

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155118	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/06/2013
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NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 787 N DETROIT ST LAGRANGE, IN 46761
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F000000	<p>This visit was for a Recertification and State Licensure survey.</p> <p>Survey Dates: September 3, 4, 5, and 6, 2013</p> <p>Facility Number: 000049 Provider Number: 155118 AIM Number: 100270890</p> <p>Survey Team: Shauna Carlson, RN-TC Julie Baumgartner, RN Sharon Ewing, RN Lora Swanson, RN (9/5, 9/6, 2013)</p> <p>Census Bed Type: SNF: 9 SNF/NF: 76 Total: 85</p> <p>Census by Payor Type: Medicare: 7 Medicaid: 53 Other: 25 Total: 85</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on September 11, 2013 by Randy Fry</p>	F000000		

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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F000431 SS=D	<p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS</p> <p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>Based on observation, interview, and record review the facility failed to ensure only authorized personnel had access to 1 locked medication room.</p>	F000431	F-Tag 431: Drug Records, Label/Store Drugs and Biologicals: It is the policy of Millers Merry Manor, Lagrange to store all drugs and biologicals in	09/12/2013			

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	<p>Findings include:</p> <p>On 9/6/13 at 12:04 PM on Central West unit, the Maintenance Supervisor (Employee #3) was observed to enter the nurses station and request LPN #1's set of keys, indicating he needed to enter the medication room to "...check the refrigerator...." LPN #1 handed her keys to the Maintenance Supervisor and he proceeded to let himself into the med room and the door shut behind him. LPN #1 continued to sit at the computer in the nurses station. At 12:09 PM, the Maintenance supervisor exited the med room and gave LPN #1 back her keys. Interview with LPN #1 at this time indicated she was unsure what the Maintenance Supervisor was doing in the med room, "...No one else was in there, he was in there alone...I think he was fixing something? I don't know what he was doing...."</p> <p>On 9/6/13 at 12:18 PM, interview with the Director of Nursing (DON - RN #2) indicated she was under the impression that the maintenance supervisor had his own set of keys to the med room. The DON further indicated "...He is who gave me my set of keys to the med room when I</p>		<p>locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. 9/6/13 the Maintenance Supervisor, RN #2 and LPN#1 were re-educated on the the facility policy that only licensed nurses or other authorized staff to administer medications are permitted access to the keys that operate medication rooms, medication carts, and to medication supplies. All charge nurses working on 9/6/13 were also re-educated on the facility policy. All residents are at risk to be affected by the deficient practice. An all staff in-service was completed on 9/12/13 to review the facility policy and procedure for the storage of drugs/pharmaceuticals. Licensed nurses and QMA's were advised that the keys to open the medication room, medication carts, or medication supplies are not permitted to be given to any unauthorized personnel. If unauthorized personnel require access to the medication room the charge nurse will be responsible to accompany and remain with the unauthorized personnel during the entire time the unauthorized personnel is present. All unauthorized facility staff have been in-serviced that access to the med room, medication carts etc... will not be permitted without the direct supervision of the charge nurse.</p>		

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	<p>started..."</p> <p>On 9/6/13 at 12:20 PM, interview with the Maintenance Supervisor indicated "...No I don't have keys to the med room. I don't go in there alone...Yes, I just did and I shouldn't have...."</p> <p>On 9/6/13 at 12:27 PM, review of the Medication Administration policy dated 6/1/11, and received from the Corporate Nurse of the facility at this time indicated, "...b. Only licensed nurses, the consultant pharmacist, and those lawfully authorized to administer medications...are allowed access to medications. Medication rooms, carts, and medication supplies are locked or attended by persons with authorized access...."</p> <p>3.1-25(m)</p>		<p>The QA tool titled " Medication Room/Med Cart Audit Tool" (Attachment A) will be completed by the DON or other designee 3x per week for two weeks, then weekly for four weeks, then monthly thereafter to monitor for continued compliance. Any identified issue will be corrected upon discovery and logged on facility tracking log for review during the monthly QA meeting. Problems identified on QA tracking logs are reviewed monthly to ensure ongoing compliance. Date of completion: 9/12/13</p>		