

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155297	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/03/2015
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NAME OF PROVIDER OR SUPPLIER MILLER'S HEALTH & REHAB BY MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 1007 LINCOLNWAY LA PORTE, IN 46350
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: November 30, December 1, 2, and 3, 2015.</p> <p>Facility number: 000194 Provider number: 155297 Aim number: 100267790</p> <p>Census bed type: SNF/NF: 46 Total: 46</p> <p>Census payor type: Medicare: 18 Medicaid: 13 Other: 15 Total: 46</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by 26143, on December 8, 2105.</p>	F 0000	Please accept the attached plan of correction as our credible allegation of compliance. The facility respectfully requests paper compliance.	
F 0157 SS=D Bldg. 00	483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)			

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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	<p>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 interview, the facility failed to ensure the resident's Physician was promptly notified after a change in condition related to blood in the resident's urine for 1 of 3 residents reviewed for urinary catheters of the 4 residents who met the criteria for urinary</p>	F 0157	It is the policy of Miller's Health and Rehab of La Porte, to promptly inform the resident; consult with the resident's physician, notify resident's legal representative or an interested family member when there is a significant condition change in the resident's physical, mental, or	01/02/2016

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	<p>catheters. (Resident #9)</p> <p>Finding includes:</p> <p>On 12/1/15 at 12:45 p.m., and 3:00 p.m., Resident #9 was observed sitting in a motorized wheelchair. At those times the resident was observed with an indwelling foley catheter with pink tinged urine noted in the tubing of the catheter.</p> <p>The record for Resident #9 was reviewed on 12/1/15 at 12:51 p.m. The resident's diagnoses included, but were not limited to, mood disorder, osteoarthritis, heart failure, high blood pressure, chronic kidney disease without heart failure and venous stasis ulcers.</p> <p>The current and updated plan of care dated 10/2015 indicated the resident had chronic urinary tract infections. The Nursing approaches were to notify the Physician as needed.</p> <p>Nursing Progress Notes dated 11/29/15 at 9:49 p.m., indicated alerted by nurse aide, the resident was bleeding vaginally, dark red blood with clots when bedtime care done. The foley catheter was patent with scant hematuria (blood in urine).</p> <p>Further review of Nursing Progress Notes indicated there was no documentation the</p>		<p>psychosocial status and/or the need to alter treatment significantly. Resident #9: Physician was notified of condition change 12/1/15 and new physician orders were implemented. Any future condition changes will be communicated promptly to physician per policy. All residents are at risk to be affected by the deficient practice.</p> <p>An in-service will be held on or before 1/12016 to review the facility policy for "Physician and Family Notification of Changes". Education will also include examples of significant change in medical status that would require/warrant physician notification. Charge nurses will be responsible to document all physician communication regarding resident specific conditions/status changes in any of the following portions of each residents chart; progress notes, assessment tools in EMR, and/or the MAR/TAR. Charge nurses will also be instructed to document significant changes/ physician notification on the 24hour report tool. The 24hour report sheet is a communication tool that the nurses utilize to give report at each shift change. Unit managers or other designee will be responsible to review daily charting and the 24hour condition report for any resident condition changes. Any condition changes identified will be audited daily to</p>		

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F 0441 SS=E Bldg. 00	<p>resident's Physician had been notified of the vaginal bleeding and the blood in her urine.</p> <p>There was no further documentation regarding the resident's vaginal bleeding or the blood in her urine.</p> <p>Interview with the Director of Nursing (DoN) on 12/1/15 at 2:32 p.m., indicated she had spoken to both nurses on duty during that time frame, and both nurses indicated they did not notify the resident's Physician of the bleeding. She indicated she had just notified the resident's Physician and he gave new orders to get a Complete Blood Count (a lab draw) and to discontinue the medication Eloquis (a medication that thins the blood). She indicated she would have expected Nursing staff to follow up with the Physician and monitor and assess the resident's urine and vaginal bleeding.</p> <p>3.1-5(a)(2)</p> <p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p>		<p>ensure that notes made on the 24hour report are accurately documented in the electronic medical record or on pertinent tracking forms and that physician notification occurs per facility policy. The DON or other designee will be responsible to complete the quality assurance tool titled "24 Hour Condition Review" (Attachment A) daily for 1 week, then biweekly for 4 weeks, then weekly for 4 weeks, then monthly thereafter to monitor for continued compliance. Any issues identified during the audits will be reviewed promptly and logged on tracking tool to review during the facility monthly quality assurance meeting to ensure continued compliance.</p>				

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	<p>(a) Infection Control Program The facility must establish an Infection Control Program under which it -</p> <p>(1) Investigates, controls, and prevents infections in the facility;</p> <p>(2) Decides what procedures, such as isolation, should be applied to an individual resident; and</p> <p>(3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection</p> <p>(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.</p> <p>(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.</p> <p>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>Based on observation, record review, and interviews, the facility failed to ensure there was an infection control program that monitored, tracked and trended, all infections.</p> <p>Finding includes: The infection control logs were reviewed</p>	F 0441	It is the policy of Miller's Health and Rehab of La Porte to maintain an infection control program that is designed to provide a safe, sanitary, and comfortable environment and to prevent the development and transmission of disease and infection. The facility policy and procedure for Infection Control will be followed to ensure that the	01/02/2016

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	<p>on 12/2/15 at 2:27 p.m. The logs were provided by the Director of Nursing (DoN) who had been monitoring the infections during the last six months.</p> <p>The facility infection control monthly report sheet for the months of 6/15-10/15 were reviewed. The infections (wound/skin, urinary tract infection, catheters, respiratory, pneumonia, and gastro-intestinal) were all tallied for each month.</p> <p>Continued review of the facility report sheet indicated the infection control rate was not completed, nor had there been any tracking for patterns and trends for each month to determine if the facility needed a plan of action due to increased or patterned infections.</p> <p>The 10/15 infection surveillance data collection form was reviewed. The form identifies the resident, infection type, onset date, organism present, and if an antibiotic was used. The form also indicated if the infection met the criteria. The data collection form for the month of 10/2015 indicated the section if the infection met the criteria (true infection) was not completed.</p> <p>Interview with the Staff Development Nurse on 12/2/15 at 2:40 p.m., indicated</p>		<p>facility investigates, controls, and prevents infections. A record of the infection control program will be maintained to include a infection control rate each month, evidence of tracking and trending for any patterns, and action plans developed in response to any identified trends. All residents are at risk to be affected by the deficient practice. The Infection Control Nurse and Director of Nursing was re-educated 12/4/15 by the corporate quality consultant nurse. The facility infection control policy and surveillance procedure for tracking, trending, and calculating facility infection rates was reviewed. Criteria for determining an actual infection, system for mapping the location/organism, and trending for patterns of infection was reviewed. The DON or other designee will be responsible to complete the QA tracking tool " Infection Control Review" (Attachment B) daily x1 week, then biweekly for 4 weeks, then weekly for 4 weeks, then monthly thereafter to ensure ongoing compliance. Any issues identified during observation will be immediately corrected and documented on facility QA tracking tool. The facility reviews all tracking logs during the facility monthly QA meeting. In addition, the facility infection rate and tracking/trending logs will also be reviewed during the monthly QA</p>	

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	<p>she was aware the data collection form had not been completed.</p> <p>Interview with the DoN 12/2/15 at 2:42:10 p.m., indicated she used to track patterns and trends on a map, but since the facility was so small, she just looked at the information and tracked them in her head. She indicated the infection control rate had not been completed nor had any tracking of patterns or trends been documented or completed for the 6/15-10/15 infection control logs.</p> <p>The current 12/16/14 General Policies of Infection Control Program policy provided by the DoN on 12/2/15 at 3:15 p.m., indicated "The infection control program has measures to investigate, control, and prevent infections in the facility. The infection control program maintains a record of all infection control needs with corrective actions related to infections."</p> <p>Interview with the Nurse Consultant on 12/2/15 at 3:20 p.m., indicated there should have been written documentation for tracking and trending patterns of the infections as well as configuring the infection control rate each month to determine if an action plan should have been developed.</p>		meeting.		

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	3.1-18(b)(1)				