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
	155325		07/24/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOW VIEW HEALTH AND REHABILITATION	900 ANSON ST SALEM, IN 47167

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F 0000 Bldg. 00	This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00177374. Complaint IN00177374 - Substantiated. No deficiencies related to the allegations are cited. Survey dates: July 20, 21, 22, 23, and 24, 2015 Facility number: 000218 Provider number: 155325 AIM number: 100274800 Census bed type: SNF/NF: 81 Total: 81 Census payor type: Medicare: 8 Medicaid: 61 Other: 12 Total: 81 Sample: 7 This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.	F 0000	The creation and submission of this plan of correction does notconstitute an admission by this provider of any conclusion set forth in thestatement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 Plan of Correction beconsidered the letter of credible allegation and requests a desk review in lieuof a Post Complaint Survey Revisit on or after.	

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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F 0469 SS=D Bldg. 00	483.70(h)(4) MAINTAINS EFFECTIVE PEST CONTROL PROGRAM The facility must maintain an effective pest control program so that the facility is free of pests and rodents. Based on observation, interview and record review, the facility failed to provide a pest free environment for 4 of 31 resident rooms observed on the North Hallway. (Resident #8, #11, #30, and #60) Findings include: During an observation on 7/21/2015 at 11:54 a.m., three flies were observed in Resident #11's room. During an observation on 7/23/2015 at 2:07 p.m., six flies were observed in Resident #60's room. Resident #60's dentures were observed sitting directly on the night stand. There was an open zip lock bag of cookies sitting on the dresser and a urinal half full of yellow liquid sitting on the window seal. During an observation on 7/23/2015 at 2:30 p.m., one fly was observed in	F 0469	·whatcorrective action(s) will be accomplished for those residents found to havebeen affected by the deficient practice; Resident's 8, 11, 30, 60 rooms wereinspected and any items that could cause a pest concern were addressed. Pestcontrol company spray/inspect these identified rooms. None of these residentswere negatively affected by this alleged deficient practice. ·howother residents having the potential to be affected by the same deficientpractice will be identified and what corrective action(s) will be taken; A facility wide inspection was conductedby ED/DON and any item that would potentially cause a pest control issue wasaddressed. No other resident was negatively affected by this alleged deficientpractice. ·whatmeasures will be put into place or what systemic changes will be made to ensurethat the deficient practice does not recur;	08/14/2015

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	Resident #11's room, crawling on the resident's roommate (Resident #17) while the roommate was asleep. During an observation on 7/24/2015 at 9:30 a.m., two flies were present in Resident #60's room. There was an open zip lock bag of cookies sitting on the dresser and a urinal a quarter full of yellow liquid sitting on the window seal. Directly outside Resident #60's bedroom, in the hallway on the floor, was a dead fly. During an observation on 7/24/2015 at 9:54 a.m., one fly was observed in Resident #8's room. During an interview on 7/24/15 at 10:00 a.m., Licensed Practical Nurse (LPN) #3, indicated that she had noticed a fly on her treatment cart. During the time of the interview, a fly was observed in the hallway, landing on the wall, the LPN observed the fly at that time. During an interview on 7/24/15 at 10:05 a.m., Certified Nursing Assistant (CNA) #1 and CNA #2, both indicated, on the North Hallway, there has been an increase in flies over the past month. Both CNA's also indicated that flies have been observed in Resident #30, Resident #60, and Resident #11's rooms.		Facility employees will be educated onthe facilities Pest control policy and procedure by the Clinical EducationCoordinator and/or designee. Facility will have pest control company come tothe facility weekly for the next month to ensure that areas are free from pestproblems. Housekeeping employees will monitor resident's room daily and willclean and remove any items that may cause a pest problem. ·howthe corrective action(s) will be monitored to ensure the deficient practicewill not recur, i.e., what quality assurance program will be put into place; To ensure compliance, the ED,DNS, and/orDesignee is responsible for the completion of the Physical Plant and grounds CQItool weekly times 4 weeks, monthly times 6 and then quarterly to encompass allshifts until continued compliance is maintained for 2 consecutive quarters. Theresults of these audits will be reviewed by the CQI committee overseen by theED. If threshold of 95% is not achievedan action plan will be developed to ensure compliance. These systemicchanges will be in place by 8.14.15.	

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	During an interview on 7/24/15 at 10:09 a.m., Resident #11 indicated she has had an increase in flies in her room for two weeks. Resident #11 indicated the flies bother her when they land on her face. During an interview on 7/24/15 at 10:15 a.m., Resident #60 indicated he has had flies in his room for at least a week. The Resident indicated the flies bother him when they land on his face. During an interview on 7/24/15 at 11:05 a.m., Resident #30 indicated he has had an increase in flies in his room, and gnats, and both at times, are very bothersome. Resident #30 also indicated a spider has made a web and lives under the over head bed light, and at times, spiders will fall from the ceiling onto his bed. During an observation at the time of interview, under the over head bed light, a spider was observed in a web. A cricket was also observed on the bathroom floor. During an interview on 7/24/3015 at 10:15 a.m., the Maintenance Director indicated there has been an increase in flies due to the increase in the temperature, quality of seals around plumbing, and increase in the rainfall.			

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	During an interview on 7/24/2015 at 10:15 a.m., the Administrator indicated there has been an increase in flies due to the increase in the temperature and the rainfall. He indicated this has been an ongoing issue. During an observation with the Maintenance Director on 7/24/2015 at 1:00 p.m., in Resident #30's room, under the over head bed light, a spider was observed in a web. In Resident #60's room, two flies were observed beside the residents bed and one fly was observed on his wheelchair. Also observed in Resident #60's room was an open zip lock bag of cookies. On 7/24/2015 at 1:50 p.m., the Administrator provided a copy of the document titled, "Pest Control", dated February, 2012 and indicated as current. The policy indicated the facility shall have a pest control procedure that will maintain an environment free of pests. The policy also indicated staff should practice pest prevention, by monitoring for opened food items. 3.1-19(f)(4)			

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