

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155049	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  11/19/2012
NAME OF PROVIDER OR SUPPLIER  MILLER'S MERRY MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 1630 S COUNTY FARM RD WARSAW, IN 46580		
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F0000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: November 13, 14, 15, 16, and 19, 2012</p> <p>Facility Number: 000017 Provider Number: 155049 AIM Number: 100273830</p> <p>Survey team: Julie Wagoner, RN, TC Tim Long, RN Christine Fodrea, RN Deb Kammeyer, RN</p> <p>Census bed type: SNF: 11 SNF/NF: 76 Total: 87</p> <p>Census payor type: Medicare: 11 Medicaid: 62 Other: 14 Total: 87</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review 11/28/12 by Suzanne Williams, RN</p>	F0000			

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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F0157 SS=D	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on record review and interviews, the facility failed to notify the physician timely of significant weight loss for 2 of 3 residents reviewed for significant weight loss of</p>	F0157	<p>F157</p> <p>It is the policy of Miller's Merry Manor to notify the physician and dietician of significant weight loss. All residents have the potential to be affected by this practice. A</p>	12/19/2012	

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	<p>5 who met the criteria for significant weight loss. (Residents #99 and #154)</p> <p>Findings include:</p> <p>1. The clinical record for Resident #99 was reviewed on 11/16/12 at 1:30 P.M. Resident #99 had diagnoses including, but not limited to, unspecified osteomyelitis of the ankle and foot, lumbago, history of toe amputation, chronic kidney disease - moderate, protein-calorie malnutrition, congestive heart failure, hypertension, anemia, diabetes with polyneuropathy, osteoarthritis, peripheral vascular disease, depressive disorder, constipation, neuralgia neuritis, chronic obstructive airway disease, coronary artery disease, esophageal reflux, history of gastrointestinal bleed, history of malignant neoplasm of the large intestine, and edema.</p> <p>Review of the resident's weights, from 04/25/12 - 11/08/12, indicated the 06/22/12 weight assessment indicated the resident's weight had dropped from 144.6 pounds, on 06/13/12 to only 128.8 pounds on 06/22/12. This represented a 15.6 pound weight loss in 9 days and a 9.26 percent loss in body weight.</p>		<p>complete audit of every resident was completed on December 6, 2012. The Physician, Dietician, and Families of each resident who triggered a significant weight gain or loss were notified per our policy. The necessary updates to the care plans were also completed at this time. Residents #99 and #154 suffered no negative consequences as a result of these findings.</p> <p>To prevent reoccurrence all Nursing staff will be in serviced December 7, 2012 on promptly and properly informing the physician and registered dietician when there is a significant weight loss.</p> <p>We will continue to monitor all changes in resident condition in our daily meetings and at our weekly weight, wound, and hydration meetings. We will also complete Attachment "A" weekly for 4 weeks, then monthly for 3 months, then quarterly thereafter. All results will be reviewed monthly at our Quality Assurance Meeting. Any discrepancies will be resolved immediately.</p> <p>All changes will be completed by December 19, 2012.</p>		

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	<p>Review of the physician orders and progress notes, from 06/22/12 - 06/28/12, indicated there was no indication the physician and registered dietician were notified of the drastic weight loss until the following weight note, completed on 06/28/12:</p> <p>"15:43 Weight Note Weight concern; changes to care plan; Notification to MD/RD (Registered Dietician); Names/titles of participants: IDT (Interdisciplinary team) review. Current weekly weight: 140.2#, +11.4# since re-admission from hospital. Weight is fairly stable from previous weights obtained previous to most recent hospital stay. Does receive some IV fluids due to IV ABT (antibiotic). Intakes are not great, but slightly improved since re-admission. Will cont to monitor weekly weights &amp; intakes to help re-establish weight pattern. Rec'd Rx 6/27/12 for 2cal - 60 mL's - 4 x daily per RD recommendation. See nutritional plan of care for nutritional interventions. HCP (health care plan) reviewed/updated as needed...."</p> <p>Interview with the Assistant Food Service Supervisor, Employee #10, on 11/19/12 at 11:00 A.M., indicated the nursing staff were responsible for</p>						

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	<p>notifying the physician of the significant weight losses and/or gains.</p> <p>Interview with the Director of Nursing, on 11/19/12 at 1:09 P.M., indicated she could not find any additional documentation regarding notifying the physician or dietician more timely for Resident #99.</p> <p>2. Resident #154's clinical record was reviewed on 11/16/12 at 9:30 A.M.. The record indicated the resident was readmitted to the facility on 9/7/12. The record indicated on 10/3/12 the resident's weight was 118 #. On 11/1/12 the resident's weight was 110.2#, indicating a 7.8 # weight loss and a decrease in 6.3% of body weight in 30 days.</p> <p>A progress note from 11/6/2012 at 3:50 P.M., indicated "Notified MD and family of resident's weight loss of 7.2 pounds in one month, placed resident on weekly weights, will continue to monitor weights weekly."</p> <p>A progress note on 11/7/12 at 8:14 A.M. indicated the registered dietitian (RD) was notified of the physician's concern for weight loss for Resident #154. Interventions were implemented of adding super cereal daily and a physician's order was also</p>			

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	<p>implemented for Boost supplement, 8 ounces daily due to a 7.2# weight loss in one month.</p> <p>Review of the resident's care plan for nutritional risk, initiated on 8/23/12, indicated one of the interventions was to notify the physician and RD of significant weight changes.</p> <p>On 11/19/12 at 9:55 A.M., an interview with the Assistant Dietary Manager, employee # 12, along with LPN #13 and the facility consultant, employee #14, indicated review of resident weights, completed by CNAs, is generally completed during a weekly meeting. LPN #13 indicated the significant weight change for Resident #154, of a decrease in 7.2 pounds in one month, should have been reported to the RD and the physician in a more timely manner.</p> <p>3.1-5(a)(2)</p>			

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F0247 SS=A	<p>483.15(e)(2) RIGHT TO NOTICE BEFORE ROOM/ROOMMATE CHANGE A resident has the right to receive notice before the resident's room or roommate in the facility is changed. Based on interview and record review, the facility failed to notify a resident of a new roommate, for 1 of 1 resident randomly reviewed for a roommate change. (Resident # 69)</p> <p>Finding includes:</p> <p>On 11-14-12 at 1:13 p.m., an interview with Resident #69 indicated that she was never informed that she was getting a new roommate. The resident had no complaints regarding the roommate.</p> <p>On 11-16-12 at 9:20 a.m., an interview with Social Worker #1, indicated she had no documentation that she had informed the resident about a new roommate.</p> <p>A policy entitled Intra-Facility Transfers Procedures dated 5-4-2006 was obtained from Social Worker #1 on 11-16-12 at 9:30 a.m. The policy indicated all roommates who will be affected by a move were to be notified. The notification was to be documented in the clinical record.</p>	F0247	F247 It is the policy of Miller's Merry Manor to ensure residents have the right to receive notice before the resident's roommate is changed within the facility. Resident #69 suffered not negative consequences as a result of the finding. To prevent reoccurrence the Social Services Director or designee will utilize the Intra Facility Transfer form, Attachment "C". The Social Services Director or designee will then document in the resident's medical record the room change has occurred. We will continue to monitor the proper resident notification process with future room moves. All results will be reviewed monthly at our Quality Assurance meeting. Any discrepancies will be resolved immediately. All changes will be completed by December 19, 2012.	12/19/2012			

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	<p>On 11-16-12 at 10:10 a.m. a review of the resident's clinical record indicated there was no documentation regarding Resident #69 being notified of a new roommate.</p> <p>3.1-3(v)(2)</p>			

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F0280 SS=D	<p>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>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>Based on observation, record review, and interviews, the facility failed to ensure care plans were updated timely with interventions for residents' current needs, for 2 of 29 residents whose care plans were reviewed. (Residents #99 and 118)</p> <p>Findings include:</p> <p>1. The clinical record for Resident #99 was reviewed on 11/16/12 at 1:30 P.M. Resident #99 had diagnoses including, but not limited to, unspecified osteomyelitis of the ankle and foot, lumbago, history of toe amputation, chronic kidney</p>	F0280	<p>F280</p> <p>It is the policy of Miller's Merry Manor to ensure care plans are updated timely with interventions for resident's current needs. All residents have the potential to be affected by this practice. A complete audit of every resident was completed on December 6, 2012. The Physician, Dietician, and Families of each resident who triggered a significant weight gain or loss were notified per our policy. The necessary updates to the care plans were also completed at this time. Residents #99 and #118 have had their individual care plans reviewed and updated. Residents #99 and #118</p>	12/19/2012			

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	<p>disease - moderate, protein-calorie malnutrition, congestive heart failure, hypertension, anemia, diabetes with polyneuropathy, osteoarthritis, peripheral vascular disease, depressive disorder, constipation, neuralgia neuritis, chronic obstructive airway disease, coronary artery disease, esophageal reflux, history of gastrointestinal bleed, history of malignant neoplasm of the large intestine, and edema.</p> <p>Review of the most recent Minimum Data Set (MDS) assessment, completed on 10/04/12, indicated the resident's weight was 138 pounds, which was 7% less than the resident's weight 30 days prior, and 23% less than the resident's weight 180 days prior.</p> <p>Review of Resident #99's weights indicated the following:                      "11/8/2012 14:17 129.4                      10/10/2012 08:36 138.2                      10/4/2012 07:30 137.8                      9/6/2012 08:37 130.6                      8/15/2012 08:04 133.6                      8/1/2012 17:15 123.0                      6/22/2012 14:30 128.8 (15.6 pounds - 9.26 percent)                      6/13/2012 14:16 144.6                      6/6/2012 16:59 145.8                      5/16/2012 15:13 152.6</p>		<p>suffered no negative consequences as a result of these findings.</p> <p>To prevent reoccurrence all Nursing staff will be in serviced December 7, 2012 on how to promptly and properly update a care plan with interventions that reflect a resident's current condition.</p> <p>We will continue to monitor all changes in resident condition in our daily and weekly meetings. We will complete Attachment "A" weekly for 4 weeks, then monthly for 3 months, then quarterly thereafter. All results will be reviewed monthly at our Quality Assurance meeting. Any discrepancies will be resolved immediately.</p> <p>All changes will be completed by December 19, 2012.</p>		

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	<p>5/10/2012 08:05 157.2 5/2/2012 12:15 159.4 4/25/2012 16:23 160.2"</p> <p>A Dietary Assessment by the RD (Registered Dietician), completed on 06/26/12, indicated the resident's weight was 128.8, BMI (Body Mass Index) was between 19 - 30, and noted the resident had experienced a greater than 10 % weight loss in 180 days, and greater than 5 % weight loss in 1 month. The note indicated the resident had experienced decreased meal intakes and 2 cal (a dietary supplement) had been recommended to "increase calorie and protein intakes."</p> <p>A nursing note, dated 06/26/12 at 3:37 P.M., indicated the following: "Wound Note Wound progress/regress; changes to care plan; Notification to MD/RD (Registered Dietician); Names/titles of participants: Rec'd (received) verbal notice from ADON (Assistant Director of Nursing) re (regarding): resident has 2 new stage 2 open areas on (R) (right) buttocks. She also has stage 4 area to her right heel. CDM (Certified Dietary Manager) contacted RD via phone for recommendations. Resident's intakes have been poor overall since re-admit from hospital</p>						

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	<p>on 6/21/12. Her fluid intakes are averaging at over 2000 mL's per day. Resident is unwilling to comply with Tx's (treatments) , care, &amp; dietary recommendations most always. She has also lost ~16# since 6/13/12. On diuretics. Nursing contacting MD to give an update &amp; ask for recommendations. RD recommends that we ask MD for Rx for 2cal - 60 mL's - 4 x a day to help increase caloric intakes &amp; promote wound healing. Unit nurse informed of recommendation. Will cont to monitor. open area to right heel heal(sic) ...."</p> <p>Nursing progress notes, dated 07/13/12, indicated the following: " Weight Note Weight concern; changes to care plan; Notification to MD/RD; Names/titles of participants: IDT (Interdisciplinary team) review 7/12/12. Current weekly weight: 123.2#, -5# x 1 week. Resident sleeps more than she used to, which has caused her intakes to decrease overall. (She used to snack a lot between meals, but now she sleeps.) Will change 8oz. 2% milk at each meal to 8oz. whole milk each meal. Menu updated as needed. She is refusing the 2cal, so will ask MD to discontinue it. See nutritional plan of care for nutritional interventions. HCP</p>				

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	<p>reviewed/updated as needed. Will cont to monitor."</p> <p>Nursing progress notes, dated 07/19/12 11:26 A.M., indicated the following: "Weight Note Weight concern; changes to care plan; Notification to MD/RD; Names/titles of participants: IDT review 7/19/12. Current weekly weight: 122.4, down .8# from a week ago. Received order to D/C TwoCal due to resident refusing. Continue with current interventions at this time. See nutritional plan of care for interventions. Continue to monitor."</p> <p>A Mini Dietary Assessment, completed 09/25/12, indicated the resident had gained weight, had low protein and albumin, and no recommendations or changes to the care plan were made.</p> <p>A Weight Note, dated 11/08/12, indicated the following: "Weight concern; changes to care plan; Notification to MD/RD (registered dietician); Names/titles of participants: IDT review. Current weekly weight = 129.4#, -1# x 1 week, -5.4% x 1 month, +6% x 90d, -18.2% x 180d, -26.4# x 1 year. Resident's weight cont's to fluctuate overall. CDM spoke with resident in her room today.</p>			

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	<p>Resident states she doesn't want to change anything right now, but does want a 2 qt pitcher of iced tea delivered to her unit once daily so she can drink it between meals. Dietary staff &amp; unit nurse informed. See nutritional plan of care for nutritional interventions. HCP (health care plan) updated/reviewed as needed. Will cont to monitor."</p> <p>There were no further nursing progress notes or dietary assessments regarding weight issues or interventions until the following note: 11/15/2012 "General Note Note Text: Notified MD and family regarding residents weight loss of 4.2 pounds in one week, spoke with resident about weight loss, resident prefers to stay up late and usually does not go to bed until 4am, resident agreed to have a small snack late at night, staff will give resident a sandwich and a glass of milk to help with weight loss.... 11/15/2012 (2:41 p.m.) Weight Note Weight concern; changes to care plan; Notification to MD/RD; Names/titles of participants: IDT review: Current weekly weight is 126.2, -3.2# x 1 week. Added a peanut butter and jelly sandwich with 8oz whole milk to night time snack</p>						

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	<p>due to weight loss. Continue with current interventions at this time. Will cont to monitor...."</p> <p>Review, on 11/16/12 at 11:00 A.M., of the Current Health care plan related to Nutritional risk and weight fluctuations, current through 12/25/2012, included the following interventions: "Prefers diet syrup with coffee when she orders it.,encourage fluids, Know that resident has been unwilling to comply with previously-ordered CCD diet ,Know that resident prefers 8oz whole milk at each meal., know that resident prefers light off in her room for meals, Know that resident prefers not to come to DR for some meals - she makes the choice at mealtime, &amp; her coming to the DR or staying in her room for the meal is intermittent., Know that resident prefers to have fruit for 7pm snack, Know that resident states she wants to lose weight, but she changes her mind about this frequently., Resident does not want chocolate, ham or bacon of any kind., Serve Regular diet as ordered, Serve double protein at breakfast as ordered per MD, Offer replacement for foods uneaten or if eats less than 50% of meal.,Monitor weights monthly and intakes as obtained., Weigh weekly until stable.,</p>						

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	<p>Assess for/ provide food preferences, Provide with bedtime snack, Identified as WOW (wound and weight) on menu for communicating to staff that resident is a weight concern., Requires adaptive feeding devices of: light weight yellow or blue cup at meals, Monitor labs as ordered., Document Bedtime Snack."</p> <p>Interview, on 11/17/12 at 2:00 P.M., with the Assistant CDM, Employee #10, indicated she just added a peanut butter and jelly sandwich and glass of milk for a bedtime snack to Resident #99's care plan. Employee #10 indicated the resident had refused most interventions, has been sleeping a lot while in her room due to isolation issues. Employee #10 indicated no other interventions had recently been attempted though they talked about having someone (staff) go to her room to visit while the resident was eating in an attempt to get her to eat more of her meals. Employee #10 indicated the resident had refused to drink any high protein high calorie supplements in the past. There was no documentation other than "resident does not wish to make any changes..." noted in the weight notes and dietary assessments.</p>						

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	<p>On 11/19/12 at 1:00 P.M., Employee #10 provided a copy of the health care plan regarding nutritional needs for Resident #99, which included the previously attempted interventions. Review of the care plan indicated the 8 ounces of whole milk had been initiated on 05/25/10 and was still a current intervention, and a peanut butter and jelly sandwich with 8 ounces of whole milk at bed time was added on 11/16/12. "Provide supplements of 2 cal - 60 ml - 4 x daily" had been previously attempted on 05/24/10 and discontinued and had been reordered and attempted on 06/24/12 and discontinued on 07/24/12 due to the resident refusing the supplement. Employee #10 indicated there was no documentation of any other specific intervention attempted to address the resident's significant weight loss. Employee #10 was asked if dietary interventions such as ice cream had been attempted. She indicated the resident preferred "cakes and pies." When asked if super pudding in a pie form or a high calorie cookie had been attempted, the employee stated "No, but that's a good idea."</p> <p>Interview with Resident #99, on 11/19/12 at 10:30 A.M., indicated she did not like the flavor of the 2 cal</p>			

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	<p>nutritional supplement and had requested a different flavor, but the facility "wouldn't order a different kind so I refused to drink it (the 2 cal supplement)." She indicated just recently she had started to receive a sandwich as a snack. She indicated someone had also asked her if she would be willing to receive a "super cereal" for breakfast and she indicated she had told them she would try the cereal.</p> <p>Although Resident #99 had displayed significant weight loss, the only interventions attempted were 8 ounces of whole milk at meals which was already an intervention in place and attempting 2 cal nutritional supplement which had been already been attempted once and refused by the resident in the past. There was no other intervention attempted until 11/15/12, a week after the most recent weight loss was assessed.</p> <p>2. Resident #118's record was reviewed 11-19-2012 at 10:27 AM. Resident #118's diagnoses included, but were not limited to, dementia, coronary artery disease, heart failure, and irregular heartbeat.</p> <p>In an observation on 11/14/2012 at 9:31 AM, Resident #118's TED (antiembolism stockings) hose were</p>				

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	<p>on both legs. The TED hose were bunched around ankles and up calf, the TED hose stopped at mid calf.</p> <p>In an observation on 11-14-2012 at 2:45 PM, Resident #118's TED hose were observed on both legs. The TED hose were bunched up around the ankles and were unevenly pulled up with the tops partly rolled over.</p> <p>In an observation on 11-15-2012 at 10:22 AM, Resident #118's TED hose were observed bunched around ankles and only pulled up to mid calf.</p> <p>A current physician's order summary, dated 11-2012, indicated TED hose were to be worn every day.</p> <p>A quarterly Minimum Data Set (MDS) assessment, dated 10-11-2012, indicated Resident #118 was a one person extensive physical assist with dressing. The MDS further indicated Resident #118's Brief Interview for Mental Status score was 10, which indicated the resident had displayed moderate cognitive impairment.</p> <p>In an interview on 11-19-2012 at 10:28 AM, LPN #2 indicated Resident #118 needed extensive assist with dressing. LPN #2 further indicated CNA care was on the assignment</p>				

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	<p>sheet, called "mod" for the CNA' to refer to when giving care. LPN #2 was unsure if Resident #118 used TED hose, but if TED hose were to be worn, they should be used correctly and pulled up smoothly without rolls and bunches.</p> <p>A current "mod" sheet, provided by LPN #2 on 11-19-2012 at 10:33 AM, did not indicate Resident #118 was to wear TED hose.</p> <p>In an interview on 11-19-2012 at 10:35 AM, Resident #118 indicated staff had not helped her with her socks and so she put them on herself.</p> <p>A care plan, titled assist with ADL's, dated 10-6 -2012, indicated Resident #118 needed extensive assistance with dressing, and grooming and included interventions of beauty shop, assist at meals, assist with personal hygiene and dressing as needed, assist with transfer and toileting as needed, bath/ shower twice weekly, clean clothes daily, encourage to help wash and dress, encourage to participate in ADLs, encourage, offer choice of what to wear, keep MD and family updated with current ADL status, change linens weekly and prn (as needed), nail care as needed, oral care AM and PM, position in a</p>			
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	<p>comfortable position, ROM (range of motion) during dressing and grooming, and set up equipment for her.</p> <p>A care plan, titled edema due to noncompliance, dated 11-3-2011, did not indicate TED hose should be worn, and included interventions of administer medications as ordered, encourage to elevate legs when sitting, and observe edema and notify MD as needed. There was no note indicating Resident #118 was noncompliant.</p> <p>A care plan, titled cardiovascular disease, dated 11-3-2011, did not include the intervention of TED hose.</p> <p>In an interview on 11-19-2012 at 2:32 PM, MDS Nurse #3 indicated care plans should have been updated with the intervention of TED hose.</p> <p>3.1-35(d)(2)(B)</p>			

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F0282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on observations, record reviews, and interviews, the facility failed to ensure the care plans were followed regarding physician and dietician notifications and a physician's order was followed for anitembolism stockings, for 2 of 29 residents reviewed for health care plans and physician orders. (Residents #154 and #118)</p> <p>Findings include:</p>	F0282	<p>F282</p> <p>It is the policy of Miller's Merry Manor to ensure care plans are followed regarding dietician notifications of weight loss and physician orders regarding antiembolism stockings. All residents have the potential to be affected by this practice. Resident #154 had her Ted Hose resized to properly fit as stated by the plan of care. A complete audit of every resident was completed on December 6, 2012. The Physician, Dietician, and Families of each resident who triggered a significant weight gain or loss were notified per our policy. The necessary updates to the care plans were also completed at this time. Resident #154 and #118 have had their individual care plans reviewed and updated. Nursing Aide assignment sheets have been updated to reflect all resident's who have antiembolism stockings and will be assessed by the Nurse. The Nurse will then document compliance on the Resident's Treatment Administration Record. Residents #154 and #118 suffered no negative consequences as a result of these findings.</p>	12/19/2012	

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	<p>1. Resident #154's clinical record was reviewed on 11/16/12 at 9:30 A.M. The record indicated the resident was readmitted to the facility on 9/7/12. The record indicated on 10/3/12 the resident's weight was 118 pounds. On 11/1/12 the resident's weight was 110.2 pounds, indicating a 7.8 pound weight loss and a decrease in 6.3% of body weight in 30 days.</p> <p>A progress note from 11/06/2012 at 3:50 P.M., indicated "Notified MD and family of resident's weight loss of 7.2 pounds in one month, placed resident on weekly weights, will continue to monitor weights weekly."</p>		<p>To prevent reoccurrence all Nursing staff will be in serviced on December 7, 2012 on how to promptly and properly update a care plan with interventions that reflect the resident's current condition.</p> <p>We will continue to monitor all changes in resident condition in our daily and weekly meetings. We will complete Attachment "A" weekly for 4 weeks, then monthly for 3 months, then quarterly thereafter. All results will be reviewed monthly at our Quality Assurance meeting. Any discrepancies will be resolved immediately.</p> <p>All changes will be completed by December 19, 2012.</p>		

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	<p>A progress note on 11/07/12 at 8:14 A.M. indicated the Registered Dietitian (RD) was notified of the physician's concern for weight loss for Resident #154. Interventions were implemented of adding super cereal daily and a physician's order was implemented for Boost supplement, 8 ounces daily due to a 7.2# weight loss in one month.</p> <p>Review of the resident's care plan for nutritional risk, initiated on 8/23/12, indicated one of the interventions was to notify the physician and RD of significant weight changes.</p> <p>On 11/19/12 at 9:55 A.M., an interview with the Assistant Dietary Manager, employee # 12, along with LPN #13 and the facility consultant, employee #14, indicated review of resident weights completed by CNAs is generally completed during a weekly meeting. LPN #13 indicated the significant weight change for Resident #154, of a decrease in 7.2 pounds in one month, should have been reported to the RD and the physician in a more timely manner.</p> <p>2. Resident #118's record was reviewed 11-19-2012 at 10:27 AM. Resident #118's diagnoses included, but were not limited to, dementia, coronary artery disease, heart failure,</p>			

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	<p>and irregular heartbeat.</p> <p>In an observation on 11/14/2012 at 9:31 AM, Resident #118's TED (antiembolism stockings) hose were on both legs. The TED hose were bunched around ankles and stopped at mid calf.</p> <p>In an observation on 11-14-2012 at 2:45 PM, Resident #118's TED hose were observed on both legs. The TED hose were bunched up around the ankles and were unevenly pulled up with the tops partly rolled over.</p> <p>In an observation on 11-15-2012 at 10:22 AM, Resident #118's TED hose were observed bunched around ankles and only pulled up to mid calf.</p> <p>A current physician's order summary, dated 11-2012, indicated TED hose were to be worn every day.</p> <p>A quarterly Minimum Data Set (MDS) assessment, dated 10-11-2012, indicated Resident #118 required one person extensive physical assist with dressing. The MDS further indicated Resident #118's Brief Interview for Mental Status score was 10, indicating moderate cognitive impairment.</p>						

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	<p>In an interview on 11-19-2012 at 10:28 AM, LPN #2 indicated Resident #118 needed extensive assist with dressing. LPN #2 further indicated CNA care was on the "mod" (assignment) sheet for the CNAs to refer to when giving care. LPN #2 was unsure if Resident #118 used TED hose, but if TED hose were to be worn, they should be used correctly and pulled up smoothly without rolls and bunches.</p> <p>A current "mod" sheet, provided by LPN #2 on 11-19-2012 at 10:33 AM, did not indicate Resident #118 was to wear TED hose.</p> <p>In an interview on 11-19-2012 at 10:35 AM, Resident #118 indicated staff had not helped her with her socks and so she put them on herself.</p> <p>3.1-35(g)(2)</p>				

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F0312 SS=D	<p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. Based on observation, interview and record review, the facility failed to ensure residents received assistance with supportive clothing, for 1 of 2 residents reviewed for ADL (activities of daily living) of 2 who met the criteria for ADL assistance concerns. (Resident #118)</p> <p>Finding includes:</p> <p>Resident #118's record was reviewed 11-19-2012 at 10:27 AM. Resident #118's diagnoses included, but were not limited to, dementia, coronary artery disease, heart failure, and irregular heartbeat.</p> <p>In an observation on 11/14/2012 at 9:31 AM, Resident #118's TED (antiembolism stockings) hose were on both legs. The TED hose were bunched around ankles and up calf; the TED hose stopped at mid calf.</p> <p>In an observation on 11-14-2012 at 2:45 PM, Resident #118's TED hose were observed on both legs. The TED</p>	F0312	<p>F312</p> <p>It is the policy of Miller's Merry Manor to ensure residents receive assistance with supportive clothing when they are unable to perform the task for themselves. All residents have the potential to be affected by this practice. Nursing Aide assignment sheets have been updated to reflect all resident's who have antiembolism stockings and will be assessed by the Nurse. The Nurse will then document compliance on the Resident's Treatment Administration Record. The necessary updates to the care plans were also completed at this time. Resident #154 suffered no negative consequences as a result of this finding.</p> <p>To prevent reoccurrence all nursing assignment sheets have been updated to reflect each resident's plan of care. All Nursing staff will also be in serviced on December 7, 2012 on how to monitor and implement the proper usage of antiembolism stockings.</p> <p>We will continue to monitor proper usage of antiembolism stockings by completing Attachment "B" daily for</p>	12/19/2012			

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	<p>hose were bunched up around the ankles and were unevenly pulled up with the tops partly rolled over.</p> <p>In an observation on 11-15-2012 at 10:22 AM, Resident #118's TED hose were observed bunched around ankles and only pulled up to mid calf.</p> <p>A current physician's order summary, dated 11-2012, indicated TED hose were to be worn every day.</p> <p>A quarterly Minimum Data Set (MDS) assessment, dated 10-11-2012, indicated Resident #118 required one person extensive physical assist with dressing. The MDS further indicated Resident #118's Brief Interview for Mental Status score was 10, which indicated the resident demonstrated moderate cognitive impairment.</p> <p>In an interview on 11-19-2012 at 10:28 AM, LPN #2 indicated Resident #118 needed extensive assist with dressing. LPN #2 further indicated CNA care was on the "mod" (assignment) sheet for the CNAs to refer to when giving care. LPN #2 was unsure if Resident #118 used TED hose, but if TED hose were to be worn, they should be used correctly and pulled up smoothly without rolls and bunches.</p>		<p>30 days and then monthly for 3 months, then quarterly thereafter to ensure compliance. All results will be reviewed monthly at our Quality Assurance meeting. Any discrepancies will be resolved immediately.</p> <p>All changes will be completed by December 19, 2012</p>				

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NAME OF PROVIDER OR SUPPLIER  MILLER'S MERRY MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 1630 S COUNTY FARM RD WARSAW, IN 46580		
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	<p>A current mod (assignment) sheet, provided by LPN #2 on 11-19-2012 at 10:33 AM, did not indicate Resident #118 was to wear TED hose.</p> <p>In an interview on 11-19-2012 at 10:35 AM, Resident #118 indicated staff had not helped her with her socks and so she put them on herself.</p> <p>A care plan, titled assist with ADLs, dated 10-6 -2012, indicated Resident #118 needed extensive assistance with dressing, and grooming and included interventions of beauty shop, assist at meals, assist with personal hygiene and dressing as needed, assist with transfer and toileting as needed, bath/ shower twice weekly, clean clothes daily, encourage to help wash and dress, encourage to participate in ADL's, encourage, offer choice of what to wear, keep MD and family updated with current ADL status, change linens weekly and prn (as needed), nail care as needed, oral care AM and PM, position in a comfortable position, ROM (range of motion) during dressing and grooming, and set up equipment for her.</p> <p>A care plan, titled edema due to noncompliance, dated 11-3-2011, did</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155049	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  11/19/2012
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	<p>not indicate TED hose should be worn, and included interventions of administer medications as ordered, encourage to elevate legs when sitting, and observe edema and notify MD as needed. There was no note indicating Resident #118 was noncompliant.</p> <p>A care plan, titled cardiovascular disease, dated 11-3-2011, did not include the intervention of TED hose.</p> <p>In an interview in 11-19-2012 at 2:32 PM, MDS Nurse #3 indicated care plans should have been updated with the intervention of TED hose.</p> <p>3.1-38(a)(3)(A)</p>				