

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155102	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/09/2021
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NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 635 OAKHILL AVE PLYMOUTH, IN 46563
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00356715.</p> <p>Complaint IN00356715 - Substantiated. Federal/State deficiencies related to the allegations are cited at F755.</p> <p>Survey dates: July 8 & 9, 2021</p> <p>Facility number: 000041 Provider number: 155102 AIM number: 100275400</p> <p>Census Bed Type: SNF/NF: 41 Total: 41</p> <p>Census Payor Type: Medicare: 9 Medicaid: 30 Other: 9 Total: 41</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review was completed on July 12, 2021.</p>	F 0000		
F 0755 SS=D Bldg. 00	<p>483.45(a)(b)(1)-(3) Pharmacy Srvcs/Procedures/Pharmacist/Records §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer</p>			

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

TITLE

(X6) DATE

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 disclosed days 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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	<p>drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>§483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Based on interview and record review, the facility failed to ensure their Medication Administration Procedure was followed when QMAs (Qualified Medication Aides) were administering PRN (as needed) medications without permission and/or documentation from a licensed RN (Registered Nurse) or LPN (Licensed Practical Nurse) to 2 of 3 residents reviewed for medications. (Resident B and Resident C)</p> <p>Findings include:</p> <p>1. On 7/8/21 at 1:35 P.M., a review of the clinical</p>	F 0755	<p>F-755 Pharmacy Services/ Procedures/ Pharmacist/ Records It is policy of Miller's Merry Manor, Plymouth to permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>Resident B or C did not suffer any negative outcome from this deficient practice.</p>	07/23/2021

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	<p>record for Resident B was conducted. The resident's diagnoses included, but were not limited to: chronic respiratory failure, diabetes, Covid-19, cardiomegaly and dementia.</p> <p>The resident tested positive for Covid-19, on 5/10/21, according to the positive Covid-19 facility form.</p> <p>A Progress Note, dated 5/18/21 at 12:37 P.M., indicated the nurse had spoke with the resident's son and he wanted to proceed with comfort measures/hospice care, as he was aware of her condition, decline and co-morbidities, however he did want IV fluids if needed. At 7:07 P.M., the resident was transferred to a local hospital and returned, to the facility, on 5/24/21, with new orders.</p> <p>A Physician order, dated 5/24/21, indicated Morphine 20 mg/ml (milligram/milliliter) - Give 20 mg by mouth every 4 hours, as needed, for pain for 3 days.</p> <p>The May Medication Administration Record (MAR) indicated on 5/27/21 at 5:08 A.M., QMA 2 administered the Morphine to Resident B. There were no documentation in the nursing notes or on the MAR indicating QMA 2 consulted with a RN/LPN prior to administrating the medication.</p> <p>2. On 7/8/21 at 12:40 P.M., a review of the clinical record for Resident C was conducted. The resident's diagnoses included, but were not limit to: Dementia with Lewy Bodies, Parkinson's Disease, depression and Covid-19.</p> <p>The resident tested positive for Covid-19 on 5/7/21, according to the positive Covid-19 facility form.</p>		<p>In review of Medication Administration Records there have been no residents adversely affected by PRN Medication Administration. This audit was completed by 7-20-2021.</p> <p>On 7-8-2021 Nurses and QMA's were re-educated regarding the facilities policies on Medication Administration by QMA's. (Attachment 1)</p> <p>QAPI plan of action implemented for the concern. (Attachment 2) To insure ongoing compliance the DON/ Designee will complete audit tool titled "PRN Medication Administration Review" (Attachment 3) on resident's who receive PRN medications by QMA. This will be completed daily for 4 weeks, weekly for 4 weeks and monthly thereafter until 100% compliance is maintained for three consecutive months. This will be followed, reviewed and updated as needed by the monthly Quality Assurance/ Quality Improvement team to ensure ongoing compliance. Date of Completion 7-23-2021</p>		

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	<p>A Progress Note, dated 5/8/21 at 12:07 P.M., indicated the physician was notified of the resident's request for cough syrup.</p> <p>The May Medication Administration Record (MAR) indicated an order for Dextromethorphan-Guaifenesin (cough syrup) was received and to give the resident 10 milliliters by mouth every 6 hours PRN (as needed) for his cough.</p> <p>A Progress Note, dated 5/10/21 at 9:02 A.M., indicated the daughter wanted the resident sent to the hospital for an evaluation. The resident returned to the facility on 5/11/21 at 5:02 P.M.</p> <p>The MAR indicated the cough medication was administered on 5/15/21 at 4:54 A.M., by QMA 2 and on 5/16/21 at 11:46 A.M., by QMA 3. There was no documentation in the nursing notes nor on the MAR indicating the QMAs consulted with a RN or LPN prior to the administration of the PRN cough medication.</p> <p>A Progress Note, dated 5/18/21 at 1:57 P.M., indicated hospice was to evaluate and treat the resident due to decline.</p> <p>On 5/19/21 a Physician's Order included the following: "...Morphine Sulfate (Concentrate) Solution 20 mg/ml [milligrams per milliliter]. Give 10 mg by mouth every 2 hours as needed for Pain/Air hunger. Give 0.5 ml [milliliters]. AND Give 10 mg by mouth every 4 hours for Pain/air hunger. Give 0.5 ml [milliliters]...."</p> <p>The MAR indicated the PRN Morphine was administered, to the resident, on 5/20/21 at 2:03 P.M., by QMA 4, and on 5/21/21 at 2:46 A.M., by</p>			

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	<p>QMA 5. There was no documentation indicating the QMAs consulted with a RN or LPN prior to the administration of the PRN Morphine.</p> <p>A Physician's order, dated 5/20/21, indicated an anti-anxiety medication Lorazepam was ordered. The order indicated "...Lorazepam Concentrate 2 mg/ml [milligrams per milliliter]. Give 0.5 mg [milligrams] every 2 hours as needed for anxiety. This order was changed, on 5/21/21 to "...Give 1 ml by mouth every 2 hours as needed for anxiety...."</p> <p>The MAR indicated the PRN Lorazepam 0.5 mg was administered to the resident on 5/21/21 at 1:59 A.M. by QMA 5. And on 5/22/21 at 3:14 P.M., Lorazepam 1 ml was administered by QMA 2. There was no documentation indicating the QMA's had consulted with a RN or LPN prior to the administration of the Lorazepam.</p> <p>On 7/9/21 at 9:33 A.M., an interview was conducted with the Administrator and the Director of Nursing. The Administrator indicated there was no documentation for Resident B or C signifying the QMA's had consulted with a RN or LPN prior to administrating the PRN medications to the residents.</p> <p>On 7/9/21 at 9:22 A.M., the Administrator provided a policy titled, "Medication Administration Procedure", dated August 29, 2016 and indicated the policy was the one currently used by the facility. The policy indicated " ...24. QMA [Qualified Medication Aide] - must have permission from licensed nurse to administer PRN [as needed] medications and licensed nurse must co-initial the documentation of reason for use on the designated from e-Mar [electronic medication administration record] - QMA will document in</p>			

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

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FORM APPROVED
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	<p>progress note reason for use of the PRN medication and indicated "per permission of nurse". Nurse will complete the follow up documentation"</p> <p>This Federal tag relates to complaint IN00356715.</p> <p>3.1-25(b)(8)</p>				