

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 08/28/2014
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NAME OF PROVIDER OR SUPPLIER MILLER BEACH TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 4905 MELTON RD GARY, IN 46403
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R000000	<p>This visit was for the Investigation of Complaints IN00155518, IN00155438 and IN00152877.</p> <p>Complaint IN00155518- Substantiated. State residential deficiencies related to the allegation are cited at R406, R090, R273 and R349.</p> <p>Complaint IN00155438- Substantiated. State residential deficiencies related to the allegation are cited at R406, R090 and R273.</p> <p>Complaint IN00152877- Substantiated. No deficiencies related to the allegation are cited.</p> <p>Survey date: August 28, 2014.</p> <p>Facility number: 001140 Provider number: 001140 AIM number: N/A</p> <p>Survey team: Cynthia Stramel, RN-TC Yolanda Love, RN</p> <p>Census bed type: Residential: 122 Total: 122</p>	R000000		
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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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R000090	<p>Census payer type: Other: 122 Total: 122</p> <p>Sample size: 7</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on September 1, 2014, by Janelyn Kulik, RN.</p> <p>410 IAC 16.2-5-1.3(g)(1-6) Administration and Management - Deficiency (g) The administrator is responsible for the overall management of the facility. The responsibilities of the administrator shall include, but are not limited to, the following: (1) Informing the division within twenty-four (24) hours of becoming aware of an unusual occurrence that directly threatens the welfare, safety, or health of a resident. Notice of unusual occurrence may be made by telephone, followed by a written report, or by a written report only that is faxed or sent by electronic mail to the division within the twenty-four (24) hour time period. Unusual occurrences include, but are not limited to: (A) epidemic outbreaks; (B) poisonings; (C) fires; or (D) major accidents. If the division cannot be reached, a call shall be made to the emergency telephone number published by the division. (2) Promptly arranging for or assisting with</p>			
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	<p>the provision of medical, dental, podiatry, or nursing care or other health care services as requested by the resident or resident's legal representative.</p> <p>(3) Obtaining director approval prior to the admission of an individual under eighteen (18) years of age to an adult facility.</p> <p>(4) Ensuring the facility maintains, on the premises, an accurate record of actual time worked that indicates the:</p> <p>(A) employee's full name; and</p> <p>(B) dates and hours worked during the past twelve (12) months.</p> <p>(5) Posting the results of the most recent annual survey of the facility conducted by state surveyors, any plan of correction in effect with respect to the facility, and any subsequent surveys. The results must be available for examination in the facility in a place readily accessible to residents and a notice posted of their availability.</p> <p>(6) Maintaining reports of surveys conducted by the division in each facility for a period of two (2) years and making the reports available for inspection to any member of the public upon request</p> <p>Based on record review and interview, the Administration failed to report the infestation of rodents to the Indiana State Department of Health (ISDH). This had the potential to effect all 122 residents that resided in the facility.</p> <p>Findings include:</p> <p>1. On 8/28/14 at 8:50 a.m. the kitchen was observed with Dietary Aide (DA) #1 and #2. In the dry storage pantry, there were mouse droppings under two metal</p>	R000090	A meeting with Monroe Pest Control to discuss available options for eradicating mice on September 09, 2014. One suggestion by Monroe was eliminating easy food sources. Resident rooms have been cleaned. Any open food was discarded. Bedside drawers were cleaned and open food and sugar packets were discarded. Storage rooms were cleaned out to eliminate hiding places and nesting material. Rodent policy has been developed. (enclosed) Housekeepers were in-serviced	09/09/2014			

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	<p>food storage racks. There was a dime size hole in the wall along the floor that led to the outside. DA #1 indicated they had mice, and that DA#2 checked the traps every day, and a pest control company came every other week to spray.</p> <p>2. There were two stacks of bread pallets on wheeled carts. Dietary Aide #2 indicated there was bait and traps under the carts because mice tried to get the bread. He pulled the carts away from the wall, there were mouse droppings on the floor. The bread on the bottom pallet was removed and had mouse droppings on the packaging. Another loaf of bread was found to have a hole chewed in it and the bread was chewed.</p> <p>3. On 8/28/14 at 9:20 a.m. an observation was made in the 200 unit with the Maintenance Director. There was a dead mouse laying between the stairway and the wall.</p> <p>Interview with the Business Manager and Administrator on 8/28/14 at 2:05 p.m. indicated they did not have a policy regarding rodent or mouse control. The Administrator indicated she was not aware of the above issues, but that the mice had been bad this year. She indicated the bread should have stored in a rodent safe area and the droppings</p>		<p>on the importance of keeping rooms "open food free", encouraging residents to keep their drawers clear of food and notifying the front desk and maintenance when mice or signs of mice are spotted. Also, on the use of the pest control book. Housekeepers responsible. Housekeeping supervisor to monitor daily, 5 times per week, visually, during rounds, ongoing. Bread is being moved to walk in cooler for overnight storage. The metal food storage racks were swept and mopped. The dime sized hole was filled with steel wool. Checking the mousetraps, signs of mice and under metal storage racks have been added to the dietary maintenance schedule, 3 times daily. Dietary maintenance person responsible. Dietary supervisor to monitor 3 times daily, 5 times per week, visually, during rounds, ongoing. Stairwells will be checked for dead mice by maintenance twice daily. Maintenance person responsible. Maintenance supervisor to monitor, 2 times daily, 5 times per week, visually, during rounds, ongoing.</p>				

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R000273	<p>cleaned up. She further indicated she was not aware the facility had to report the rodent infestation to ISDH.</p> <p>The current policy Reportable Unusual Occurrences dated 10/23/13, was received from the Business Manager on 8/28/14 at 2:20 p.m. The policy indicated the purpose of reporting was to monitor unusual occurrences and facilitate compliance with State and Federal laws. The list of unusual occurrences included "11. Widespread rodent and/or insect infestations".</p> <p>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.</p> <p>Based on observation, record review and interview, the facility failed to ensure food was stored in a sanitary manner related to mouse droppings found in the dry storage area and on bread packages, and a bread package chewed by mice. This had the potential to effect all 122 of the residents that received food prepared in that kitchen.</p> <p>Findings include:</p>	R000273	<p>A meeting with Monroe Pest Control to discuss available options for eradicating mice on September 09, 2014. One suggestion by Monroe was eliminating easy food sources. Resident rooms have been cleaned. Any open food was discarded. Bedside drawers were cleaned and open food and sugar packets were discarded. Storage rooms were cleaned out to eliminate hiding places and nesting material. Rodent policy has been developed. (enclosed)</p>	09/09/2014			

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	<p>1. On 8/28/14 at 8:50 a.m. the kitchen was observed with Dietary Aide (DA) #1 and #2. In the dry storage pantry, there were mouse droppings under two metal food storage racks. There was a dime size hole in the wall along the floor that led to the outside. DA #1 indicated they had mice, and that DA#2 checked the traps every day, and a pest control company came every other week to spray.</p> <p>2. There were two stacks of bread pallets on wheeled carts. Dietary Aide #2 indicated there was bait and traps under the carts because mice tried to get the bread. He pulled the carts away from the wall, there were mouse droppings on the floor. The bread on the bottom pallet was removed and had mouse droppings on the packaging. Another loaf of bread was found to have a hole chewed in it and the bread was chewed.</p> <p>Interview with the Business Manager and Administrator on 8/28/14 at 2:05 p.m. indicated they did not have a policy regarding rodent or mouse control. The Administrator indicated she was not aware of the above issues, but that the mice had been bad this year. She indicated the bread should have stored in a rodent safe area and the droppings cleaned up.</p>		<p>Housekeepers were in-serviced on the importance of keeping rooms "open food free", encouraging residents to keep their drawers clear of food and notifying the front desk and maintenance when mice or signs of mice are spotted. Also, on the use of the pest control book. Housekeepers responsible. Housekeeping supervisor to monitor daily, 5 times per week, visually, during rounds, ongoing. Bread is being moved to walk in cooler for overnight storage. The metal food storage racks were swept and mopped. The dime sized hole was filled with steel wool. Checking the mousetraps, signs of mice and under metal storage racks have been added to the dietary maintenance schedule, 3 times daily. Dietary maintenance person responsible. Dietary supervisor to monitor 3 times daily, 5 times per week, visually, during rounds, ongoing. Stairwells will be checked for dead mice by maintenance twice daily. Maintenance person responsible. Maintenance supervisor to monitor, 2 times daily, 5 times per week, visually, during rounds, ongoing.</p>				

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R000349	<p>410 IAC 16.2-5-8.1(a)(1-4) Clinical Records - Noncompliance (a) The facility must maintain clinical records on each resident. These records must be maintained under the supervision of an employee of the facility designated with that responsibility. The records must be as follows: (1) Complete. (2) Accurately documented. (3) Readily accessible. (4) Systematically organized.</p> <p>Based on record review and interview, the facility failed to ensure each resident's medical record was complete and accurate related to treatments being signed out and completing follow up documentation and assessment after a change in condition for 2 of 7 residents reviewed for clinical records in the sample of 7. (Residents #E and #F)</p> <p>Findings include:</p> <p>1. The record for Resident #E was reviewed on 8/28/14 at 10:00 a.m. The resident was admitted to the facility on 11/20/13. The resident's diagnoses included, but were not limited to, schizophrenia and hypertension.</p> <p>The August 2014 Medication</p>	R000349	In-service will be held with nursing reviewing documentation of treatments in nursing notes and assessment after a change of condition. A treatment order written by physician PRN for residents who chronically re-infect will be documented by nurses notes each occurrence, progress and resolution when it occurs. Charge nurse responsible. DON to monitor resident treatment sheets and nurses notes weekly for 30 days and then monthly, ongoing. No other resident was found to be affected by this practice, based on audit of resident treatments and notes. Nurses will be in-serviced on September 11, 2014 on follow-up care after lice infestation and procedure to assess residents, document in between treatments, to ensure no further treatment is required.	09/11/2014			

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	<p>Administration Record (MAR) indicated on 1/22/14 for Lindane lotion 1%, (a topical medication used to treat head lice) use as directed.</p> <p>The June, July and August 2014 Medication Administration Record (MAR) indicated the resident had received the medication 6/27/14, 7/25/14 and 8/22/14.</p> <p>Review of the Nursing notes for June, July and August 2014 did not indicate the resident had an outbreak of lice. There was no documentation of Lindane treatment applied on the days that were documented on the MAR. There was no documentation of the resident being checked in between treatments.</p> <p>Interview with LPN #1 and LPN #2 on 8/28/14 at 12:15 p.m. LPN #1 indicated the Lindane lotion was used to treat head lice. It was used as directed according to the box instructions. The box instructions indicated it could be applied every two weeks. She indicated the resident had lice earlier this year, and had another outbreak in June for which she was still receiving treatment every two weeks. There was a calendar on the wall that had the residents name written on August 12th, 14th and 28th. LPN #2 indicated she had checked the residents</p>		Charge nurse responsible. DON to monitor 2 roommates, two times weekly, who are chronically infested with lice until resolution of infestation. Based on audit of nurses notes, no other residents have been affected.				

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	<p>hair on the 12th and applied the treatment on the 14th. The resident was due to be checked again today, the 28th. She indicated she had not documented the treatments or follow up checks in the residents record, she indicated she should have.</p> <p>2. The record for Resident #F was reviewed on 8/28/14 at 10:40 a.m. The resident was admitted to the facility on 8/8/11. The resident's diagnoses included, but was not limited to, schizophrenia.</p> <p>There was a Physician order dated 7/31/14 for Lindane lotion 1%, use as directed.</p> <p>The August 2014 MAR indicated the resident received the Lindane lotion on 8/7/14.</p> <p>The Nursing notes for July and August 2014 did not indicate the resident had head lice, or her roommate had head lice or a precautionary treatment had been ordered.</p> <p>Interview with LPN #1 and LPN #2 on 8/28/14 at 12:15 p.m. LPN #1 indicated the Lindane lotion was ordered as a precautionary measure on 7/31/14 because the resident's roommate had lice,</p>			

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R000406	<p>Resident #F did not have lice at that time. She indicated when the resident was checked on 8/7/14, she was found to have lice and the treatment was then initiated. LPN #2 indicated she had checked the resident again "last week" and did not find any lice. She did not document when she rechecked the resident or the results, she indicated it should have been documented.</p> <p>410 IAC 16.2-5-12(a) Infection Control - Offense (a) The facility must establish and maintain an infection control practice designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of diseases and infection.</p> <p>Based on observation, record review and interview, the facility failed to ensure infection control was maintained related to mouse droppings in the kitchen, a dead mouse next to resident stairway, and food not protected from mice. This had the potential to effect all 122 residents that resided in the facility.</p> <p>Findings include:</p> <p>1. On 8/28/14 at 8:50 a.m. the kitchen was observed with Dietary Aide (DA) #1 and #2. In the dry storage pantry, there</p>	R000406	A meeting with Monroe Pest Control to discuss available options for eradicating mice on September 09, 2014. One suggestion by Monroe was eliminating easy food sources. Resident rooms have been cleaned. Any open food was discarded. Bedside drawers were cleaned and open food and sugar packets were discarded. Storage rooms were cleaned out to eliminate hiding places and nesting material. Rodent policy has been developed. (enclosed) Housekeepers were in-serviced on the importance of keeping	09/09/2014

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	<p>were mouse droppings under two metal food storage racks. There was a dime size hole in the wall along the floor that led to the outside. DA #1 indicated they had mice, and that DA#2 checked the traps every day, and a pest control company came every other week to spray.</p> <p>2. There were two stacks of bread pallets on wheeled carts. Dietary Aide #2 indicated there was bait and traps under the carts because mice tried to get the bread. He pulled the carts away from the wall, there were mouse droppings on the floor. The bread on the bottom pallet was removed and had mouse droppings on the packaging. Another loaf of bread was found to have a hole chewed in it and the bread was chewed.</p> <p>3. On 8/28/14 at 9:20 a.m. an observation was made in the 200 unit with the Maintenance Director. There was a dead mouse laying between the stairway and the wall.</p> <p>Interview with the Business Manager and Administrator on 8/28/14 at 2:05 p.m. indicated they did not have a policy regarding rodent or mouse control. The Administrator indicated she was not aware of the above issues, but that the mice had been bad this year. She indicated the bread should have stored in</p>		<p>rooms "open food free", encouraging residents to keep their drawers clear of food and notifying the front desk and maintenance when mice or signs of mice are spotted. Also, on the use of the pest control book. Housekeepers responsible. Housekeeping supervisor to monitor daily, 5 times per week, visually, during rounds, ongoing. Bread is being moved to walk in cooler for overnight storage. The metal food storage racks were swept and mopped. The dime sized hole was filled with steel wool. Checking the mousetraps, signs of mice and under metal storage racks have been added to the dietary maintenance schedule, 3 times daily. Dietary maintenance person responsible. Dietary supervisor to monitor 3 times daily, 5 times per week, visually, during rounds, ongoing. Stairwells will be checked for dead mice by maintenance twice daily. Maintenance person responsible. Maintenance supervisor to monitor, 2 times daily, 5 times per week, visually, during rounds, ongoing.</p>				

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	a rodent safe area and the droppings cleaned up. The facility had a contract with Monroe Pest, they came out twice a month to spray and provide bait, sticky traps and box traps.						