

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/07/2023	
NAME OF PROVIDER OR SUPPLIER MILLER BEACH TERRACE		STREET ADDRESS, CITY, STATE, ZIP CODE 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 a Post Survey Revisit (PSR) to Investigation of Complaints IN00406958, IN00411179, and IN00411636 completed on 6/29/23. Complaint IN00406958 - Not corrected Complaint IN00411179 - Not corrected Complaint IN00411636 - Corrected Survey date: 9/7/23 Facility number: 001140 Residential Census: 135 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review completed on 9/12/23.	R 0000					
R 0052	Residents' Rights - Offense	R 0052	N/A			10/13/2023	

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	410 IAC 16.2-5-1.2(v)(1-6) (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.			
R 0086	Administration and Management - Deficiency 410 IAC 16.2-5-1.3(a)(1-2) The licensee: (1) is responsible for compliance with all applicable laws; and (2) has full authority and responsibility for the: (A) organization; (B) management; (C) operation; and (D) control; of the licensed facility. The delegation of any authority by the licensee does not diminish the responsibilities of the licensee.	R 0086	N/A	10/13/2023

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R 0144	Sanitation and Safety Standards - Deficiency 410 IAC 16.2-5-1.5(a) (a) The facility shall be clean, orderly, and in a state of good repair, both inside and out, and shall provide reasonable comfort for all residents. Based on observation, record review, and interview, the facility failed to maintain a sanitary environment related to cleanliness of residents' apartments, holes and water damage of a bathroom ceiling, musty odor and black substance in and beside a bathroom cabinet, a mirror with the silvering chipping off, missing base board, broken bathroom tile, hole in the wall, and bugs in a mouse sticky trap, for 4 of 5 rooms observed. (Rooms 309, 312, 101, and 204) Findings include: During a tour of the facility on 9/7/23 from 9:52 a.m. to 10:17 a.m. with the Director of Housekeeping, the following was observed: a) There was a large build up of trash behind the closet in room 309. Maintenance 1 indicated the area had not been cleaned. b) There was a broken bathroom floor tile, a hole in the ceiling with brown water stains	R 0144	Closets throughout the facility were moved away from the walls and cleaned behind. Cleaning behind closets has been added to the housekeeping internal cleaning checklist. Housekeeping staff has been inserviced on the importance of using the internal cleaning check list. Housekeeping staff responsible for moving closets and cleaning behind them. Housekeeping supervisor to monitor visually, weekly; ongoing. Leaking toilet pipe and hole in the ceiling in the bathroom of room 312 have been repaired and ceiling painted. Floor tiles and mirrors throughout the facility have been inspected by newly assigned housekeeping/maintenance employee. Floor tiles have been repaired/replaced as necessary and any mirrors with peeling silver have been removed and discarded. Bathroom cabinet in room 312 has been replaced and bathroom has been deep cleaned. Bathrooms throughout the facility have been inspected and repaired and cleaned as	10/13/2023
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surrounding the hole, peeling silvering of the mirror, a musty smell with a large of amount of a black substance on the walls and flooring of the bathroom cabinet and in the back corner on the floor tiles next to the cabinet, in the bathroom of 312. The Director of Housekeeping acknowledged the observation.

c) There was a mouse glue trap under the dresser in room 101, which contained had two small spiders and four unidentified bugs. Maintenance 2 identified the four bugs as Dominican roaches.

d) There was steel wool on the floor next to a hole in the wall by the bathroom in room 204. The base board on the wall by the bathroom door was off. The Director of Housekeeping acknowledged the observation.

During an interview with the Administrator on 9/7/23 at 10:23 a.m., she indicated they were unaware there was a glue trap in room 101 and all other traps were being checked.

This State Residential finding relates to Complaints IN00406958 and IN00411179.

This State Residential finding was cited on 6/29/23. The facility failed to implement a systemic plan of correction to prevent recurrence.

needed. Newly assigned housekeeping/maintenance employee responsible for checking rooms for needed repairs and either repairing himself or reporting needed repairs to maintenance supervisor. Housekeeping supervisor to monitor rooms visually, daily; ongoing.

Glue traps throughout the facility are checked daily and replaced as needed. Newly assigned housekeeping/maintenance employee responsible for checking and replacing glue traps. Maintenance Supervisor to monitor visually, daily; ongoing.

Steel wool has been removed and the hole in the bathroom wall in room 204 has been repaired. Residents have been instructed not to use steel wool. Bathrooms throughout the facility have been inspected and repaired as needed. Newly assigned housekeeping/maintenance employee responsible for checking rooms for needed repairs and either repairing himself or reporting needed repairs to

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Based on observation, record review, and interview, the facility failed to maintain a sanitary environment related to cleanliness of residents' apartments, holes and water damage of a bathroom ceiling, musty odor and black substance in and beside a bathroom cabinet, a mirror with the silvering chipping off, missing base board, broken bathroom tile, hole in the wall, and bugs in a mouse sticky trap, for 4 of 5 rooms observed. (Rooms 309, 312, 101, and 204)

Findings include:

During a tour of the facility on 9/7/23 from 9:52 a.m. to 10:17 a.m. with the Director of Housekeeping, the following was observed:

- a) There was a large build up of trash behind the closet in room 309. Maintenance 1 indicated the area had not been cleaned.
- b) There was a broken bathroom floor tile, a hole in the ceiling with brown water stains surrounding the hole, peeling silvering of the mirror, a musty smell with a large of amount of a black substance on the walls and flooring of the bathroom cabinet and in the back corner on the floor tiles next to the cabinet, in the bathroom of 312. The Director of Housekeeping acknowledged the observation.

maintenance supervisor.
Housekeeping
supervisor to monitor rooms
daily, visually; ongoing.

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	c) There was a mouse glue trap under the dresser in room 101, which contained had two small spiders and four unidentified bugs. Maintenance 2 identified the four bugs as Dominican roaches. d) There was steel wool on the floor next to a hole in the wall by the bathroom in room 204. The base board on the wall by the bathroom door was off. The Director of Housekeeping acknowledged the observation. During an interview with the Administrator on 9/7/23 at 10:23 a.m., she indicated they were unaware there was a glue trap in room 101 and all other traps were being checked. This State Residential finding relates to Complaints IN00406958 and IN00411179. This State Residential finding was cited on 6/29/23. The facility failed to implement a systemic plan of correction to prevent recurrence.			
R 0406	Infection Control - Offense 410 IAC 16.2-5-12(a) (a) The facility must establish and maintain an infection control practice designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission	R 0406	N/A	10/13/2023

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	of diseases and infection.		
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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.)			
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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