

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 01/04/2024	
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 State Residential Licensure Survey and the PSR to the Investigation of Complaints IN00415971, IN00418339, IN00419781, IN00419985, and IN00420052 completed on 10/26/23. This visit was in conjunction with the Investigation of Complaints IN00420909, IN00421616, IN00424246, and IN00425117. Complaint IN00415971 - Not Corrected. Complaint IN00418339 - Not Corrected. Complaint IN00419781 - Not Corrected. Complaint IN00419985 - Not Corrected. Complaint IN00420052 - Not Corrected. Complaint IN00420909 - No	R 0000					

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	deficiencies related to the allegations are cited. Complaint IN00421616 - State deficiencies related to the allegations are cited at R0086, R0144, and R0149. Complaint IN00424246 - State deficiencies related to the allegations are cited at R0086, R0144, and R0149. Complaint IN00425117 - State deficiency related to the allegations is cited at R0144. Survey date: January 4, 2024 Facility number: 001140 Residential Census: 123 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on 1/12/24.			
R 0035	Residents' Rights - Deficiency 410 IAC 16.2-5-1.2(j)(1-7) (j) Residents have the right to the following: (1) Participate in the development of his or her service plan and in any updates of that service plan. (2) Choose the attending physician and other providers of services, including arranging for on-site	R 0035	unknown	02/15/2024

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	health care services unless contrary to facility policy. Any limitation on the resident ' s right to choose the attending physician or service provider, or both, shall be clearly stated in the admission agreement. Other providers of services, within the content of this subsection, may include home health care agencies, hospice care services, or hired individuals. (3) Have a pet of his or her choice, so long as the pet does not pose a health or safety risk to residents, staff, or visitors or a risk to property unless prohibited by facility policy. Any limitation on the resident ' s right to have a pet of his or her choice shall be clearly stated in the admission agreement. (4) Refuse any treatment or service, including medication. (5) Be informed of the medical consequences of a refusal under subdivision (4) and have such data recorded in his or her clinical record if treatment or medication is administered by the facility. (6) Be afforded confidentiality of treatment. (7) Participate or refuse to participate in experimental research. There must be written acknowledgement of informed consent prior to participation in research activities.			
R 0086	Administration and Management - Deficiency	R 0086	Staff continues to monitor residents that keep food in their rooms. Housekeepers have been	02/29/2024

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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. 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, bed bugs, and roaches. During an interview on 1/4/24 at 10:37 a.m., the Housekeeping	inserviced on the disposal of old, possible spoiled food in rooms. More fruit fly/gnat traps are being placed in rooms with fruit flies/gnats. Housekeepers responsible for reporting to supervisor when fruit flies/gnats are seen or reported by residents. Housekeeping supervisor to replace or set up new traps. Housekeepers to monitor daily, five times weekly, visually; ongoing. Housekeepers have been inserviced on importance of notifying housekeeping supervisor when fruit flies/gnats are in a room. Non toxic chemicals are being used to exterminate fruit flies/gnats. We are contacting various pest control companies to aid and assist in the bed bug eradication process. On the advice from one exterminating company heating of rooms has resumed and temperatures are logged. A hallway is complete when there is no noted activity for three consecutive	
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	Supervisor indicated they were still finding bed bugs and roaches in resident rooms. She had noticed an increase of live gnats and thought they were probably in the drains. Currently they were not treating the gnats with an industrial spray. During an Interview on 1/4/24 at 11:00 a.m., the Administrator indicated they have not used any propane heat to treat any of the resident rooms for bed bugs due to shortage of staff. They were not using the pest control company to treat the bed bugs either due to the cost. There was no follow up or monitoring after the rooms were treated. There was no current treatment for the live gnats in the resident rooms. The roaches were a result of excessive food in resident rooms, however, no staff were currently monitoring for spoiled food. The housekeepers were informing her weekly when they cleaned a room and found spoiled food, however, there was no daily monitoring. She had purchased plastic containers for the residents at the cost of 3.00 per container for them to keep their food in, however, no residents were really buying them.		days. The above procedure is documented on our internal pest control heating logs. See attached internal rotational clean out for procedure. Employees responsible for reporting any pest sightings. Housekeeping supervisor to monitor the eradication process; ongoing Administrator will have weekly meetings with housekeeping supervisor to monitor progress of pest control plan. Administrator will check two rooms per hall with housekeeping supervisor after completed rotation. Room checks with housekeeping supervisor will be documented on heat monitoring logs.	
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This State Residential Finding was cited on 10/26/23. 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, bed bugs, and roaches.

During an interview on 1/4/24 at 10:37 a.m., the Housekeeping Supervisor indicated they were still finding bed bugs and roaches in resident rooms. She had noticed an increase of live gnats and thought they were probably in the drains. Currently they were not treating the gnats with an industrial spray.

During an Interview on 1/4/24 at 11:00 a.m., the Administrator indicated they have not used any propane heat to treat any of the resident rooms for bed bugs due to shortage of staff. They were not using the pest control

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	company to treat the bed bugs either due to the cost. There was no follow up or monitoring after the rooms were treated. There was no current treatment for the live gnats in the resident rooms. The roaches were a result of excessive food in resident rooms, however, no staff were currently monitoring for spoiled food. The housekeepers were informing her weekly when they cleaned a room and found spoiled food, however, there was no daily monitoring. She had purchased plastic containers for the residents at the cost of 3.00 per container for them to keep their food in, however, no residents were really buying them. This State Residential Finding was cited on 10/26/23. 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 shall provide reasonable comfort for all residents. Based on observation, record review, and interview, the facility failed to maintain a resident	R 0144	A Plan of Correction book has been created. Office Manager responsible for maintaining book and assigning tasks. Administrator to monitor book weekly; ongoing.	02/29/2024

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environment which was clean, sanitary, and in good repair related to lack of adequate heat, musty odors and black and orange substances in the bathroom tub/shower, missing and dirty base boards, broken bathroom tile, marred and stained walls, stained, dirty, torn and frayed carpet, dirty ceiling fan blades, dirty ceilings, rusty and dirty dining room chairs, and the smell of cigarette smoke in the hallways as well as cigarette butts in the fake flower beds for 4 of 4 hallways and the main dining room. (The upper and lower 300 halls, 200 and 100 halls and the main dining room) Findings include: During the Environmental Tour on 1/4/24 at 9:37 a.m., with the Housekeeping Supervisor, the following was observed: 1. Lower 300 hallway: Room 322 - the dry wall in the bathroom was peeling and coming off the wall. The ceiling was stained and the bathtub was discolored with a black substance and rust throughout. The floor around the toilet was rusty as well as the shower head. The bottom quarter of the bathroom door was missing and broken off. The walls inside the room were stained yellow. There were 2 residents who	319-330, as well as twelve other rooms, (total of twenty-four) are currently in the process of being rehabbed. Quotes are being obtained to replace flooring in upper 300 hall and carpet has been cleaned. Residents have been inserviced, again, regarding not smoking in the building. Housemother responsible for speaking with chronic violators of smoking policy. (1/31/2024) In the 200 hall we are in the process of putting in a central shower room due to old and outdated plumbing. Showers throughout the facility have been inspected for orange/pink soap residue due to hard water and have been cleaned as necessary. Shower stalls throughout the facility have been inspected for mold and Concrobium has been purchased to remove/treat mold from shower stalls as necessary. Toilets throughout facility have been inspected and have been cleaned/replaced/repared as necessary. Housekeepers responsible for checking toilets visually, daily; ongoing.	
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resided in the room and shared the bathroom. 2. 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. There was a large amount of an orange like mold substance on the bottom of the shower stall. There was strong mildew and mold odor coming from the shower stall. 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 shower stall was dirty with mold noted. 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. 3. 100 hallway: a. The entire hallway smelled of cigarette smoke. b. Room 101 - the carpet was dirty and stained. The shower stall had a moderate amount of an orange like mold substance	Upstairs lobby carpet has been cleaned. Nurses TV lounge ceiling lights have been added to our Plan of Correction book Vents have been cleaned/replaced throughout facility and have been added to our Plan of Correction book We are currently acquiring quotes to retile resident laundry room. "Resident laundry room keeper" responsible for sweeping and mopping daily and cleaning behind machines weekly. Housekeeping supervisor to monitor weekly, visually; ongoing. We are in the process of removing fake flower beds from dining room and we are in the process of getting quotes to replace dining room floor. Ceiling fans have been cleaned and added to Plan of Correction book.	
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on the floor and on the vinyl stripping. 4. 200 hallway: a. The hallway smelled like cigarette smoke and the carpet was stained and torn. The ceiling vents were rusty. b. Room 208 - the water from the faucet was not hot, only luke warm. There was no water pressure from the shower head, just a trickle came out and it was not hot. c. Room 203 - the water from the faucet was luke warm and not hot. The water from the shower was also luke warm and not hot. The bottom of the shower stall had an orange mold-like substance on it and smelled like mildew. 5. The lobby upstairs had stained and torn carpet. The nurses' television lounge had a large amount of dead insects in the ceiling lights and the carpet was stained and torn. The walls were marred and dirty and the wall vents were dirty and dusty. 6. There was a moderate amount of adhered dirt and dust behind the washing machines in the resident laundry room. 7. There were cigarette butts in the fake flower beds in the dining room. The dining room floor was dirty, stained, and the	Burnt out ceiling light has been changed and has been added to Plan of Correction book. New stack chairs are being purchased. Dining room walls are being repaired and paint has been purchased and new baseboard has been purchased for replacement. Work started January 29, 2024 Boiler has been repaired and has been added to twice yearly cleaning and testing. New plan has been written to monitor building temperature if heat is not working. Minimum of five (5) room temps are being taken and recorded five (5) times weekly. This will be done until February 29, 2024. Staff has been inserviced, again, regarding contacting administrator if there is a problem with the heat. Caulk on toilets has been added to our plan of correction book. Caulk on toilets and showers throughout the facility is being inspected and will be cleaned/replaced/repared as needed.
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floor tile was chipped. The 4 ceiling fan blades were dirty and dusty. There was 1 burned out ceiling light. There were 74 metal chairs that were dirty with rusted out legs. There were 10 wood chairs that had dirty seat coverings. The walls and ceiling were dirty and marred. The base boards throughout the dining room were missing and/or dirty.

During an interview on 1/4/24 at 10:40 a.m., the Housekeeping Supervisor indicated all of the above was in need of repair and/or cleaning.

During an interview on 1/4/24 at 11:00 a.m., the Administrator indicated the facility had started to remodel rooms on the lower level 300 hall. The remodeling was being completed for the entire building. She was aware there was no hot water on the 200 level, however, she was offering showers to the residents on the lower 300 level. They were working on getting shower rooms for the residents to use, however, they were not completed yet with the remodel. The rooms cited on the annual survey were cleaned as well as the other common areas, however, there were no follow up audits or cleanings to ensure they were kept clean. The carpet had been an issue for years now and with the remodel, they were replacing it, but it had

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not happened as of yet.

8. During observations on 1/4/23 from 9:30 a.m., to 10:40 a.m., the rooms on the lower 300 and upper 300 halls had no heat. There were many residents complaining about not having heat as well as being observed wearing stocking caps and winter jackets inside their rooms. At 11:00 a.m., the Director of Maintenance placed propane heaters in the lower and upper 300 level halls and instructed the residents to open their doors. There was no intervention for the lack of heat prior to 11:00 a.m.

During an interview on 1/4/23 at 10:30 a.m., the Administrator indicated the heat went out on the lower and upper 300 hall resident rooms on 1/1/24, that was when she was first informed. They tried to call a heating company to come out on 1/1/24, however, due to the holiday they had no luck. They placed the propane heaters at the beginning and end of each hallway on Monday and Tuesday (1/1-1/2/24) and instructed the residents to open their doors so the heat could get to their rooms. The heating company came out on 1/2/24 and tried to fix the boiler heating system, however, he was unable to fix it, so he called another person who specialized in boiler heat and he was able

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to fix the heating problem. On 1/3/24 it was not working properly, so she called the heating company back out and he got it working again and fixed the problem. Sometime in the middle of last night (1/4/24) it had stopped working, and no one knew about it until this morning. The Administrator indicated she was never called about the heat going out again.

Ambient air temperatures were taken by the Maintenance Director on 1/4/24 at 11:40 a.m., and the following was noted:

- Room 331 was 64.3 degrees
- Room 332 was 69.5 degrees
- Room 337 was 62.4 degrees
- Room 341 was 64.6 degrees
- Room 343 was 65.6 degrees
- the hallway in the upper 300 hall was 69.5 degrees and the lower 300 hall was 67 degrees

During an interview on 1/4/24 at 11:45 a.m., the Maintenance Director indicated he had found out about the heat not working after he came in that morning. He called the heating company out again and so far no one had come out. He did not place the propane heaters in the hallway until 11:00 a.m., after he was informed the heat was a concern on the lower and upper

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300 hall resident rooms.

During an interview on 1/4/24 at 12:23 p.m., the Maintenance Director indicated he did not check any room or hallway temperatures on 1/2 or 1/3/24. He did not monitor the heat in the resident rooms after the boiler had stopped working. The last time he took ambient air temperatures was on 1/1/24 at 2:40 p.m., when he had placed the propane heaters in the hallway to provide heat for the residents. The temperatures ranged from 73.2 to 73.7 degrees with the resident room doors left open so the propane heat could warm them up. He routinely checks ambient air temperatures throughout the facility and the last time he checked the temperatures was between 12/13-12/20/23. The air temperatures ranged from 72 to 84 degrees, this was before the boiler had stopped working.

This State Residential Finding was cited on 10/26/23. 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 lack of adequate heat, musty odors and black and orange substances in the

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bathroom tub/shower, missing and dirty base boards, broken bathroom tile, marred and stained walls, stained, dirty, torn and frayed carpet, dirty ceiling fan blades, dirty ceilings, rusty and dirty dining room chairs, and the smell of cigarette smoke in the hallways as well as cigarette butts in the fake flower beds for 4 of 4 hallways and the main dining room. (The upper and lower 300 halls, 200 and 100 halls and the main dining room)

Findings include:

During the Environmental Tour on 1/4/24 at 9:37 a.m., with the Housekeeping Supervisor, the following was observed:

1. Lower 300 hallway:

Room 322 - the dry wall in the bathroom was peeling and coming off the wall. The ceiling was stained and the bathtub was discolored with a black substance and rust throughout. The floor around the toilet was rusty as well as the shower head. The bottom quarter of the bathroom door was missing and broken off. The walls inside the room were stained yellow. There were 2 residents who resided in the room and shared the bathroom.

2. Upper 300 hallway:

a. The carpet in the upper 300

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hallway was ripped, torn, and stained in areas.

b. Room 339 - the wall tile by the toilet was broken and missing. There was a large amount of an orange like mold substance on the bottom of the shower stall. There was strong mildew and mold odor coming from the shower stall. 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 shower stall was dirty with mold noted. 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.

3. 100 hallway:

a. The entire hallway smelled of cigarette smoke.

b. Room 101 - the carpet was dirty and stained. The shower stall had a moderate amount of an orange like mold substance on the floor and on the vinyl stripping.

4. 200 hallway:

a. The hallway smelled like

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cigarette smoke and the carpet was stained and torn. The ceiling vents were rusty.

b. Room 208 - the water from the faucet was not hot, only luke warm. There was no water pressure from the shower head, just a trickle came out and it was not hot.

c. Room 203 - the water from the faucet was luke warm and not hot. The water from the shower was also luke warm and not hot. The bottom of the shower stall had an orange mold-like substance on it and smelled like mildew.

5. The lobby upstairs had stained and torn carpet. The nurses' television lounge had a large amount of dead insects in the ceiling lights and the carpet was stained and torn. The walls were marred and dirty and the wall vents were dirty and dusty.

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

7. There were cigarette butts in the fake flower beds in the dining room. The dining room floor was dirty, stained, and the floor tile was chipped. The 4 ceiling fan blades were dirty and dusty. There was 1 burned out ceiling light. There were 74 metal chairs that were dirty with rusted out legs. There were 10

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wood chairs that had dirty seat coverings. The walls and ceiling were dirty and marred. The base boards throughout the dining room were missing and/or dirty.

During an interview on 1/4/24 at 10:40 a.m., the Housekeeping Supervisor indicated all of the above was in need of repair and/or cleaning.

During an interview on 1/4/24 at 11:00 a.m., the Administrator indicated the facility had started to remodel rooms on the lower level 300 hall. The remodeling was being completed for the entire building. She was aware there was no hot water on the 200 level, however, she was offering showers to the residents on the lower 300 level. They were working on getting shower rooms for the residents to use, however, they were not completed yet with the remodel. The rooms cited on the annual survey were cleaned as well as the other common areas, however, there were no follow up audits or cleanings to ensure they were kept clean. 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.

8. During observations on 1/4/23 from 9:30 a.m., to 10:40 a.m., the rooms on the lower 300 and upper 300 halls had no

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heat. There were many residents complaining about not having heat as well as being observed wearing stocking caps and winter jackets inside their rooms. At 11:00 a.m., the Director of Maintenance placed propane heaters in the lower and upper 300 level halls and instructed the residents to open their doors. There was no intervention for the lack of heat prior to 11:00 a.m.

During an interview on 1/4/23 at 10:30 a.m., the Administrator indicated the heat went out on the lower and upper 300 hall resident rooms on 1/1/24, that was when she was first informed. They tried to call a heating company to come out on 1/1/24, however, due to the holiday they had no luck. They placed the propane heaters at the beginning and end of each hallway on Monday and Tuesday (1/1-1/2/24) and instructed the residents to open their doors so the heat could get to their rooms. The heating company came out on 1/2/24 and tried to fix the boiler heating system, however, he was unable to fix it, so he called another person who specialized in boiler heat and he was able to fix the heating problem. On 1/3/24 it was not working properly, so she called the heating company back out and he got it working again and fixed the problem. Sometime in the

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middle of last night (1/4/24) it had stopped working, and no one knew about it until this morning. The Administrator indicated she was never called about the heat going out again.

Ambient air temperatures were taken by the Maintenance Director on 1/4/24 at 11:40 a.m., and the following was noted:

- Room 331 was 64.3 degrees
- Room 332 was 69.5 degrees
- Room 337 was 62.4 degrees
- Room 341 was 64.6 degrees
- Room 343 was 65.6 degrees
- the hallway in the upper 300 hall was 69.5 degrees and the lower 300 hall was 67 degrees

During an interview on 1/4/24 at 11:45 a.m., the Maintenance Director indicated he had found out about the heat not working after he came in that morning. He called the heating company out again and so far no one had come out. He did not place the propane heaters in the hallway until 11:00 a.m., after he was informed the heat was a concern on the lower and upper 300 hall resident rooms.

During an interview on 1/4/24 at 12:23 p.m., the Maintenance Director indicated he did not check any room or hallway

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	temperatures on 1/2 or 1/3/24. He did not monitor the heat in the resident rooms after the boiler had stopped working. The last time he took ambient air temperatures was on 1/1/24 at 2:40 p.m., when he had placed the propane heaters in the hallway to provide heat for the residents. The temperatures ranged from 73.2 to 73.7 degrees with the resident room doors left open so the propane heat could warm them up. He routinely checks ambient air temperatures throughout the facility and the last time he checked the temperatures was between 12/13-12/20/23. The air temperatures ranged from 72 to 84 degrees, this was before the boiler had stopped working. This State Residential Finding was cited on 10/26/23. The facility failed to implement a systemic plan of correction to prevent recurrence.			
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	R 0149		02/29/2024

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bed bugs, cockroaches, and gnats throughout the entire facility.

Findings include:

1. During the Environmental Tour on 1/4/24 at 9:37 a.m. with the Housekeeping Supervisor, the following was observed:

a. Room 331 - there were many live gnats observed in the room. There was a dead cock roach observed in the vanity cabinet in the bathroom. There was 1 resident who resided in the room and used the bathroom.

b. Room 203 - there were live gnats flying all over the room including the bathroom. There were 2 residents who resided in the room and bathroom.

c. Room 208 - there was a large amount of gnats flying all over the resident's room and bathroom and inside the shower stall. There were live bed bugs observed on the both resident's beds. There was also a large amount of bed bug feces noted on the bed linens including the pillow cases and the sheets. There were many dead cock roaches on the glue strip located by the closet in the room. There were 2 residents who resided in the room and used the bathroom.

During an interview on 1/4/24 at 10:40 a.m., the Housekeeping

More fruit fly/gnat traps are being placed in rooms with fruit flies/gnats. Housekeepers responsible for reporting to supervisor when fruit flies/gnats are seen or reported by residents. Housekeeping supervisor to replace or set up new traps. Housekeepers to monitor daily, five times weekly, visually; ongoing.

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Supervisor indicated there was no treatment for the gnats and she was aware this was a problem.

The Administrator provided a list of rooms with bed bugs which were last treated with propane heat on 11/15/23. Those rooms were 108, 109, 110, 111 and 113.

There was no documentation of any follow up after rooms were treated with the propane heat to determine the effectiveness.

The pest control company had made visits on the following dates:

- 11/22 for roaches and none were found.

- 12/12 for roaches and none were found.

- 12/22 for roaches and none were found.

- 12/27 for roaches and the kitchen was treated for live activity under the steam table shelf near the dish station. This was the last pest control company visit for the facility. There was no documentation the pest control company was treating any of the bed bug activity

During an interview with the Administrator on 1/4/24 at 11:00 a.m., she indicated they had

Housekeepers have been inserviced on importance of notifying housekeeping supervisor when fruit flies/gnats are in a room. Non toxic chemicals are being used to exterminate fruit flies/gnats. We are contacting various pest control companies to aid and assist in the bed bug eradication process. On the advice from one exterminating company heating of rooms has resumed and temperatures are logged. A hallway is complete when there is no noted activity for three consecutive days. The above procedure is documented on our internal pest control heating logs. See attached internal rotational clean out for procedure. Employees responsible for reporting any pest sightings. Housekeeping supervisor to monitor the eradication process; ongoing

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been battling the bed bug situation for months. They had not done any heat treatments since 11/15/23 due to staff quitting and they have not been able to hire any staff to do it. Currently they have 1 Director of Maintenance and 3 other staff who work in maintenance. They have 1 director of housekeeping and 3 other housekeepers. The new system they were using for the pests was the "Pest Sighting Log", in which staff or residents were to complete the log if any pests were observed and the person from the pest company would look at the book and would look at those rooms during the visit. The pest control company was not treating the bed bug situation due to cost.

This State Residential Finding was cited on 10/26/23. 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, cockroaches, and gnats throughout the entire facility.

Findings include:

1. During the Environmental Tour on 1/4/24 at 9:37 a.m. with the Housekeeping Supervisor, the following was observed:

a. Room 331 - there were many live gnats observed in the room. There was a dead cock roach observed in the vanity cabinet in the bathroom. There was 1 resident who resided in the room and used the bathroom.

b. Room 203 - there were live gnats flying all over the room including the bathroom. There were 2 residents who resided in the room and bathroom.

c. Room 208 - there was a large amount of gnats flying all over the resident's room and bathroom and inside the shower stall. There were live bed bugs observed on the both resident's beds. There was also a large amount of bed bug feces noted on the bed linens including the pillow cases and the sheets. There were many dead cock roaches on the glue strip located by the closet in the room. There were 2 residents who resided in the room and used the bathroom.

During an interview on 1/4/24 at 10:40 a.m., the Housekeeping Supervisor indicated there was no treatment for the gnats and she was aware this was a problem.

The Administrator provided a list of rooms with bed bugs which were last treated with propane heat on 11/15/23. Those rooms were 108, 109, 110, 111 and

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113.

There was no documentation of any follow up after rooms were treated with the propane heat to determine the effectiveness.

The pest control company had made visits on the following dates:

- 11/22 for roaches and none were found.

- 12/12 for roaches and none were found.

- 12/22 for roaches and none were found.

- 12/27 for roaches and the kitchen was treated for live activity under the steam table shelf near the dish station. This was the last pest control company visit for the facility. There was no documentation the pest control company was treating any of the bed bug activity

During an interview with the Administrator on 1/4/24 at 11:00 a.m., she indicated they had been battling the bed bug situation for months. They had not done any heat treatments since 11/15/23 due to staff quitting and they have not been able to hire any staff to do it. Currently they have 1 Director of Maintenance and 3 other staff who work in maintenance. They have 1 director of housekeeping

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and 3 other housekeepers. The new system they were using for the pests was the "Pest Sighting Log", in which staff or residents were to complete the log if any pests were observed and the person from the pest company would look at the book and would look at those rooms during the visit. The pest control company was not treating the bed bug situation due to cost.

This State Residential Finding was cited on 10/26/23. 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, cockroaches, and gnats throughout the entire facility.

Findings include:

1. During the Environmental Tour on 1/4/24 at 9:37 a.m. with the Housekeeping Supervisor, the following was observed:

a. Room 331 - there were many live gnats observed in the room. There was a dead cock roach observed in the vanity cabinet in the bathroom. There was 1 resident who resided in the room and used the bathroom.

b. Room 203 - there were live gnats flying all over the room

including the bathroom. There were 2 residents who resided in the room and bathroom.

c .Room 208 - there was a large amount of gnats flying all over the resident's room and bathroom and inside the shower stall. There were live bed bugs observed on the both resident's beds. There was also a large amount of bed bug feces noted on the bed linens including the pillow cases and the sheets. There were many dead cock roaches on the glue strip located by the closet in the room. There were 2 residents who resided in the room and used the bathroom.

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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
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