STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	11/22/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...	(X5) COMPLETION DATE
R 0000	INITIAL COMMENTS This visit was for the Post Survey Revisit (PSR) for the Investigation of Complaint IN00361224 and the PSR to the Residential COVID-19 Quality Assurance Walk Through completed on 9/3/21. Complaint IN00361224 - Not Corrected. Survey date: November 22, 2021 Facility number: 001140 Facility census: 129 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review completed on 11/23/21. This visit was for the Post Survey Revisit (PSR) for the Investigation of Complaint IN00361224 and the PSR to the Residential COVID-19 Quality Assurance Walk Through	R 0000		

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R 0407	Infection Control - Noncompliance 410 IAC 16.2-5-12(b)(1-4) (b) The facility must establish an infection control program that includes the following: (1) A system that enables the facility to analyze patterns of known infectious symptoms. (2) Provides orientation and in-service education on infection prevention and control, including universal precautions. (3) Offering health information to residents, including, but not limited to, infection transmission and immunizations. (4) Reporting communicable disease to public health authorities.	R 0407	Residents will continue to be assessed for signs and symptoms of CoVid, daily, during med pass.Although facility policy is problematic based charting, LPN's will record daily residenttemperatures and CoVid questions via MARs Charge Nurses responsible for assessments and recording. Acting DON to monitor daily, 5 timesper week; ongoing Employees have been advised regarding the use of medical grade face masks. Employees willbe required to	12/09/2021

	Based on observation, record review, and interview, the facility failed to ensure infection control guidelines were in place and implemented, including those to prevent and/or contain COVID-19, related to not wearing face coverings and eye protection, and lack of daily screening of residents and staff for COVID-19 for random observations for infection control. Findings include: 1. During a random observation on 11/22/21 at 8:51 a.m., a housekeeper was observed walking towards the stair well without wearing a face mask. There were residents in the area and standing by the glass door. At that time, there were 3 staff members around the front desk. One staff member was sitting behind the desk wearing a face mask with no protective eyewear and 1 staff member was standing in front of the desk with her face mask below her mouth and resting on her chin. Another staff member was standing behind the counter with no face covering in place over her mouth and nose. The Business Office Manager walked up with no face covering as the surveyors were getting a temperature check. None of the employees were wearing any protective eyewear and there were many residents coming in		use face shields during direct resident contact. Supervisors over each department to monitor employees for proper face shield and face mask wearing, daily, ongoing. Employees have been instructed on the use of new sign in/out sheet. The new sheets have beenchanged to accommodate CoVid questions and temperatures. (Copy enclosed). Office Managerwill monitor sign in/out sheets for temperatures and questions daily, 5 (five) days per week forfirst 30 (thirty) days, then weekly; ongoing. Employees who fail to comply with temperaturesand questions will be progressively disciplined.	

and out of the door and standing by the counter all within 6 feet of those employees.

2. During a random observation on 11/22/21 at 9:00 a.m., the Business Office Manager was observed in her office sitting behind her desk with no face covering over her mouth and nose. There was another employee there sitting directly across from her wearing a face mask. They were within 6 feet of each other.

Interview with the Business Office Manager at that time, indicated she was unaware she had to wear a face mask at all times when other health care professionals were around.

3. On 11/22/21 at 9:02 a.m., the Resident Advocate was observed walking out of her office into a resident hallway where other residents were near with no face covering over her mouth and nose. She went back into her office and put on a cloth face covering.

Interview with the Resident Advocate at that time, indicated she was unaware she needed to wear a medical grade face covering and she was not aware she needed to wear protective eyewear as well when residents were around.

The current and updated

9/28/21 "COVID-19 Infection Control Guidance in Long-term Care Facilities" policy, indicated "Continue universal source controls with well-fitting face mask use by all healthcare professionals (medical grade). Healthcare professionals should not wear cloth masks. Fully vaccinated HCP must continue to wear a mask while indoors. All healthcare professionals must wear eye protection for resident care when community transmission is substantial or high. Eye protection should be close to face with no gaps at top, bottom, or sides of eyes."

4. On 11/22/21 at 9:25 a.m., LPN 1 walked into the office wearing a face mask over her mouth and nose. She walked by several residents with no protective eyewear in place.

Interview with LPN 1 at that time, indicted she was unaware she had to wear protective eyewear when residents were in the area.

Continued interview with LPN 1 indicated they have not been screening residents for COVID-19 at least daily for probably 6 weeks. She indicated they were only monitoring temperatures and asking questions for residents who were sympatric.

Interview with the Director of

Nursing on 11/22/21 at 10:38 a.m., indicated the last resident who tested positive was on 11/1/21 and they have had no COVID since then. They keep a line list for the residents and staff who have symptoms and have tested positive. They were not taking temperatures/screening residents for COVID-19 daily for the last 6 weeks. Staff would screen those residents who had symptoms. She was aware that all staff needed to wear protective eyewear when residents were present.

Interview with the Receptionist at the front desk on 11/22/21 at 11:30 a.m., indicated they do not screen the residents for COVID-19 when they return from being outside of the facility. They just sign themselves in and out. They will give them a face mask if needed, but as far as taking their temperatures and asking the screening questions, they were not doing that.

The current and updated 9/28/21 "Long-term Care COVID-19 Clinical Guidance" policy indicated "Screen all residents daily for fever and for COVID-19 symptoms. Ideally, include an assessment of oxygen saturation via pulse oximetry."

5. The employee screening log book was reviewed on 11/22/21

at 10:00 a.m.

Documentation for daily screening was not in the book but on the back of a piece of paper for the days of 11/18 and 11/19/21. There were 17 employees who were currently in the building on 11/22/21 at 10:00 a.m., and 6 of them had not been screened but were working.

Interview with the Administrator on 11/22/21 at 11:00 a.m., indicated there was no one at the front desk that early when staff come in, so they do not screened right away.

The current and updated 9/28/21 "Long-term Care COVID-19 Clinical Guidance" policy indicated "Screen all healthcare personnel (HCP) each shift, and screen all visitors and vendors entering the facility for known diagnosis or symptoms of COVID-19 and for any history of being a close contact or exposed to COVID-19 positive or symptomatic person in the preceding 14 days."

This State Residential Rule was cited on 9/3/21. The facility failed to implement a systemic plan of correction to prevent recurrence.

Based on observation, record review, and interview, the facility failed to ensure infection control

guidelines were in place and implemented, including those to prevent and/or contain COVID-19, related to not wearing face coverings and eye protection, and lack of daily screening of residents and staff for COVID-19 for random observations for infection control.

Findings include:

1. During a random observation on 11/22/21 at 8:51 a.m., a housekeeper was observed walking towards the stair well without wearing a face mask. There were residents in the area and standing by the glass door. At that time, there were 3 staff members around the front desk. One staff member was sitting behind the desk wearing a face mask with no protective eyewear and 1 staff member was standing in front of the desk with her face mask below her mouth and resting on her chin. Another staff member was standing behind the counter with no face covering in place over her mouth and nose. The Business Office Manager walked up with no face covering as the surveyors were getting a temperature check. None of the employees were wearing any protective eyewear and there were many residents coming in and out of the door and standing by the counter all within 6 feet of those

employees.

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Interview with the Director of Nursing on 11/22/21 at 10:38 a.m., indicated the last resident who tested positive was on

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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE