

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155557	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/01/2014
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NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 1651 N CAMPBELL ST INDIANAPOLIS, IN 46218
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F000000	<p>This visit was for the Investigation of Complaint IN00151393.</p> <p>This visit was in conjunction with a Recertification and State Licensure Survey and with the Investigation of Complaint IN00150404.</p> <p>Complaint IN00151393 - Substantiated. Federal/state deficiencies related to the allegations are cited at F280.</p> <p>Survey dates: June 25, 26, 27, 30 and July 1, and 2, 2014</p> <p>Facility number: 000500 Provider number: 155557 AIM number: 100266220</p> <p>Survey team: Karina Gates, Generalist TC Courtney Mujic, RN (June 25 and 26, 2014) Beth Walsh, RN Tom Stauss, RN</p> <p>Census bed type: SNF: 20 SNF/NF: 51 Total: 71</p> <p>Census payor type:</p>	F000000	<p>July 31, 2014 Kim Rhoades Director, Long Term Care Division Indiana State Department of Health 2 North Meridian Street Indianapolis, IN 46204 Re: Survey Event ID 0W0F11 Dear Ms. Rhoades: Please accept the enclosed plan of correction as credible allegation of compliance to the deficiencies cited during our Annual Health Survey conducted on July 2, 2014 at Miller's Merry Manor, in Indianapolis. Hopefully, you will find that our remedies are both sufficient and thoroughly explained in providing you a clear picture of how we corrected these concerns. With this submission of these remedies, we are requesting paper compliance. In response to your letter dated July 9, 2014, with a Plan of Correction deadline dated July 20, 2014, this deficiency was not reported to our facility until July 30, 2014. Although the letter is dated July 9, 2014, that is not actually when the letter was sent to the facility. A 2567 was not opened for this deficiency until July 30, 2014. At no time prior to this date, was the facility notified of this deficiency. Therefore, the POC could not be submitted by July 20, 2014, as indicated in the letter. At this time, I am requesting a corrected letter, with the appropriate dates, to reflect our compliance with submission of the POC. If, after</p>	
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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 that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 14 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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F000280 SS=D	<p>Medicare: 18 Medicaid: 40 Other: 13 Total: 71</p> <p>Sample: 03</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on July 07, 2014; by Kimberly Perigo, RN.</p> <p>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p>		<p>reviewing our plan of correction, you have any questions or require further information, please do not hesitate to contact me at your convenience at (317) 357-8040. Respectfully submitted, Paula Juday Administrator</p>		

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	<p>Based on interview and record review, the facility failed to update a care plan for pressure ulcer wounds for 1 of 21 residents reviewed for care plans. (Resident #C)</p> <p>Findings include:</p> <p>Resident #C's record was reviewed on 6/27/14 at 11:10 a.m. The resident's diagnoses included, but were not limited to, unspecified septicemia, atherosclerosis, peripheral vascular disease, urinary incontinence, fecal incontinence, ulcer of heel and midfoot, anemia, cardiomyopathy, and congestive heart failure. The resident's medications included, but were not limited to, Lasix, metoprolol, ferrous sulfate, omeprazole, hydrocodone, MiraLax, senna, lisinopril, Synthroid, and simvastatin.</p> <p>An MDS (Minimum Data Set) admission assessment, dated 3/28/14, indicated Resident #C was at risk for the development of pressure ulcers.</p> <p>A wound assessment, dated 6/10/14, indicated a "...NEW WOUND..." and the wound description identified the location of the wound as the left and right buttocks of Resident #C. The assessment indicated, "...Turn and reposition every 2 hours while in bed..." as an intervention</p>	F000280	<p>F280 RIGHT TO PARTICIPATE IN PLANNING CARE – PLAN REVISE CP</p> <p>It is the policy of this facility to revise care plans daily and PRN as changes in the resident's condition dictate. To correct this deficiency:</p> <p>Resident #C has discharged.</p> <p>All residents are at risk to be affected by this deficient practice. To ensure that other residents are not affected:</p> <ul style="list-style-type: none"> · 100% of residents with pressure areas will be audited and reviewed to ensure care plan interventions are specific to turning & repositioning on or before 7/31/14 <p>To prevent recurrence:</p> <ul style="list-style-type: none"> · All nurses will be in-services on or before 7/31/14 on the policy and procedure for Care Plan Development & Review · All nurses will be in-services on or before 7/31/14 on the policy and procedure for Skin Management Program · The DON or Designee will monitor compliance using the QA Tool titled "Care Plan" daily X30 	07/31/2014

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	<p>to treat the new wound.</p> <p>A physician's order, dated 6/18/14, indicated for nursing staff to cleanse Resident #C's right and left buttock wounds, apply Santyl (a wound medication), and a dry dressing daily.</p> <p>Wound care plans and a skin risk care plan, dated 3/21/14, indicated nursing staff to monitor wounds for signs of infection, wound care team to follow, administer treatments as ordered, monitor labs, administer pain medication, and nutritional interventions. No intervention was listed on the wound care plans to turn and reposition Resident #C.</p> <p>On 7/2/14 at 1:09 p.m., the MDS Coordinator indicated one of various interventions used by nursing staff to prevent skin breakdown is turning and repositioning.</p> <p>On 7/2/14 at 1:41 p.m., during an interview, the DON indicated Resident #C's wound care plan should have been updated with an intervention to turn and reposition the resident every two hours and as needed. She indicated any resident with limited mobility who has pressure areas or who is at risk for skin breakdown should have the intervention of "turn and reposition" every 2 hours.</p>		<p>days, weekly X4, monthly X3, and quarterly thereafter. This QA Tool will be started on or before 7/31/14.</p> <p><i>Attachments: Care Plan Development & Review Policy and Procedure (1-A), Skin Management Program (1-B), QA Tool "Care Plan" (1-C).</i></p>	

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	This Federal tag relates to Complaint #IN00151393. 3.1-35(d)(2)(B)				