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 07/25/2016

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 IN00205055 and IN00205597. Complaint IN00205055 - Substantiated. State Residential deficiency related to the allegation is cited at R052. Complaint IN00205597- Substantiated. No deficiencies related to the allegation are cited. Survey date: July 25, 2016 Facility number: 001140 Provider number: 001140 AIM Number: N/A Census bed type: Residential: 118 Total: 118 Residential Sample: 4 These state residential findings are cited in accordance with 410 IAC 16.2-5. Quality review completed by 32883 on 7/26/16.	R 0000		

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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R 0052 Bldg. 00	410 IAC 16.2-5-1.2(v)(1-6) Residents' Rights - Offense (v) Residents have the right to be free from: (1) sexual abuse; (2) physical abuse; (3) mental abuse; (4) corporal punishment; (5) neglect; and (6) involuntary seclusion. Based on record review and interview the facility failed to ensure residents remained free of abuse related an Employee engaging in sexual activity with a resident for 1 of 1 Abuse Allegations reviewed. The facility also failed to ensure reference checks were completed prior to the time of hire for 2 of 5 Employee files reviewed. (Resident #B) Findings include: 1. The record for Resident #B was reviewed on 7/25/16 at 8:39 a.m. The resident's diagnoses included, but were not limited to, depression, high blood pressure, degenerative arthritis, and seizures. Review of the 5/23/16 Admission Nursing Assessment indicated the resident was alert and orientated to person, place, and time.	R 0052	R052 In accordance with facility abuse policy the investigation was started, completed and employee was terminated. Meeting was held on August 12, 2016 with residents. No other residents were found to have engaged in consensual sexual relations with now former maintenance man. No residents complained about the now former maintenance man. We audit and monitor residents in semi-annual meetings in regards to feeling safe from abuse and filing grievance forms, in addition to explaining about grievances upon admission. Nursing personnel see residents daily and have been instructed to report any signs of abuse, anxiety or withdrawal that could signify an inappropriate sexual relations to DON or Administrator for monitoring. An in-service was given on July 13, 2016 and completed on July 16, 2016. Employee files have been checked and any files of people	08/26/2016

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	Review of a Nursing note completed on 7/12/16 at 11:27 p.m. indicated at approximately 9:40 p.m., Employee #1 came to the Nurses' station and informed staff that she walked in on a Maintenance staff member (Employee #2) having sex with the resident. The resident was assessed and no injuries were noted. The resident denied any injury and insisted the sexual intercourse was consensual. The facility notified the local Police Department and they arrived at the facility. No Police Report was filed as it was found the intercourse was consensual. The resident's Physician was notified and the resident was sent to the hospital for evaluation. Attempts were made to contact the resident's sister and a voicemail message was left. When interviewed on 7/25/16 at 10:05 a.m., the Maintenance Director indicated he received a call from a Nurse on 7/12/16 on the Evening shift. The Nurse informed him that staff had observed Employee #2 having sex with a resident in the hallway. The Maintenance Director indicated he instructed staff to have the employee leave the facility immediately. 2. Facility Employee files were reviewed on 7/25/16 at 9:30 a.m. The Employee file for Employee #2 was reviewed.		hired within the last 6 months without references has been checked. In accordance with our policy the facility will conduct reference checks on previous employment. In the instance that an employee has no previous employer, a personal reference will be required. Supervisors are no longer responsible, the new personnel manager has the responsibility to check references during orientation of new employees. Administrator to monitor new employee files monthly, ongoing. Miller Beach Terrace requests Informal Dispute Resolution of the allegations written in support of R052. Please see attached sheet and exhibit A.	

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	There were previous employment places listed on the employee's application. There was no documentation of reference checks being completed for Employee #2. The Employee file for Employee #3 was reviewed. The employee was hired on 6/30/16 as a Dietary Assistant. The employee's application indicated references were listed. No verification of the references was noted. When interviewed on 7/25/16 at 10:05 a.m., the Maintenance Director indicated he was responsible to complete reference checks for employees he hired. The Maintenance Director indicated he had not completed any reference checks when Employee #2 was hired. The Maintenance Director indicated the employee had worked at the facility approximately ten years ago and he had "no problems" with him in the past. When interviewed on 7/25/16 at 12:05 p.m., the Dietary Manager indicated he was responsible to check references on new Dietary employees. The Dietary Manager indicated he did not check references for Employee #3 when he was hired. When interviewed on 7/25/16 at 11:05			

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	a.m., the facility Administrator indicated reference checks were to be completed by the Supervisor of the area the employee was hired for. The Administrator indicated the reference checks were not being done on a regular basis as per the facility policy. The facility policy titled "Abuse Policy" was reviewed on 7/25/16 at 8:55 a.m. The policy was last reviewed on 10/25/15. The facility Administrator provided the policy and indicated the policy was current. The policy indicated types of sexual abuse included staff to resident. The policy also indicated "...staff shall not engage in sexually oriented activity with residents." The policy also indicated criminal background checks and previous employment checks were to be completed. This Residential tag relates to Complaint IN00205055.			

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