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 01/15/2014

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

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R000000	This visit was for the Post Survey Revisit (PSR) to the State Licensure Survey completed on 10/3/13. This visit included the PSR to the Investigation of Complaints IN00124248, IN00125465, IN00126667, IN00130454, IN00131905, and IN00134192 completed on 10/3/13. This visit was in conjunction with the Investigation of Complaint IN00139712. Complaint IN00124248-Corrected. Complaint IN00126667-Corrected. Complaint IN00130454-Corrected. Complaint IN00131905-Not Corrected. Complaint IN00134192-Corrected. Survey Date: January 15, 2014 Facility Number: 001140 Provider Number: 001140 Aim Number: N/A Survey Team: Heather Tuttle, RN, TC.	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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	Lara Richards, RN Yolanda Love, RN Cynthia Stramel, RN Census Bed Type: Residential: 134 Total: 134 Census Payor Type: Other: 134 Total: 134 Sample: 9 These State findings are cited in accordance with 410 IAC 16.2. Quality review completed on January 19, 2014, by Janelyn Kulik, RN.			
R000349	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. Based on record review and interview, the facility failed to	R000349	Policy on follow up charting after any type of skin condition was	02/14/2014

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	maintain clinical records that were complete and accurately documented related to lack of follow up documentation related to scratches, lice, and hospitalization for 4 of 9 sampled residents. (Residents #B, #C, #D, and #E) Findings include: 1. The record for Resident #B was reviewed on 1/15/14, at 11:25 a.m. Documentation in the Nursing progress notes dated 12/5/13 at 9:07 p.m., indicated the resident was observed with a small scratch to the left eye brow as well as very light purple (broken capillary like) spots on his bilateral cheeks, forehead and nose. The next documented entry in the Nursing progress notes was on 12/16/13, indicating the discoloration to the resident's face was resolved. Review of the facility "Charting" inservice completed on 11/22/13, indicated 72 hour follow up charting was to be completed after any type of skin condition was observed. Interview with the Director of Nursing on 1/15/14 at 3:00 p.m., indicated documentation should have been completed for 72 hours after the		changed to 48 hours instead of 72 hours. Nursing staff were in-serviced on change and their responsibilities. New staff will be orientated to all policy and procedures for expected charting. The area on the residents face has resolved as was charted. Charts were reviewed and no further deficient charting practice was noted that would affect other residents. A list will be completed daily by charge nurses to assist staff in recognizing their charting responsibilities. Staff failing to complete their charting requirements may be fired or suspended. Day charge nurses responsible to complete charting daily list. PM nurses responsible to add any residents they have noted to require further charting monitoring.DON to monitor daily charting list daily, times 5 times per week for 60 days and then monitoring weekly, ongoing.	

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	scratches were observed.		Policy on follow up charting after any type of skin condition was changed to 48 hours instead of 72 hours. Nursing staff were in-serviced on change and their responsibilities. New staff will be orientated to all policy and procedures for expected charting. The lice infestation of resident has resolved as was charted. Charts were reviewed and no further deficient charting practice was noted that would affect other residents. A list will be completed daily by charge nurses to assist staff in recognizing their charting responsibilities. Staff failing to complete their charting requirements may be fired or suspended. Day charge nurses responsible to complete charting daily list. PM nurses responsible to add any residents they have noted to require further charting monitoring.DON to monitor daily charting list daily, times 5 times per week for 60 days and then monitoring weekly, ongoing.	

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			Nurse aids on midnight shift have been trained to complete transfer forms. Nurse who has been contacted will document transfer when she arrives at facility. She will review transfer form to ensure transferring facility has all pertinent information. Nurse aids will be able to access information needed to complete transfer forms. Nurses have been in-serviced on their on call responsibilities. Charts were	

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			reviewed and no further deficient practice was noted for other residents. On call charge nurse responsible for documenting their transfers to hospital and reviewing transfers. DON responsible for reviewing transfer daily times 5 days weekly. This review will include transfers that were done on her off days. This review will be ongoing.	
	2. The record for Resident #C was reviewed on 1/15/14 at 1:43 p.m. The resident's diagnoses included, but were not limited to bipolar disorder and high blood pressure. Review of Nursing progress notes dated 11/1/13 at 2:00 p.m., indicated the resident informed Nursing that he thought he had lice. The resident's Physician was notified and treatment was obtained. The next documented entry in Nursing progress notes was on 11/15/13, which indicated the resident's head was checked again and he still had live lice noted in his beard and on his head. The next documented entry in Nursing progress notes was on 11/28/13, which indicated no live lice noted at this time. Review of the facility "Charting" inservice completed on 11/22/13, indicated 72 hour follow up charting was to be completed after any type			

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	of skin condition was observed. Interview with the Director of Nursing on 1/15/14 at 3:00 p.m., indicated documentation should have been completed for 72 hours after the lice was observed. 3. The clinical record for Resident #D was reviewed on 1/15/14 at 11:30 a.m. The Resident's diagnoses included, but were not limited to, major depression, chronic obstructive pulmonary disease, and dementia. Review of the Charting Notes dated 12/3/13, indicated the resident returned from the hospital. There was no evidence of documentation prior to that entry indicating when the resident was transferred from the facility. Further review of the Charting Notes dated 12/31/13, indicated the resident returned from the hospital. There was no evidence of documentation prior to that entry indicating when the resident was transferred from the facility. Review of the Resident Transfer Forms indicated no evidence of documentation of when then resident was transferred from the facility.			

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	Interview with the Charge Nurse on 1/15/13 at 12:40 p.m., indicated when residents were transferred from the facility during the night shift there would be no evidence of documentation indicating when the resident was transferred. She further indicated there were no licensed nursing staff scheduled during those hours that could complete the charting. The CNAs who were scheduled during those hours do not have access to charting, they transfer the residents from the facility by accessing their face sheet, and when the scheduled day nurse arrives they were given report of the transfer, however, the nurse does not document the resident's transfer from the facility nor do they complete a Resident Transfer Form. 4. The clinical record for Resident #E was reviewed on 1/15/14 at 12:00 p.m. The Resident's diagnoses included, but were not limited to, paranoid schizophrenia, diabetes, and hypothyroidism. Review of the Charting Notes dated 12/17/13, indicated the resident returned from the hospital. There was no evidence of documentation prior to that entry indicating when			

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	the resident was transferred from the facility. Further review of the Charting Notes dated 1/7/14, indicated the resident returned from the hospital. There was no evidence of documentation prior to that entry indicating when the resident was transferred from the facility. Review of the Resident Transfer Forms indicated no evidence of documentation of when then resident was transferred from the facility. The last noted Resident transfer form was dated 12/9/13. Interview with the Charge Nurse on 1/15/13 at 12:40 p.m., indicated when residents are transferred from the facility during the night shift there would be no evidence of documentation indicating when the resident was transferred. She further indicated there were no licensed nursing staff scheduled during those hours that could complete the charting. The CNAs who were scheduled during those hours do not have access to charting, they transfer the residents from the facility by accessing their face sheet, and when the scheduled day nurse arrives they were given report of the transfer, however, the nurse does not document the			

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	resident's transfer from the facility nor do they complete a Resident Transfer Form. She also indicated at that time the resident was currently transferred out to the hospital. Review of the Charting Notes and Resident Transfer Forms, indicated no evidence of documentation of the resident being transferred from the facility. This State Residential Rule was cited on 10/3/13. The facility failed to implement a systemic plan of correction to prevent recurrence. This State tag relates to Complaint IN00131905.			