PRINTED: 08/17/2023 FORM APPROVED OMB NO. 0938-039

l '		X1) PROVIDER/SUPPLIER/CLIA			` <i>′</i>	DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER					COMPLETED 07/18/2023		
			B. WIN			07/18/	2023
NAME OF P	ROVIDER OR SUPPLIE	R			ADDRESS, CITY, STATE, ZIP COD		
GRAND EMERALD PLACE			4010 S IRONWOOD DR SOUTH BEND, IN 46614				
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		NCY MUST BE PRECEDED BY FULL	F	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	COMPLETION
TAG R 0000	REGULATORY O	R LSC IDENTIFYING INFORMATION		TAG DEFICIENCY)			DATE
1 0000							
Bldg. 00							
	This visit was for the IN00412721 and IN	he Investigation of Complaint N00412445.	R 00	00			
	Complaint IN0041 to the allegations a	2721- State deficiencies related re cited at R0149.					
	Complaint IN0041 to the allegations at	2445- State deficiencies related re cited at R0149.					
	Survey date: July 18, 2023						
	Facility number: 013555						
	Residential Census: 55						
	These State Residential Findings are cited in accordance with 410 IAC 16.2-5.						
	Quality review con	npleted 7/27/2023.					
R 0149	9 410 IAC 16.2-5-1.5(f)						
		afety Standards - Deficiency					
Bldg. 00	(f) The facility shall have a pest control program in operation in compliance with 410 IAC 7-24.						
		, observation, and record	R 01	49	Residents of the Community h	nave	08/30/2023
		failed to ensure an appropriate	IK 01	7)	the potential to be affected by t		00/30/2023
	-	m was followed to prevent			alleged deficiency.		
	bedbugs for 2 of 2 residents with active bedbugs observed. (Residents B and C)				,		
					On 8/4/23 Ardvark Pest Contro	ol	
	Findings include:				examined rooms 101, 102, 10 104, 105, 107, 109, 116, 123 v	with	
	During an initial in	terview on 7/18/2022 at 10:02			activity found in 123 and the ro	om	
	During an initial interview on 7/18/2023 at 10:02 A.M., the Director of Nursing (DON) indicated the facility was on their fourth pest control company for treatment of bedbugs. She indicated a new				was treated immediately. Secondary treatment will be		
					provided on 8/11/23 by Arrow	Pest	
					Control.	. 001	
							I

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

Leigh Keirn

TITLE

**Director of Nursing** 

(X6) DATE 08/16/2023

Any defiency statement ending with an asterisk (\*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclodays 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.

State Form Event ID: W08L11 Facility ID: 013555 If continuation sheet Page 1 of 5

PRINTED: 08/17/2023 FORM APPROVED OMB NO. 0938-039

AND PLAN OF CORRECTION IDENTIFICATION NUMBER		A. BUILDING B. WING	00	COMPLETED 07/18/2023	
NAME OF PROVIDER OR SUPPLIER				ADDRESS, CITY, STATE, ZIP COD	
GRAND EMERALD PLACE			H BEND, IN 46614		
(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 APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
IAG	pest control compar 7/14/2023 to treat retreatment provided in these rooms. She identified to have be room was bagged up shower, all laundry was scheduled for the company. She indice with bedbugs. She is rooms with bed bug.  A review of the pest provided by the DO 7/18/2023. The pest indicted the following identified for the tree - 3/9/2023 Bedbug identified for the tree - 3/27/2023 Complated and 122 treated.  - 3/27/2023 Bedbug - 4/12/2023 Bedbug - 4/12/2023 Bedbug - 4/12/2023 Bedbug - 5/5/2023 Bedbug identified for the insection of	by came to the facility on soms 106, 225, and 323. The was the third time for bedbugs indicated when a room was edbugs, everything in the potential of the pote	IAG	Staff was provided basic bed education on 7/20/23 at mont staff meeting. Arrow Pest Co will provide presentation on b bugs on 8/24/23 for staff.  Arrow Pest Control will exami 10 rooms per month with the Executive Director or Designe sign of activity of Bed Bugs. A activity will be treated within 2 hours per Arrow Pest Control Policy. Grand Emerald Staff notify management of any cor of bed bug activity immediate and ED or designee will exam room in a timely manner with treatment scheduled as need Date Certain: 8/30/23.	bug hly entrol ed ine ee for Any 24-72 will ncern ly nine

State Form Event ID: W08L11 Facility ID: 013555 If continuation sheet Page 2 of 5

PRINTED: 08/17/2023 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY  A. BUILDING 00 COMPLETED  B. WING 07/18/2023			MPLETED			
	PROVIDER OR SUPPLIEF		STREET ADDRESS, CITY, STATE, ZIP COD 4010 S IRONWOOD DR SOUTH BEND, IN 46614					
(X4) ID PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AI DEFICIENCY)	OULD BE	DBE COMPLETION		
	five live bedbugs w doorframe of Room	rere noted on the outside a 106.						
		ion on 7/18/2023 at 11:38 A.M., observed in the bathroom of						
	During an interview on 7/18/2023 at 11:50 A.M., CNA 1 and QMA 2 indicated rooms with bedbug activities included Rooms 104, 106, 107, 204, 225, 315, and 323. They indicated the family of Room 104 removed the resident from her apartment until the bedbugs could be treated. CNA 1 and QMA 2 indicated bed bugs can be seen on the walls, ceilings, and carpet outside of resident's rooms. CNA 1 indicted she observed the bedbugs in the facility about a year ago.							
	-	observed crawling in the ooms 106 and 107.						
	the DON indicated documentation of the approximately two	or on 7/18/2023 at 12:26 P.M., that there was no available ne facility sweep completed months ago for bedbugs. She acility sweep had not been						
	current policy titled date of the policy w date of 7/13/2023. ' should be knowledge infection control pr	:31 P.M., the DON provided a l, Bed Bugs". The approval vas 10/1/2021 with a review The policy indicated, "Staff geable of and utilize effective evention strategies to manage is within the community. The						

State Form Event ID: W08L11 Facility ID: 013555 If continuation sheet Page 3 of 5

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NAME OF PROVIDER OR SUPPLIER  GRAND EMERALD PLACE			STREET ADDRESS, CITY, STATE, ZIP COD 4010 S IRONWOOD DR SOUTH BEND, IN 46614				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE  (EACH DEFICIENCY MUST BE PRECEDED BY FULL  REGULATORY OR LSC IDENTIFYING INFORMATION  community Executive Director will notify the  Maintenance Director and access professional  pest control vendor resources to respond,			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	ΓE	(X5) COMPLETION DATE
	-						
	Maintenance Direct was identified, he w service immediately an addendum to the contract to include trooms a month. He effort between hous to identify the mana observed with bedb rooms to have treatnand 323.	or on 7/18/2023 at 1:51 P.M., the or indicated that if a bedbug yould call for pest control of. He indicated the facility made in monthly pest control bedbug inspections of ten indicated it was a collaborative ekeeping, nursing, and dietary agement staff of any issues ugs. He indicated the last ment included Rooms 106, 225,					

State Form Event ID: W08L11 Facility ID: 013555 If continuation sheet Page 4 of 5

PRINTED: 08/17/2023 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING			(X3) DATE SURVEY  COMPLETED  07/18/2023		
NAME OF PROVIDER OR SUPPLIER  GRAND EMERALD PLACE			STREET ADDRESS, CITY, STATE, ZIP COD 4010 S IRONWOOD DR SOUTH BEND, IN 46614				
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State Form Event ID: W08L11 Facility ID: 013555 If continuation sheet Page 5 of 5