

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

PRINTED: 10/13/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155530		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/15/2022	
NAME OF PROVIDER OR SUPPLIER SOUTH SHORE HEALTH & REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 353 TYLER ST GARY, IN 46402			
(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 IN00386855 and IN00390147.</p> <p>Complaint IN00386855 - Substantiated. Federal/state deficiencies related to the allegations are cited at F925.</p> <p>Complaint IN00390147 - Substantiated. Federal/state deficiencies related to the allegations are cited at F925.</p> <p>Survey dates: September 15, 2022</p> <p>Facility number: 000369 Provider number: 155530 AIM number: 100275190</p> <p>Census Bed Type: SNF/NF: 83 Total: 83</p> <p>Census Payor Type: Medicare: 4 Medicaid: 77 Other: 2 Total: 83</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 9/16/22.</p>			F 0000			
F 0925 SS=F Bldg. 00	<p>483.90(i)(4) Maintains Effective Pest Control Program §483.90(i)(4) Maintain an effective pest control program so that the facility is free of pests and rodents.</p>						

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 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 disclosable 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>Based on observation, record review, and interview, the facility failed to maintain an environment free of pests related to a dead mouse found in a trap in a resident room and lack of communication for further preventative measures. (Resident B) This had the potential to affect all 83 residents residing in the facility.</p> <p>Finding includes:</p> <p>Interview with Resident C on 9/15/22 at 9:00 a.m., indicated she had seen a mouse run under the wardrobe closet on the floor. At that time, an empty mouse trap was observed on the floor in the corner of the room by the windows.</p> <p>Interview with Housekeeper 1 on 9/15/22 at 9:15 a.m., indicated there had been recent sightings of mice.</p> <p>Interview with QMA 1 on 9/15/22 at 9:22 a.m., indicated she had seen a mouse about one month ago and she assumed that administration was aware, so she did not tell anyone about it. She indicated that a couple residents had complained about observing mice in their rooms.</p> <p>Interview with the Director of Housekeeping on 9/15/22 at 9:25 a.m., indicated the facility had a mouse problem for approximately two weeks on the 300 and 500 units due to the cooler weather outside and there was a lot of food in those residents' rooms. Whenever a resident complained of a mouse sighting, they would set glue traps down. A single mouse was caught in Resident B's room on September 9, 2022.</p> <p>Interview with the Director of Maintenance on 9/15/22 at 9:33 a.m., indicated when staff or residents would alert him of mouse activity, he</p>			F 0925	<p><u>F 925 Maintains Effective Pest Control Program</u></p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <ul style="list-style-type: none"> Facility called Arrow Pest Control to inspect all interior and exterior areas of the facility. A complete treatment of the exterior of the building was performed for pest control on September 16, 2022. A complete treatment and inspection of the interior of the building was performed. A follow up service will be completed on Friday September 30, 2022. <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> A special resident council meeting will be held to make sure residents understand the procedure to communicate and inform staff of any pest sightings. Pest Sighting Log will be in a binder at every nurses station and in the kitchen <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</p> <ul style="list-style-type: none"> A pest sighting log usage by all staff will be implemented 		10/20/2022

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	<p>would call the pest control company at that time and set a glue trap in their room. The pest control company would plug holes from the outside if that was the potential entrance point for the mice and they would also set up bait stations on the outside of the building.</p> <p>Interview with LPN 1 on 9/15/22 at 9:40 a.m., indicated there had been a couple mouse sightings reported in resident rooms at opposite ends of the hall on Unit 5 approximately a month ago.</p> <p>Interview with the Administrator on 9/15/22 at 9:55 a.m., indicated he was not aware of any current mice activity in the building or any mice caught in traps recently. There had been one sighting of a mouse "a while ago." The maintenance department had been instructed to call the pest control company immediately after mouse activity is noted.</p> <p>Follow up interview with the Director of Maintenance and the Director of Housekeeping on 9/15/22 at 10:23 a.m., indicated the Director of Housekeeping had removed one dead mouse from Resident B's room on September 9, 2022 and did not immediately notify the Director of Maintenance or the Administrator. Resident B was the only resident that had spoken to them about any mouse activity. The Director of Maintenance and the Director of Housekeeping were not aware of the trap observed in Resident C's room and indicated that another staff member must have put it down and did not communicate it to them. When they were notified of mouse activity, the Director of Maintenance called the pest control company, but they did not return his phone call to set up an appointment. No one had reached out to the pest control company for</p>				<p>and the pest control company will be informed ASAP and use the log too for treatment. An all staff in-service will be done to inform staff of the procedures once any pest is seen.</p> <p>How the corrective action (s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <ul style="list-style-type: none"> Maintenance/ designee will review pest sighting log daily for sightings and pest control company will fill in log for what was done. Audits will be completed daily x 4 weeks, then bi-monthly for 2 months, monthly for 6 months and then quarterly until continued compliance is maintained for 2 consecutive quarters. The results of these reviews will be reviewed by the QAPI committee overseen by the ED. If threshold of 95% is not achieved an action plan will be developed to ensure compliance. The results of the audits will be discussed at QAPI to make sure that communication between staff and the pest control company when there is a sighting does get communicated and that treatment is done. <p>By what date will the systemic changes of each deficiency will be completed?</p>		

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	<p>follow up since the original call was placed on September 9, 2022 and no other company had been contacted. Neither individual had checked for mice activity throughout the rest of the building after they had found the dead mouse.</p> <p>Interview with Resident B on 9/15/22 at 11:00 a.m., indicated every year around the fall season, there was some mice activity in the building. This had been ongoing since she was admitted to the facility.</p> <p>The Pest Control Service Inspection Reports were reviewed on 9/15/22 at 10:15 a.m. The following services were documented:</p> <ul style="list-style-type: none"> - On 5/20/22, the company treated the building for insect, roach, and rodent activity. Rodent activity was found in offices and storage rooms near Door 5 and in exterior stations. - On 7/15/22, the company treated the building for fruit flies and maintained the existing rodent stations. - On 7/22/22, the company treated the building for fruit flies. - On 8/1/22, the company treated for prevention of roaches in the kitchen area. - On 8/5/22, the company treated for roach activity in the kitchen and Unit 2 for fly activity. - On 8/17/22, the company treated the kitchen for roach and rodent activity. <p>There was no documentation of any services provided after 8/17/22.</p> <p>Observations throughout the facility during the survey did not indicate any current pest presence.</p> <p>Interview with the Administrator on 9/15/22 at 1:50 p.m., indicated the facility staff had not informed him of the dead mouse found in Resident B's room. He would be contacting the pest control</p>				10/9/2022		

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	<p>company again to have them service the building for mice immediately.</p> <p>This Federal tag relates to Complaints IN00390147 and IN00386855.</p> <p>3.1-19(f)(4)</p>						