

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

PRINTED: 12/07/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 10/26/2023	
NAME OF PROVIDER OR SUPPLIER MILLER BEACH TERRACE				STREET ADDRESS, CITY, STATE, ZIP COD 4905 MELTON RD GARY, IN 46403			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
R 0000 Bldg. 00	<p>This visit was for a State Residential Licensure Survey. This visit included the Investigation of Complaints IN00412547, IN00415971, IN00417509, IN00418339, IN00419643, IN00419781, IN00419985 and IN00420052.</p> <p>Complaint IN00412547 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00415971 - State deficiencies related to the allegations are cited at R0086 & R0149.</p> <p>Complaint IN00417509 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00418339 - State deficiencies related to the allegations are cited at R0086, R0144 and R0149.</p> <p>Complaint IN00419643 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00419781 - State deficiencies related to the allegations are cited at R0086, R0144 and R0149.</p> <p>Complaint IN00419985 - State deficiencies related to the allegations are cited at R0086, R0144 and R0149.</p> <p>Complaint IN00420052 - State deficiencies related to the allegations are cited at R0086 & R0149.</p> <p>Survey dates: October 25 and 26, 2023</p> <p>Facility number: 001140</p>			R 0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

January Szweda

Administrator

11/13/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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R 0035 Bldg. 00	<p>Residential Census: 138</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on 10/30/23.</p> <p>410 IAC 16.2-5-1.2(j)(1-7) Residents' Rights - Deficiency (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 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</p>						

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R 0086 Bldg. 00	<p>experimental research. There must be written acknowledgement of informed consent prior to participation in research activities. Based on record review and interview, the facility failed to ensure pets who resided in the facility had up to date vaccines for 1 of 1 pets in the facility.</p> <p>Finding includes:</p> <p>The facility housed 1 dog that lived with the resident in his room. The dog's vaccination records indicated it had an expired rabies vaccine of 1/23/23.</p> <p>Interview with the Director of Nursing on 10/26/23 at 10 a.m., indicated the resident told her he did not take his dog to get a current rabies vaccine.</p> <p>The 3/9/2010 and current "Pet Policy" policy, provided by the Administrator on 10/26/23 at 10:30 a.m., indicated all pets must have a health certificate yearly.</p>			R 0035	<p>Resident was informed that due to his dogs expired vaccines, according to our policy, that dog could not stay at the facility until his rabies vaccine was caught up. Resident and his dog discharged the facility on 11/01/2023. House mother has been assigned the task of maintaining pet records if future animals reside at Miller Beach Terrace. Office Manager to monitor files; ongoing.</p>		11/01/2023
	<p>410 IAC 16.2-5-1.3(a)(1-2) Administration and Management - Deficiency</p> <p>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</p>			R 0086	<p>Housekeepers are now documenting any rooms where</p>		10/30/2023

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	<p>continually failed to keep the facility free from unwanted pests and insects. This had the potential to affect all the resident who resided in the facility.</p> <p>Finding includes:</p> <p>Cross reference R0149</p> <p>Observations of resident rooms, the main kitchen, and interviews with residents indicated there was an ongoing issue with gnats, bed bugs, roaches, and mice.</p> <p>Interview with the Director of Housekeeping indicated they were placing white adhesive insect traps in resident rooms for any type of bugs. They were also using alcohol spray to spray the bed bugs on contact to kill them, however, there was no follow up completed after they were sprayed.</p> <p>Interview with the Business Office Manager on 10/25/23 at 10/25/23 at 3:55 p.m., indicated they were using white propane tanks that connected to a heater to heat the resident rooms up to a certain degree to kill the bed bugs. The rooms were monitored for 15 minutes and in 5 minute intervals. They had just run out of propane, so heat had not been used for bed bugs since the beginning of the month.</p> <p>Interview with the pest control company representative on 10/25/23 at 10:00 a.m., indicated they were coming out 2 times a month to kill the roaches. He indicated he had not seen any live roaches today with the treatment, but did find dead ones.</p> <p>This citation relates to complaints IN00415971, IN00418339, IN00419781, IN00419985, and</p>				<p>alcohol spray has been used as well as daily follow up for three (3) days. Propane has been purchased and rotational heating of the rooms has resumed. Housekeepers responsible to document. Housekeeping supervisor responsible for reviewing documents daily; ongoing. Propane levels will be monitored by housekeepers; ongoing.</p>		

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R 0144 Bldg. 00	<p>IN00420052.</p> <p>410 IAC 16.2-5-1.5(a) Sanitation and Safety Standards - Deficiency (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.</p> <p>Based on observation, record review, and interview, the facility failed to maintain a clean, sanitary, and in good repair resident environment related to musty odor and black and orange substances in the bathroom tub/shower, missing and loose base boards, broken bathroom tile, marred and stained walls, stained, dirty, torn and frayed carpet, dirty ceiling fan blades, dirty ceiling and wall vents, rusty and dirty dining room chairs, and the smell of cigarette smoke in resident rooms and 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)</p> <p>Findings include:</p> <p>During the Environmental Tour on 10/25/23 at 9:00 a.m., with the Housekeeping Supervisor the following was observed:</p> <p>1. Lower 300 hallway:</p> <p>a. 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 broke off. The walls inside the room were stained yellow and there was a strong smell of cigarette smoke in the room. There were 2</p>			R 0144	<p>(1-4) Showers throughout facility have been cleaned. Ceiling vents throughout facility have been cleaned. Shower water pressure has been evaluated throughout building. Residents have been advised that there is a shower room available, upon request, if they feel that their shower water pressure is inadequate. Room 211 has been vacated and is being renovated. Bathrooms throughout the facility have been inspected and missing tiles replaced. Leak in room 357 has been identified and repaired. Room will continue to remain empty until ceiling can be fixed. Residents have been inserviced, again, regarding the state law prohibiting smoking in the building. A "get tough" policy has been adopted and chronic smokers may be discharged. Carpet throughout the facility has been inspected and cleaned as necessary. 5. Light covers in nurses lounge have been cleaned. 6. Resident laundry room has been cleaned.</p>		11/13/2023

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	<p>residents who resided in the room and shared the bathroom.</p> <p>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.</p> <p>2. Upper 300 hallway:</p> <p>a. The entire upper 300 hallway smelled like smoke and the carpet was ripped, torn, and stained in areas.</p> <p>b. Room 357 - the ceiling dry wall was peeling away from the wall due to a leak. The resident was moved out of the room about a month ago because the ceiling was leaking.</p> <p>3. 100 hallway:</p> <p>a. The entire hallway smelled of cigarette smoke.</p> <p>b. Room 101 - the carpet was dirty and stained and the room smelled like cigarette smoke. The shower stall had a large amount of an orange like mold substance on the floor and on the vinyl stripping.</p> <p>4. 200 hallway:</p> <p>a. The hallway smelled like cigarette smoke and the carpet was stained and torn. The ceiling vents were rusty.</p> <p>b. Room 211 - There was no light working in the bathroom. The shower stall smelled of mold and</p>				<p>7. Hole behind resident washing machine has been repaired. Flower beds have been assigned to a resident to keep clean Dining room floor has been swept and mopped Ceiling fans in dining room have been dusted Burned out ceiling lights have been changed Stack chairs in dining room have been switched out for newer ones Wall vents in dining room have been dusted Baseboard throughout dining room has been replaced/reattached as necessary New dining room paint has been chosen and dining room will be painted Maintenance and housekeeping staff will be responsible for identifying problem areas in rooms. Maintenance Supervisor and Housekeeping Supervisor responsible for assigning tasks and to assure that they were carried out, ongoing</p>		

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	<p>mildew. There was a large amount of caked on bowel movement on the outside of the toilet and a cigarette butt floating in the toilet. The carpet was wet in spots, soiled and dark discolored. The walls were dirty and gouged. The room smelled like urine and cigarette smoke. The plastic bed sheet on top of the mattress was brown stained and torn. The water in the shower stall was turned on and it did not get hot, only luke warm.</p> <p>c. Room 208 - the water from the faucet was not hot only luke warm.</p> <p>d. Room 203 - there was no water pressure from the shower head, just a trickle came out. The bottom of the shower stall had an orange like mold substance on it and smelled like mildew.</p> <p>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.</p> <p>6. The resident laundry room was dirty and there was a large amount of dirt/dust behind the washing machines. There was a hole in the wall behind the washing machine exposing the insulation.</p> <p>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 were 6 burned out ceiling lights. There were 74 metal chairs that were dirty with rusted out legs. There were 10 wood chairs that had dirty seat coverings. The walls were dirty and marred. The 4 wall vents were dirty and dusty. The base boards throughout the dining room was peeling</p>						

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R 0149 Bldg. 00	<p>away from the wall, missing and/or dirty.</p> <p>Interview with the Housekeeping Supervisor on 10/25/23 at 10:00 a.m., indicated all of the above was in need of repair and/or cleaning.</p> <p>Interview with the Administrator on 10/25/23 at 11 a.m. indicated the facility was getting ready to remodel the lower level 300 hall rooms. The remodeling was being completed for the entire building.</p> <p>This citation relates to complaints IN00418339, IN00419781, and IN00419985.</p> <p>410 IAC 16.2-5-1.5(f) Sanitation and Safety Standards - Deficiency (f) The facility shall have a pest control program in operation in compliance with 410 IAC 7-24.</p> <p>Based on observation, record review, and interview, the facility failed to ensure resident areas were free from pests related to bed bugs, cockroaches, mice droppings and gnats throughout the entire facility, including the main kitchen.</p> <p>Findings include:</p> <p>1. During the Environmental Tour on 10/25/23 at 9:00 a.m. with the Housekeeping Supervisor, the following was observed:</p> <p>a. Room 350 - there were a large amount of mice droppings on the floor in the bathroom and behind the night stands.</p> <p>b. Room 101 - there was live bed bug crawling on the bed linen. The resident indicated he had killed 5 cockroaches in the bathroom.</p>			R 0149	<p>R149 Facility will continue to use sticky traps, peppermint oil and coyote urine to repel mice. Monroe will continue to spray twice monthly for roaches. Propane has been purchased and weekly rotations to heat rooms has resumed. Rooms throughout facility have been checked and any room with gnat issues have been identified housekeeping supervisor is using gnat traps to combat gnats in rooms. Housekeeper is also using bleach in drains.</p> <p>Documentation has been started on rooms being sprayed and rechecked. Kitchen floor has been swept and scrubbed. Dietary</p>		10/30/2023

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	<p>2. During a random observation on 10/25/23 at 1:30 p.m. of room 211, there was an enormous amount of live gnats flying all over the bathroom and inside the shower stall. The gnats were clinging to the walls of the shower.</p> <p>3. During a random observation on 10/25/23 at 1:35 p.m., of room 203, there was a large amount of gnats flying all over the resident's room and bathroom and inside the shower stall.</p> <p>The Administrator provided a list of rooms with bed bugs which were recently sprayed with alcohol. Room 310 and 311 on 10/4, rooms 320, 350, 349, and 356 on 10/5, room 332, 201, 202, 101, 105, and 110 on 10/6/23.</p> <p>There was no documentation of any follow up after rooms were sprayed to determine effectiveness.</p> <p>Interview with the pest control company representative on 10/25/23 at 10:00 a.m., indicated they were coming out 2 times a month to kill the roaches. He indicated he had not seen any live roaches today with the treatment, but did find dead ones.</p> <p>Interview with the Administrator on 10/25/23 at 11:00 a.m., indicated they have been battling the bed bug situation for months. They started using propane heaters to heat the rooms to kill them, however, they were out of propane and were currently spraying them on contact with alcohol spray. The residents bring in items and clothing from outside the facility and they do not get them washed first before wearing or using. 4. During the Full Kitchen Sanitation tour with the Dietary Manager (DM) on 10/25/23 at 8:44 a.m., the</p>				<p>personnel are responsible for cleaning kitchen floor. Dietary manager to monitor five (5) times weekly, visually; ongoing.</p>		

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R 0154 Bldg. 00	<p>following was observed:</p> <p>a. There were mice droppings located on an insect pad under the shelves in the dry storage room.</p> <p>b. There was a roach located on an inset pad under the shelves in the dry storage room.</p> <p>Interview with the Dietary Manager (DM) on 10/25/23 at 11:24 a.m., indicated "that's a roach" on the insect pad.</p> <p>This citation relates to complaints IN00415971, IN00418339, IN00419781, IN00419985, and IN00420052.</p> <p>410 IAC 16.2-5-1.5(k) Sanitation and Safety Standards - Deficiency (k) The facility shall keep all kitchens, kitchen areas, common dining areas, equipment, and utensils clean, free from litter and rubbish, and maintained in good repair in accordance with 410 IAC 7-24.</p> <p>Based on observation and interview, the facility failed to keep the kitchen clean and in good repair related to a missing ceiling panel, a broken receiving door, and a duct taped handle on the convection oven for 1 of 1 kitchens observed. (The Main Kitchen)</p> <p>Findings include:</p> <p>During the Full Kitchen Sanitation tour with the Dietary Manager on 10/25/23 at 8:44 a.m., the following was observed:</p> <p>a. There was a missing ceiling panel above the dishwashing station.</p> <p>b. There was duct tape holding a convection oven</p>			R 0154	<p>Ceiling panel above dish washing station has been replaced. We are currently in contact with a company to replace handle on oven. Rubber gasket has been reattached. Dietary staff responsible to report to dietary manager things in need of repair/replace. Dietary manager responsible for repairs/replacements.</p>		11/13/2023

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R 0217 Bldg. 00	<p>handle together.</p> <p>c. The rubber gasket on the receiving door was falling off and allowed exposure to the outside.</p> <p>Interview with the Dietary Manager at that time indicated all of the above was in need of repair.</p> <p>410 IAC 16.2-5-2(e)(1-5) Evaluation - Deficiency (e) Following completion of an evaluation, the facility, using appropriately trained staff members, shall identify and document the services to be provided by the facility, as follows: (1) The services offered to the individual resident shall be appropriate to the: (A) scope; (B) frequency; (C) need; and (D) preference; of the resident. (2) The services offered shall be reviewed and revised as appropriate and discussed by the resident and facility as needs or desires change. Either the facility or the resident may request a service plan review. (3) The agreed upon service plan shall be signed and dated by the resident, and a copy of the service plan shall be given to the resident upon request. (4) No identification and documentation of services provided is needed if evaluations subsequent to the initial evaluation indicate no need for a change in services. (5) If administration of medications or the provision of residential nursing services, or both, is needed, a licensed nurse shall be involved in identification and documentation of the services to be provided.</p>						

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NAME OF PROVIDER OR SUPPLIER MILLER BEACH TERRACE				STREET ADDRESS, CITY, STATE, ZIP COD 4905 MELTON RD GARY, IN 46403			
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	<p>Based on record review and interview, the facility failed to ensure the service plan identified the services to be provided by the facility, as well as the scope, frequency, need, and preference of the resident for 3 of 9 resident records reviewed. (Residents 5, 2, and 4)</p> <p>Findings include:</p> <p>1. The record for Resident 5 was reviewed on 10/25/23 at 1:00 p.m. The resident's diagnoses included, but were not limited to, schizophrenia.</p> <p>The Service Plan, dated 8/3/22, indicated the concerns of schizophrenia, medication compliance, attend therapy, and attend psychiatry appointments. There was no additional documentation indicating what interventions were to be attempted.</p> <p>Interview with the Director of Nursing on 10/24/23 at 10:30 a.m., indicated there were no approaches on the service plan, just the problems identified. 2. Resident 2's record was reviewed on 10/25/23 at 12:52 p.m. Diagnoses included, but were not limited to, obesity, bipolar disorder, migraines, and insulin dependent diabetes.</p> <p>A Service Plan, dated 1/18/22, had the problems of asthma, manic depression, bipolar, insulin and dependent diabetes. The Service Plan lacked information regarding those problems. There was no other additional information on the Service Plan except for the problems listed above.</p> <p>Interview with the Director of Nursing on 10/25/23 at 1:45 p.m. indicated the Service Plan was not completed.</p> <p>3. Resident 4's record was reviewed on 10/25/23 at</p>			R 0217	Resident charts have been audited and care plans were completed/updated as necessary. Charge nurse responsible for completing care plans. DON to monitor resident charts; ongoing		11/13/2023

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R 0273 Bldg. 00	<p>3:38 p.m. Diagnoses included, but were not limited to, bipolar disorder.</p> <p>The Service plan, dated 12/15/22, indicated the problems of bipolar disorder, medication compliance, attend therapy, attend psychosocial appointments, utilize staff, and utilize family. The Service Plan lacked information regarding those problems. There was no other additional information on the Service Plan except for the problems listed above.</p> <p>Interview with the Director of Nursing on 10/25/23 at 1:45 p.m. indicated the Service Plan was not completed.</p> <p>410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency (f) All food preparation and serving areas (excluding areas in residents' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24.</p> <p>Based on observation and interview, the facility failed to store food under sanitary conditions related to a scoop in the bulk bean storage, no chemical sanitation buckets, the freezer light and temperature gauge not working, frozen food boxes stored on the floor and stacked to the ceiling in the freezer, and thick ice accumulation on stored boxes in the freezer for 1 of 1 kitchens. (The Main Kitchen)</p> <p>Findings include:</p> <p>During the Full Kitchen Sanitation tour with the Dietary Manager (DM) on 10/25/23 at 8:44 a.m., the following was observed:</p>			R 0273	<p>Dietary staff have been inserviced on sanitation procedures. Dietary manager will be responsible for checking sanitation buckets for AM and PM shifts five (5) days weekly; ongoing.</p> <p>Miller Beach Terrace will be going to three (3) day a week food delivery as opposed to two (2) deliveries per week to reduce the risk of boxes stacked ceiling high. Dietary Manager has been inserviced on proper ordering procedures using inventory form. EDCO has been called out to repair the light and temperature</p>		11/13/2023

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R 0410 Bldg. 00	<p>a. There was a scoop left inside the bulk bean storage bin.</p> <p>b. There were no chemical sanitation buckets located in the kitchen, just empty buckets on top of the counter.</p> <p>c. The light and temperature gauge in the freezer were not in working order.</p> <p>d. The frozen food boxes in the freezer were on the floor and stacked ceiling high, creating a large accumulation of ice on several boxes in the freezer.</p> <p>Interview with the Dietary Manager on 10/25/23 at 11:24 a.m., indicated the light in the freezer was broken and so was the temperature gauge. The DM also indicated, "we have no chemical sanitation buckets today."</p> <p>410 IAC 16.2-5-12(e)(f)(g) Infection Control - Noncompliance (e) In addition, a tuberculin skin test shall be completed within three (3) months prior to admission or upon admission and read at forty-eight (48) to seventy-two (72) hours. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered and read. (f) For residents who have not had a documented negative tuberculin skin test result during the preceding twelve (12) months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed within one (1) to three (3) weeks after the first test. The frequency of repeat testing will depend on the risk of infection with tuberculosis.</p>				<p>gauge for freezer. Dietary staff responsible for sanitation buckets and inventory. Dietary manager to monitor buckets and to utilize inventory list when ordering food; ongoing</p>		

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	<p>(g) All residents who have a positive reaction to the tuberculin skin test shall be required to have a chest x-ray and other physical and laboratory examinations in order to complete a diagnosis.</p> <p>Based on record review and interview, the facility failed to ensure tuberculin (TB) skin tests and/or a TB Risk Assessment were completed at the time of admission and annually for 5 of 9 resident records reviewed. (Residents 5, 6, 7, 2, and 4)</p> <p>Findings include:</p> <p>1. The record for Resident 5 was reviewed on 10/25/23 at 1:00 p.m. The resident's diagnoses included, but were not limited to, schizophrenia. The resident was admitted to the facility on 8/3/22.</p> <p>There was no documentation of an annual tuberculin (TB) skin test and/or an annual TB Risk Assessment.</p> <p>Interview with the Director of Nursing on 10/26/23 at 11:30 a.m., indicated the resident didn't have an annual TB skin test or risk assessment completed.</p> <p>2. The record for Resident 6 was reviewed on 10/25/23 at 3:00 p.m. Diagnoses included, but were not limited to, major depression, hyperlipidemia (elevated lipid levels), and scoliosis. The resident was admitted to the facility on 4/20/04.</p> <p>There was no documentation of an annual tuberculin (TB) skin test and/or an annual TB Risk Assessment.</p> <p>Interview with the Director of Nursing on 10/26/23 at 11:30 a.m., indicated the resident didn't have an annual TB skin test or risk assessment completed.</p>			R 0410	TB risk assessments are on order from Med Pass. Ward Clerk responsible to fill out risk assessments. DON to monitor when auditing charts; ongoing		11/13/2023

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	<p>3. The record for Resident 7 was reviewed on 10/25/23 at 1:37 p.m. Diagnoses included, but were not limited to, bipolar, schizophrenia, and hypertension. The resident was admitted to the facility on 9/26/18.</p> <p>There was no documentation of an annual tuberculin (TB) skin test and/or an annual TB Risk Assessment.</p> <p>Interview with the Director of Nursing on 10/26/23 at 11:30 a.m., indicated the resident didn't have an annual TB skin test or risk assessment completed.</p> <p>4. Resident 2's record was reviewed on 10/25/23 at 12:52 p.m. Diagnoses included, but were not limited to, obesity, bipolar disorder, migraines, and insulin dependent diabetes. The resident was admitted to the facility on 1/18/22.</p> <p>There was no documentation of an annual tuberculin (TB) skin test and/or an annual TB Risk Assessment.</p> <p>Interview with the Director of Nursing on 10/25/23 at 1:45 p.m. indicated there was no annual TB skin test or risk assessment completed.</p> <p>5. Resident 4's record was reviewed on 10/25/23 at 3:38 p.m. Diagnoses included, but were not limited to, bipolar disorder. The resident was admitted to the facility on 12/15/22.</p> <p>There was no documentation the resident had tuberculin skin test at the time of admission followed by a second step tuberculin skin test.</p> <p>Interview with the Director of Nursing on 10/25/23 at 1:45 p.m. indicated there was no first or second step tuberculin skin test completed at the time of</p>						

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