6 These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-5.	R 0000		
R 0116	410 IAC 16.2-5-1.4(a) Personnel - Noncompliance			

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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Bldg. 00	(a) Each facility shall have specific procedures written and implemented for the screening of prospective employees. Appropriate inquiries shall be made for prospective employees. The facility shall have a personnel policy that considers references and any convictions in accordance with IC 16-28-13-3. Based on record review and interview the facility failed to ensure criminal history checks, reference checks and certification status checks were completed at the time of hire for 4 of 5 Employee files reviewed. (Employees #1, #3, #4, and #5) Findings include: The facility Employee files for the following staff members were reviewed on 8/12/15 at 10:15 a.m. Employee #1, hired on 6/18/15, did not have a criminal history check, reference check or verification of current CNA certification. Employee #3 (Maintenance staff), hired on 6/29/15, did not have a criminal history check completed until 8/12/15. Employee #4 (Dietary staff), hired on 6/23/15, did not have a criminal history check completed until 6/23/15.	R 0116	Personnel files were audited and no further files were found to be without reference checks, criminal history checks and verification of licensure, if applicable. Employee #1 is no longer employed. Employee #4, the criminal check was performed on the date of hire. Not the start date. Employee criminal checks will be done at the time of hire, which is 3 or more days before the start date of an employee. Employee #3 file is complete. The assistant to the office manager has been trained in the procedure of the newly hired employees and the importance of obtaining the criminal history checks and verification of licensure or certificates, if applicable, upon hire. Reference checks are completed by the hiring supervisor and submitted with the application. The start date of new employees is 3 or more days after the date of hire. The assistant to the office manager is responsible. The office manager to monitor on the start date of any new employee.	08/19/2015

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	Employee #5 (Dietary Food Service supervisor), hired on 5/27/15, did not have a criminal history check completed until 6/23/15. When interviewed on 8/12/15 at 11:10 a.m., the Business Office Manager indicated Employee #1 was hired while she was on vacation and no file with the required checks was found. The Business Office Manager indicated reference checks, criminal history checks; and verification of licensure or certifications were to be completed before or at the time of hire. A policy titled "New Employees" was reviewed on 8/12/15 a 11:10 a.m. The facility Administrator provided the policy and indicated the policy was current. The policy indicated reference checks, criminal history checks and certificate copies were to be obtained. This Residential tag relates to Complaint IN00176405.			
R 0121 Bldg. 00	410 IAC 16.2-5-1.4(f)(1-4) Personnel - Noncompliance (f) A health screen shall be required for each			

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	employee of a facility prior to resident contact. The screen shall include a tuberculin skin test, using the Mantoux method (5 TU, PPD), unless a previously positive reaction can be documented. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered. The facility must assure the following: (1) At the time of employment, or within one (1) month prior to employment, and at least annually thereafter, employees and nonpaid personnel of facilities shall be screened for tuberculosis. The first tuberculin skin test must be read prior to the employee starting work. For health care workers who have not had a documented negative tuberculin skin test result during the preceding twelve (12) months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed one (1) to three (3) weeks after the first step. The frequency of repeat testing will depend on the risk of infection with tuberculosis. (2) All employees who have a positive reaction to the skin test shall be required to have a chest x-ray and other physical and laboratory examinations in order to complete a diagnosis. (3) The facility shall maintain a health record of each employee that includes reports of all employment-related health screenings. (4) An employee with symptoms or signs of active disease, (symptoms suggestive of active tuberculosis, including, but not limited to, cough, fever, night sweats, and weight loss) shall not be permitted to work until tuberculosis is ruled out.			
	Based on record review and interview, the facility failed to ensure physical	R 0121	Personnel files were audited and no further files were found to be without TB skin tests at the time	08/19/2015

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	screenings and TB (Tuberculin skin test) were completed at the time of hire for 2 of 5 Employee files reviewed. (CNA #1 and CNA #2) Finding includes: The facility Employee records were reviewed on 8/12/15 at 10:15 a.m. There was no file for CNA #1. The CNA was hired on 6/18/15. No Health Screen, Tuberculin skin testing or chest x-ray were available. CNA #2 was hired on 5/5/15. The first Tuberculin skin test was completed on 6/23/15. When interviewed on 8/12/15 at 11:10 a.m., the Business Office Manager indicated she prepares the Employee files at the time of hire. The Office Manager indicated TB testing and Physical screens were to be completed at the time of hire. The Business Office Manager also indicated she was on vacation when CNA #1 was hired and no Employee file was available for the CNA. A policy titled "New Employees" was reviewed on 8/12/15 at 11:10 a.m. The facility Administrator provided the policy and indicated the policy was current. The policy indicated Physical forms and		or hire. CNA #1 and #2 are no longer employed. The assistant to the office manager has been trained in the procedure of the newly hired employees and the importance of obtaining the TB skin test. The start date of new employees is 3 or more days after the day of hire. The TB skin test is to be completed on the date of hire by the charge nurse. The assistant to the office manager is responsible for paperwork, the charge nurse responsible for TB skin test. The office manager to monitor on start date of any new employee, ongoing.	

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	Mantoux (TB) tests were to be completed when new employees were hired. This Residential tag relates to Complaint IN00176405.			
R 0149 Bldg. 00	410 IAC 16.2-5-1.5(f) Sanitation and Safety Standards - Deficiency (f) The facility shall have a pest control program in operation in compliance with 410 IAC 7-24. Based on observation, record review and interview, the facility failed to maintain an effective pest control program for the ongoing prevention and treatment of bed bugs. Finding includes: On 8/12/15 at 1:55 p.m., Resident #B was observed in her room. The resident indicated they just gave her a new bed because "I had bed bugs." The resident also indicated the other day she had been sitting on the side of her bed, felt something on her leg, saw a bug, jumped, and the bug fell on the floor. The resident indicated she could not see it after it hit the floor. When interviewed on 8/12/15 at 2:00 p.m., Housekeeping staff #1 indicated she observed a dead bed bug in the resident's	R 0149	Contracted pest control company (Monroe) and facility conducted a meeting on August 26, 2015 (copy of letter enclosed), to discuss current policy to eradicate bed bugs Bed bug policy (copy enclosed) was reviewed and found to be working as evidenced by the fact that one year ago bed bugs were found throughout building. Presently, reports of bed bugs have decreased to 4 reports in July and 3 reports in August. The decrease in reported sightings are due to the fact that all resident rooms are treated monthly. All common areas are treated every other day. Room 319 reported on 7/6, 355 reported on 7/6, 347 reported on 7/6, 317 reported on 8/6, 308 reported on 8/6, 311 reported on 8/10 and 357 reported in 7/29 were put on bed bug log and were treated immediately as well as adjacent rooms, per out policy. When surveyor inspected each room	08/26/2015

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	room on Monday. The Housekeeper indicated the resident informed Maintenance staff #1 and the room was treated. When interviewed on 8/12/15 at 2:05 p.m., Maintenance Staff #1 indicated he observed bed bugs in Resident #B's room on Monday. He indicated there were approximately 6 and a couple of them were alive. Maintenance Staff #1 also indicated he sprayed the room at that time. When interviewed on 8/12/15 at 9:00 a.m., the Maintenance Director indicated the facility currently treated hallways and rooms for bed bugs on a weekly rotation. The Director indicated a Pest Control company had been treating for bed bugs in the past. The Director indicated the facility started seeing bed bugs again in June in Room #E and the room and hallway were treated with products purchased by the facility from a supply company. The Director also indicated there were recent reports of bed begs and treatment was completed for the following dates/rooms: 7/6/15- Room #A 7/7/15- Rooms #B & #C 8/6/15- Rooms #F & #G 8/10/15- Room #D		there were no sightings of bed bugs. All employees responsible for reporting. Maintenance supervisor to monitor, 5 times weekly, ongoing using bed bug log and pest control book.	

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	When interviewed via telephone, on 8/12/15 at 1:00 p.m., a Representative from a Pest Control service which provide some pest control maintenance for the facility indicated the company had not been inspecting for or providing services for bed bugs at this facility at his time per the facility's instructions. The Representative indicated they had products available that would be "far more effective" then what was available on line or for public use. When interviewed on 8/12/15 at 12:20 p.m., the facility Administrator indicated the concerns with bed bugs had started awhile ago and the facility purchased the recommended products and they have been utilizing them. The Administrator indicated the contracted Pest Control service they utilize had not been doing any bed bugs treatments for them. The Business Office Manager was present at this time and indicated the Pest Control company the facility had contracted with had not been treating bed bugs at the facility since approximately the end of 2013, as the facility purchased the treatment the company recommended. This Residential tag relates to Complaint IN00176405.			

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R 0414 Bldg. 00	410 IAC 16.2-5-12(k) Infection Control - Deficiency (k) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. Based on observation, record review and interview, the facility failed to ensure hand washing was completed after the administration of an insulin injection for 1 of 5 residents observed during the administration of medications in the sample of 6. (Resident #B) (LPN #1) Finding includes: The morning Medication Administration Pass was observed on 8/12/15 at 8:35 a.m. LPN #1 prepared an injection of 10 units of Novolog insulin for Resident #B. The LPN injected the insulin into the resident right upper arm area. The LPN was not wearing gloves at the time. The LPN did not wash her hands or apply alcohol gel sanitizer to her hands after administering the insulin injection. LPN #1 then returned to the Medication Cart and began preparing and administering oral medications to another resident. The record for Resident #B was reviewed on 8/12/15 at 10:00 a.m. The resident's diagnoses included, but were not limited	R 0414	The "administration of insulin" policy has been updated and dated (copy enclosed). Nursing staff will be re-inserviced in hand washing, administration of insulin and universal precautions. Nursing staff responsible. DON to monitor visually, 3 times weekly, ongoing, to ensure compliance.	08/27/2015

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	to, Insulin dependent diabetes mellitus and major depression. The current Physician orders indicated an order, originally dated 2/12/12, for Novolog insulin 10 units three times a day at 8:00 a.m., 12:00 p.m. and 4:00 p.m. The facility policy titled "Administration of Insulin" was reviewed on 8/12/15 at 11:20 a.m. There was no date on the policy. LPN #1 provided the policy and indicated the policy was current. The policy indicated staff were to pinch the tissue area for administration, inject the insulin into the tissue, wipe the area with an alcohol wipe, check the site for bleeding, and then wash hands. When interviewed on 8/12//15 at 12:00 p.m., the facility Administrator indicated hand washing should have been completed as the policy indicated. This Residential tag relates to Complaint IN00176405.			