STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	05/17/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BELVEDERE SENIOR HOUSING	343 E 90TH DRIVE, MERRILLVILLE, , 46410

(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 Investigation of Complaint IN00405363. This visit was in conjunction with the Post Survey Revisit (PSR) to the Investigation of Complaint IN00404254 completed on 3/22/23. Complaint IN00405363 - State deficiencies related to the allegations are cited at R0149. Complaint IN00404254 - Not Corrected. Survey date: May 17, 2023 Facility number: 014178 Residential Census: 123 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review completed on 5/19/23.	R 0000	This Plan of Correction constitutes our written allegation of compliance for the deficiency cited, however, submission of this plan of correction is not an admission that a deficiency exits or that one was cited correctly. This Plan of Correction is submitted to meet the established state and federal law. The facility respectfully requests paper compliance in lieu of a facility revisit for this citation.	

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 and record review, the facility failed to maintain an effective pest control program related to continuing occurrences of cockroaches observed in a resident room on the third floor. Finding includes: During an Environmental Tour on 5/17/23 at 1:40 p.m. with the Assistant Maintenance Director, the following was observed: - In Room 304, there were many dead cock roaches observed on 2 glue strips located behind and on the side of the refrigerator. Interview with the Assistant Maintenance Director at that time, indicated he was unaware the glue strips were in the resident's room and that there were dead cockroaches. A pest control invoice, dated 3/28/23, indicated in Room 304 the kitchen cabinets and baseboards were treated for roach activity. Glue boards were placed underneath the mini refrigerator. They also found	R 0149	Belvedere Senior Housing Facility #: 014178 Survey Date: 0 5/17/2023 Plan of Correction-Event ID M71511 **R – 149 Sanitation and Safety Standards - Deficiency** **Corrective Action:** **<u>The facility respectfully requests paper compliance in lieu of a facility revisit for this citation.</u>** 1. No Residents were harmed by the alleged deficient practice. Housekeeping/Maintenance Director and staff were in-serviced on 05/25/2023	06/13/2023

	bed bug activity in the bathroom on the shower curtain. The room was also treated for bed bugs. A pest control invoice, dated 4/3/23, indicated in Room 304, after an initial walk thru, there was a roach infestation all over the studio. At that time, the room was treated with heat and chemicals for bed bugs and roach activity. Dead bed bugs and roaches were vacuumed and removed. The treatment was successful and when the technician left there were no bed bugs or roach activity. A pest control invoice, dated 4/7/23, indicated Room 304 was treated again for roaches. The technician found 1 live roach in a cabinet drawer under the mini fridge. The pest control company indicated follow up would be when the regular service was rendered. A pest control invoice, dated 4/18/23, indicated a regular scheduled visit was completed, however, Room 304 was not observed or treated. Interview with the Assistant Maintenance Director on 5/17/23 at 2:15 p.m., indicated usually they were informed of roaches when a resident tells them there were issues in their rooms. There was no system in place to make rounds and check glue strips for roaches that were		regarding maintaining an effective pest control program related to continuing occurrences of cockroaches that was observed in a resident apartment. 2. All residents have the potential to be affected by alleged deficiency. Housekeeping/Maintenance staff will monitor for signs of pests within apartments and throughout the building and contact pest control for treatment of pests. 3. Housekeeping/Maintenance staff were in-serviced on 5/25/2023 on the policy/procedure on Pest control management. Per the policy, the Maintenance Director will keep a log of work orders related to pests. The Maintenance Director/Designee will check the areas with pest strips as needed to ensure the apartment/facility is free of pests. Upon inspection, the Maintenance Director/Designee will determine	

	already in place. This state residential finding relates to Complaint IN00405363. Based on observation and record review, the facility failed to maintain an effective pest control program related to continuing occurrences of cockroaches observed in a resident room on the third floor. Finding includes: During an Environmental Tour on 5/17/23 at 1:40 p.m. with the Assistant Maintenance Director, the following was observed: - In Room 304, there were many dead cock roaches observed on 2 glue strips located behind and on the side of the refrigerator. Interview with the Assistant Maintenance Director at that time, indicated he was unaware the glue strips were in the resident's room and that there were dead cockroaches. A pest control invoice, dated 3/28/23, indicated in Room 304 the kitchen cabinets and baseboards were treated for roach activity. Glue boards were placed underneath the mini refrigerator. They also found bed bug activity in the bathroom on the shower curtain. The room was also treated for bed bugs.		if the facility will retreat for pests or an exterminator will be called to treat the areas. The Maintenance Director is responsible for tracking/maintaining pest control logs. The Administrator or designee will audit those logs to ensure thorough completion. 4. A QA audit will be conducted by the Maintenance Director and/or designee to ensure the facility is free of pests. Audits will be conducted weekly x 4 weeks and then monthly for 3 months. Audits will be reviewed at the monthly QA meeting for 3 months and recommendations will be presented for any need of continued auditing. **Completion Date:** 6/13/23	

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Interview with the Assistant Maintenance Director on 5/17/23 at 2:15 p.m., indicated usually they were informed of roaches when a resident tells them there were issues in their rooms. There was no system in place to make rounds and check glue strips for roaches that were already in place.

This state residential finding relates to Complaint

	IN00405363.			

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