

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 03/18/2024	
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 the Post Survey Revisit (PSR) to the Investigation of Complaints IN00421616, IN00424246, and IN00425117 completed on 1/4/24. This visit was in conjunction with the PSR to the PSR completed on 1/4/24 to the State Residential Licensure Survey and the Investigation of Complaints IN00415971, IN00418339, IN00419781, IN00419985, and IN00420052 completed on 10/26/23. Complaint IN00421616 - Not Corrected. Complaint IN00424246 - Not Corrected. Complaint IN00425117 - Not Corrected. Complaint IN00415971 - Not Corrected.	R 0000					

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	Complaint IN00418339 - Not Corrected. Complaint IN00419781 - Not Corrected. Complaint IN00419985 - Not Corrected. Complaint IN00420052 - Not Corrected. Survey date: March 18, 2024 Facility number: 001140 Residential Census: 125 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on 3/25/24.			
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;	R 0086	Routine checks for bed bugs are still being completed Monday thru Friday by housekeepers. Housekeepers have been in-serviced, again, on the importance of reporting to housekeeping supervisor, for documentation, of they see activity while cleaning rooms.	05/01/2024

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of the licensed facility.

The delegation of any authority by the licensee does not diminish the responsibilities of the licensee.

Based on observation, record review and interview, the Administration of the facility continually failed to keep the facility free from unwanted pests and insects. This had the potential to affect all the residents who resided in the facility.

Finding includes:

Cross reference R0149

Observations of resident rooms and interviews with residents indicated there was still an ongoing issue with gnats and bed bugs.

During an interview on 3/18/24 at 9:30 a.m., Housekeeper 1 indicated the pest control company was just out to the facility last week and sprayed for bedbugs. He indicated there was no scheduled or routine checks completed on the rooms for bedbugs, they were to report if they saw them while cleaning the rooms.

During an interview on 3/18/24 at 10:15 a.m., the Administrator indicated the pest control company was out 2 weeks ago and sprayed the 100 hallway,

Chemicals that kill bed bugs, on the advice of the exterminator (Seige), are not to be sprayed in rooms that have been treated as it will negate the effects of the original spray. Alcohol with eucalyptus is still being used to kill any live bed bugs in rooms.

The Crossfire treatment is a two step process in which the initial treatment is laid and in four weeks the second treatment is applied. This is not a pyrethrin which is a repellent. The bugs are encouraged to walk through where it has been sprayed to carry it back to the nest. It takes approximately 10 days to see a decrease in activity. After the first treatment, while keeping in contact with Seige, we were only noticing baby bed bugs, not adults. One week after the second treatment of the lower 300 hall, out of 18 rooms, only 2 rooms have a small amount of activity which has been relayed to Seige.

Housekeepers are responsible for monitoring bed bug activity and are to report any sightings for documentation. New housekeeping supervisor to document any current activity in resident rooms. Exterminator was out on March 28th and April 8th to re-spray rooms and common areas including dining room which will complete the first four weeks of the eight week cycle.

the technician told her it would take 10 days for the bugs to completely die off as the bugs ingest the solution and then take it back to the colony. They came back on 3/11/24 and sprayed the 200 hallway. There were no scheduled audits after the rooms had been sprayed to kill the live bed bugs. She indicated they were not doing anything else in between visits to kill the bed bugs.

This State Residential Finding was cited on 10/26/23 and 1/4/24. The facility failed to implement a systemic plan of correction to prevent recurrence.

Based on observation, record review and interview, the Administration of the facility continually failed to keep the facility free from unwanted pests and insects. This had the potential to affect all the residents who resided in the facility.

Finding includes:

Cross reference R0149

Observations of resident rooms and interviews with residents indicated there was still an ongoing issue with gnats and bed bugs.

During an interview on 3/18/24 at 9:30 a.m., Housekeeper 1 indicated the pest control

Administrator will be in contact with exterminating company every Friday regarding current activity and the pathway forward regarding eradicating bed bugs completely.

Housekeeping supervisor and housemother are responsible for checking and documenting 5 rooms on each hall, five days weekly, ongoing. Administrator and Office Manager will audit documentation weekly, ongoing.

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	company was just out to the facility last week and sprayed for bedbugs. He indicated there was no scheduled or routine checks completed on the rooms for bedbugs, they were to report if they saw them while cleaning the rooms. During an interview on 3/18/24 at 10:15 a.m., the Administrator indicated the pest control company was out 2 weeks ago and sprayed the 100 hallway, the technician told her it would take 10 days for the bugs to completely die off as the bugs ingest the solution and then take it back to the colony. They came back on 3/11/24 and sprayed the 200 hallway. There were no scheduled audits after the rooms had been sprayed to kill the live bed bugs. She indicated they were not doing anything else in between visits to kill the bed bugs. This State Residential Finding was cited on 10/26/23 and 1/4/24. The facility failed to implement a systemic plan of correction to prevent recurrence.			
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	R 0144	The lower 300 hall room repairs and hallway floor replacement will tentatively be completed by July 01, 2024. Three estimates are being obtained for the replacement of the 100, 200 and upper 300 hallway flooring and will be replaced one at	06/01/2024

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shall provide reasonable comfort for all residents. Based on observation, record review, and interview, the facility failed to maintain a resident environment which was clean, sanitary, and in good repair related to missing and dirty base boards, broken bathroom tile, marred and stained walls, stained, dirty, torn and frayed carpet, rusty and dirty dining room chairs, and the smell of cigarette smoke in the hallways and rooms, for 3 of 4 hallways and the main dining room. (The upper 300, 200 and 100 halls and the main dining room) Findings include: During the Environmental Tour on 3/18/24 at 9:30 a.m., the following was observed: 1. Upper 300 hallway: a. The carpet in the upper 300 hallway was ripped, torn, and stained in areas. b. Room 339 - the wall tile by the toilet was broken and missing. The wall by the air conditioner was gouged and dirty and the carpet was stained. There were 2 residents who resided in the room and shared the bathroom. c. Room 331 - the carpet was soiled and torn. The wall by the	a time throughout the year due to the large expense. Room 339 wall tile has been replaced by the maintenance supervisor. Maintenance supervisor has fixed wall by air conditioner where it was gouged. Maintenance has cleaned carpet. Carpet in room 331 has been cleaned and the toilet replaced. Room 101 carpet had been cleaned. Chronic offenders of smoking in the building only receive 1 cigarette at a time and must go outside. Residents are observed to make sure they are going outside. If they try to go to their room the cigarette is taken back from them. Upstairs lobby and nurses station carpets have been added to the rotational calendar. Resident laundry person will continue to sweep and mop behind machines in resident laundry room daily. Laundry person is responsible for monitoring that resident laundry room is swept and mopped daily behind machines, four times weekly, ongoing. Chipped floor tile in dining room will be replaced as necessary, metal chairs have been cleaned and painted. Wood chairs have	
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heat register was dirty and the register was pulling away from the wall. The toilet seat was cracked and stained and the base of the toilet was discolored. There was 1 resident who resided in the room and used the bathroom. 2. 100 hallway: a. Room 101 - the carpet was dirty and stained. There were 2 residents who resided in the room. 3. 200 hallway: a. The hallway smelled like cigarette smoke and the carpet was stained and torn. b. Room 208 - the resident inside the room was smoking in the room, as it smelled like smoke and there was a cloud of smoke by bed 2. 4. The lobby upstairs had stained and torn carpet. The nurses' lounge had stained and torn carpet as well. 5. There was a moderate amount of adhered dirt and dust behind the washing machines in the resident laundry room. 6. The dining room floor was dirty, stained, and the floor tile was chipped. There were 74 metal chairs that were dirty with rusted out legs. There were 10 wood chairs that had dirty seat	been steam cleaned. Dietary staff responsible for reporting dirty chair and/or rusty legs to maintenance supervisor. Dietary supervisor to monitor replacement/repairs of chair as necessary, 5 times weekly, ongoing. Correct baseboard has been purchased, painted and attached. Dates have been added to the POC book for toilets, carpet, ceiling and showers. New housekeeping supervisor has been hired to relieve interim housekeeping supervisor. Maintenance supervisor has fixed issue in rooms 101, 331 and 339. Maintenance supervisor has been reprimanded on the failure to fix rooms that were originally indicated. Rotational calendar has been set up for maintenance to clean carpet in resident rooms.	
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coverings. The base boards throughout the dining room were missing and/or dirty.

The Plan of Correction Book indicated the rooms were audited for toilets, carpets, ceilings, and showers were observed for mold, stains, cracking, and discoloration. There was no date or time when the audits were completed.

During an interview on 3/18/24 at 10:15 a.m., the Administrator indicated they had finished remodeling 12 rooms upstairs and were currently remodeling the rooms on the lower 300 level for a total of 24 rooms completed. They were working on getting another grant to do more rooms this year. The owners had been putting their own money into the facility as well. The Housekeeping Supervisor left and currently they have no one in charge of that department. In the Plan of Correction Book, she had no idea what was audited, the dates, or times completed. The carpet had been an issue for years now and with the remodel, they were replacing it, but it had not happened as of yet.

During an interview on 3/18/24 at 10:24 a.m., the Maintenance Director indicated the Administrator probably said something about the survey report, but "If something comes

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up during the day and I have to take care of other things like fixing a toilet or a water faucet, then I get pulled away." He indicated he had 4 facility staff working under him, now he is down to 2 people. The Maintenance Director indicated he did not fix any of the issues in rooms 101, 331 and 339, "That's all on me."

This State Residential Finding was cited on 10/26/23 and 1/4/24. The facility failed to implement a systemic plan of correction to prevent recurrence.

Based on observation, record review, and interview, the facility failed to maintain a resident environment which was clean, sanitary, and in good repair related to missing and dirty base boards, broken bathroom tile, marred and stained walls, stained, dirty, torn and frayed carpet, rusty and dirty dining room chairs, and the smell of cigarette smoke in the hallways and rooms, for 3 of 4 hallways and the main dining room. (The upper 300, 200 and 100 halls and the main dining room)

Findings include:

During the Environmental Tour on 3/18/24 at 9:30 a.m., the following was observed:

1. Upper 300 hallway:

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- a. The carpet in the upper 300 hallway was ripped, torn, and stained in areas.
- b. Room 339 - the wall tile by the toilet was broken and missing. The wall by the air conditioner was gouged and dirty and the carpet was stained. There were 2 residents who resided in the room and shared the bathroom.
- c. Room 331 - the carpet was soiled and torn. The wall by the heat register was dirty and the register was pulling away from the wall. The toilet seat was cracked and stained and the base of the toilet was discolored. There was 1 resident who resided in the room and used the bathroom.
2. 100 hallway:
- a. Room 101 - the carpet was dirty and stained. There were 2 residents who resided in the room.
3. 200 hallway:
- a. The hallway smelled like cigarette smoke and the carpet was stained and torn.
- b. Room 208 - the resident inside the room was smoking in the room, as it smelled like smoke and there was a cloud of smoke by bed 2.
4. The lobby upstairs had

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stained and torn carpet. The nurses' lounge had stained and torn carpet as well.

5. There was a moderate amount of adhered dirt and dust behind the washing machines in the resident laundry room.

6. The dining room floor was dirty, stained, and the floor tile was chipped. There were 74 metal chairs that were dirty with rusted out legs. There were 10 wood chairs that had dirty seat coverings. The base boards throughout the dining room were missing and/or dirty.

The Plan of Correction Book indicated the rooms were audited for toilets, carpets, ceilings, and showers were observed for mold, stains, cracking, and discoloration. There was no date or time when the audits were completed.

During an interview on 3/18/24 at 10:15 a.m., the Administrator indicated they had finished remodeling 12 rooms upstairs and were currently remodeling the rooms on the lower 300 level for a total of 24 rooms completed. They were working on getting another grant to do more rooms this year. The owners had been putting their own money into the facility as well. The Housekeeping Supervisor left and currently they have no one in charge of

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that department. In the Plan of Correction Book, she had no idea what was audited, the dates, or times completed. The carpet had been an issue for years now and with the remodel, they were replacing it, but it had not happened as of yet.

During an interview on 3/18/24 at 10:24 a.m., the Maintenance Director indicated the Administrator probably said something about the survey report, but "If something comes up during the day and I have to take care of other things like fixing a toilet or a water faucet, then I get pulled away." He indicated he had 4 facility staff working under him, now he is down to 2 people. The Maintenance Director indicated he did not fix any of the issues in rooms 101, 331 and 339, "That's all on me."

This State Residential Finding was cited on 10/26/23 and 1/4/24. The facility failed to implement a systemic plan of correction to prevent recurrence.

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R 0149	Sanitation and Safety Standards - Deficiency 410 IAC 16.2-5-1.5(f) (f) The facility shall have a pest control program in operation in compliance with 410 IAC 7-24. Based on observation, record review, and interview, the facility failed to ensure resident areas were free from pests, related to bed bugs and gnats throughout the entire facility. This had the potential to affect all residents in in the facility. Findings include: 1. During the Environmental Tour, on 3/18/24 at 9:30 a.m., the following was observed: a. Room 203 - there were live gnats flying in the bathroom. There were live bedbugs on bed 1 and bed 2. There was a large amount of bed bug feces on the bed linens, mattress pads, as well as the box springs. There were dead bed bugs on the floor. There were 2 residents who resided in the room and used the bathroom. During an interview at that time, Resident B indicated he has bug bites all over his arms and legs. He "has killed so many bed bugs in the last couple of days." b. Room 208 - There were live	R 0149	Housekeepers have been in-serviced, again, on spraying bed bugs with alcohol with eucalyptus and changing sheets and bed bug covers as necessary. Routine checks for bed bugs are completed Monday thru Friday by housekeepers. Housekeepers are to report to housekeeping supervisor, for documentation, if they see activity while cleaning rooms. Chemicals that kill bed bugs, on the advice of the exterminator (Seige), are not to be sprayed in rooms that have been treated as it will negate the effects of the original spray. Alcohol with eucalyptus is still being used to kill any live bed bugs in rooms. Drain cleaner with enzymes to kill gnat eggs has been ordered and will be used. The Crossfire treatment is a two step process in which the initial treatment is laid and in four weeks the second treatment is applied. This is not a pyrethrin which is a repellent. The bugs are encouraged to walk through where it has been sprayed to carry it back to the nest. It takes approximately 10 days to see a decrease in activity. After the first treatment, while keeping in contact with Seige, we were only noticing baby bed bugs, not adults. One week after the second treatment of the	04/08/2024
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FORM APPROVED

OMB NO. 0938-0391

bed bugs observed on bed 1 and many dead bed bugs on bed 2. There was also a large amount of bed bug feces noted on the bed linens including the pillow cases and the sheets. There were 2 residents who resided in the room.

c. Room 201 - There was a large amount of dead bed bugs observed on bed 1. There was also a large amount of bed bug feces on the bed linens and mattress pad. There were 2 residents who resided in the room.

During an interview on 3/18/24 at 9:30 a.m., Housekeeper 1 indicated the pest control company was just out to the facility last week and sprayed for bed bugs. There were no scheduled or routine checks completed on the rooms for bed bugs, they were to report if they saw them while cleaning the rooms.

The Pest Management Company provided a quote on 2/13/24 to provide two treatments: crossfire,

apprehend, and a preventative treatment (crossfire) to treat twice a month, to eradicate bedbugs, flies, cockroaches and other pests.

On 3/1/24, The Pest Management Company provided an initial bed bug

lower 300 hall, out of 18 rooms, only 2 rooms have a small amount of activity which has been relayed to Seige.

Housekeepers are responsible for monitoring bed bug activity and are to report any sightings for documentation. New housekeeping supervisor to document any current activity in resident rooms. Exterminator was out on March 28th and April 8th to re-spray rooms and common areas including dining room which will complete the first four weeks of the eight week cycle. Administrator will be in contact with exterminating company every Friday regarding current activity and the pathway forward regarding eradicating bed bugs completely.

Housekeeping supervisor and housemother are responsible for checking and documenting 5 rooms on each hall, five days weekly, ongoing. Administrator and Office Manager will audit documentation weekly, ongoing.

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treatment and prevention for rooms 306, 308, 310, 312, 314, 316, 318, 311, 305, 201, 202, 203, 204, 205, 206, 208, 209, 210, 212, 214, 216, 217, 215, and the front desk. The clover leaf bed bug treatment was applied to the unit adjacent to the rooms with active infestation. There were 14 rooms that were treated: 211, 307, 309, 313, 315, 317, 319, 320, 321, 322, 323, 324, 325, and 330.

On 3/11/24, the Pest Management Company provided a bed bug follow up and an initial treatment was provided for 41 rooms, as well as a bed bug preventative for 6 rooms that were adjacent to active infestation.

During an interview on 3/18/24 at 10:15 a.m., the Administrator indicated the pest control company was out 2 weeks ago and sprayed the 200 hallway, though the technician told her it will take 10 days for the bugs to completely die off, as the bugs ingest the solution and then take it back to the colony. She indicated they were not doing anything else in between visits to kill the bed bugs. There were no room audits or random audits completed to ensure the treatments were working.

This State Residential Finding was cited on 10/26/23 and

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1/4/24. 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 resident areas were free from pests, related to bed bugs and gnats throughout the entire facility. This had the potential to affect all residents in in the facility.

Findings include:

1. During the Environmental Tour, on 3/18/24 at 9:30 a.m., the following was observed:

a. Room 203 - there were live gnats flying in the bathroom. There were live bedbugs on bed 1 and bed 2. There was a large amount of bed bug feces on the bed linens, mattress pads, as well as the box springs. There were dead bed bugs on the floor. There were 2 residents who resided in the room and used the bathroom.

During an interview at that time, Resident B indicated he has bug bites all over his arms and legs. He "has killed so many bed bugs in the last couple of days."

b. Room 208 - There were live bed bugs observed on bed 1 and many dead bed bugs on bed 2. There was also a large amount of bed bug feces noted

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on the bed linens including the pillow cases and the sheets. There were 2 residents who resided in the room.

c. Room 201 - There was a large amount of dead bed bugs observed on bed 1. There was also a large amount of bed bug feces on the bed linens and mattress pad. There were 2 residents who resided in the room.

During an interview on 3/18/24 at 9:30 a.m., Housekeeper 1 indicated the pest control company was just out to the facility last week and sprayed for bed bugs. There were no scheduled or routine checks completed on the rooms for bed bugs, they were to report if they saw them while cleaning the rooms.

The Pest Management Company provided a quote on 2/13/24 to provide two treatments: crossfire,

apprehend, and a preventative treatment (crossfire) to treat twice a month, to eradicate bedbugs, flies, cockroaches and other pests.

On 3/1/24, The Pest Management Company provided an initial bed bug treatment and prevention for rooms 306, 308, 310, 312, 314, 316, 318, 311, 305, 201, 202, 203, 204, 205, 206, 208, 209,

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FORM APPROVED

OMB NO. 0938-0391

210, 212, 214, 216, 217, 215, and the front desk. The clover leaf bed bug treatment was applied to the unit adjacent to the rooms with active infestation. There were 14 rooms that were treated: 211, 307, 309, 313, 315, 317, 319, 320, 321, 322, 323, 324, 325, and 330.

On 3/11/24, the Pest Management Company provided a bed bug follow up and an initial treatment was provided for 41 rooms, as well as a bed bug preventative for 6 rooms that were adjacent to active infestation.

During an interview on 3/18/24 at 10:15 a.m., the Administrator indicated the pest control company was out 2 weeks ago and sprayed the 200 hallway, though the technician told her it will take 10 days for the bugs to completely die off, as the bugs ingest the solution and then take it back to the colony. She indicated they were not doing anything else in between visits to kill the bed bugs. There were no room audits or random audits completed to ensure the treatments were working.

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	This State Residential Finding was cited on 10/26/23 and 1/4/24. The facility failed to implement a systemic plan of correction to prevent recurrence.			
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