

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155581	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/28/2014
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NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 500 E PICKWICK DR SYRACUSE, IN 46567
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: August 24, 25, 26, 27, and 28, 2014</p> <p>Facility number: 000566 Provider number: 155581 AIM number: 100267450</p> <p>Survey team: Deb Kammeyer, RN, TC Tim Long, RN (8/25, 8/26, 8/27, 8/28, 2014) Lora Swanson, RN Julie Wagoner, RN</p> <p>Census bed type: SNF: 3 SNF/NF: 45 Total: 48</p> <p>Census payor type: Medicare: 6 Medicaid: 31 Other: 11 Total: 48</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</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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F000223 SS=A	<p>Quality Review completed on September 2, 2014, by Brenda Meredith, R.N.</p> <p>483.13(b), 483.13(c)(1)(i) FREE FROM ABUSE/INVOLUNTARY SECLUSION The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion.</p> <p>The facility must not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion. Based on interview and record review, the facility failed to prevent an episode of abuse in 1 of 3 incidents of allegations of abuse reviewed. (Resident #10)</p> <p>Findings include:</p> <p>On 8/28/14 at 10:20 A.M., the facility provided a copy of a report of an episode of alleged abuse from 6/25/14. The report indicated on 6/25/14, at 10:00 P.M., CNA #2 along with CNA #3 were providing care for Resident #10. Resident #10 requested a soft drink and CNA #2 responded no. Resident #10 yelled at CNA #2. CNA #2 raised her voice at Resident #10. CNA #2 grabbed Resident</p>	F000223	F223-Free From Abuse/Involuntary Seclusion It is the policy of Millers Merry Manor-Syracuse: that the resident has the right to be free from verbal, sexual, physical, mental abuse, corporal punishment and involuntary seclusion. All residents in the facility have the potential to be affected by this finding. No residents within the facility were harmed by this finding. No other residents were adversely affected by this finding. To ensure that this does not recur, we will continue to monitor our policy-Abuse Prohibition, Reporting, and Investigation. In-Services were completed on 6/27/14 and 7/7/2014 (Attachment 1) In-Services will	09/15/2014	

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	<p>#10's ankle and stared her down. CNA #2 was immediately relieved of her responsibilities and the Director of Nursing (DON) suspended CNA #2 pending an investigation. A physical assessment of Resident #10 indicated no injuries were incurred during the incident. The physician and family were notified and a investigation by the facility determined the allegation of abuse was substantiated and CNA #2's employment was terminated.</p> <p>A record review indicated CNA #2 had most recently been inserviced on preventing, recognizing and reporting resident abuse on 1/1/14.</p> <p>During an interview on 8/28/14 at 11:00 A.M., the Administrator and DON indicated the facility had followed their policy for training CNA #2. The Administrator and DON also indicated the facility had conducted a timely investigation, contacted appropriate parties, reported the incident to agencies as required and overall followed the facility policy for Abuse Prohibition, Reporting and Investigation.</p> <p>Review of the facility policy "Abuse Prohibition, Reporting, and Investigation" (provided on 8/26/14 at 10:00 A.M.) from 2/22/13, and printed</p>		<p>be completed quarterly per policy. New employees will receive In-Services the day of orientation. The first scheduled In-Service after orientation, is another abuse In-Service. Subsequent abuse In-Services will follow the quarterly policy. To monitor for accuracy and effectiveness of this policy the Resident Satisfaction Survey will be completed by the Administrator or Designee (Attachment 2) starting September 15, 2014. This will be completed weekly for 8 weeks and monthly there after. All results will be reviewed by Quality Assurance Committee Monthly.</p>				

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F000329 SS=D	<p>5/5/14, indicated the facility followed their policy in the prohibition, reporting and investigation of the allegation of abuse to Resident #10 on 6/25/14.</p> <p>3.1-27(a)(1)</p> <p>483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>Based on interview and record review,</p>	F000329	329 Drug Regimen Is Free From	09/27/2014	

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	<p>the facility failed to attempt a gradual dose reduction (GDR) for 1 of 5 residents reviewed for unnecessary medications. (Resident #36)</p> <p>Finding includes:</p> <p>Resident #36's clinical record was reviewed on 8/26/14 at 10:30 A.M. The record indicated the resident was admitted to the facility on 9/18/09 and had diagnoses including, but not limited to, dementia with behavioral disturbances and anxiety.</p> <p>Resident #36's current medication list indicated the resident was started on Risperdal (an anti-psychotic medication) 0.5 milligrams (mg) daily on 10/14/13.</p> <p>A Pharmacy recommendation from 2/12/14 indicated Resident #36 "had an order for Risperdal 0.5 mg daily for dementia with behavioral disturbances. The state requires two gradual dose reduction attempts within the first year of using and anti-psychotic medication unless clinically contraindicated by the physician. Based on your clinical judgement, would you consider a small dose reduction at this time or write a brief note of rationale to continue the current dose?" The recommendation was to reduce Risperdal to 0.25 mg daily. The</p>		<p>Unnecessary Drugs</p> <p>It is policy of Millers Merry Manor, Syracuse to keep each resident free of unnecessary drugs.</p> <p>Resident #36 did not suffer any negative side effects from medication use.</p> <p>All residents in the facility who receive antipsychotic medication have the potential to be effected by this finding.</p> <p>To ensure this does not recur, the facility will request the primary care physicians to explain their rationale for not completing a gradual dose reduction and document on the <i>Psychoactive Medication Physician Review</i> form (Attachment 6). If the primary care physician will not document rationale, facility will ask the medical director for reduction of medication or rationale for contraindicating the reduction of the medication.</p> <p>To monitor for accuracy and effectiveness of this plan the facility will complete a monthly review of all residents receiving antipsychotic medication utilizing the Psychopharmacological Medication Review Tool (Attachment I). ADON or SS will audit that gradual dose reductions are being completed in a timely manner, and that contraindicated reductions have the proper documentations to support</p>				

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	<p>physician responded on 2/20/14 and wrote "no changes." The physician did not include a note of rationale to continue the current dose.</p> <p>A second Pharmacy recommendation was made on 7/2/14 which indicated Resident #36 "had an order for Risperdal 0.5 mg daily for dementia with behavioral disturbances. The state requires two gradual dose reduction attempts within the first year of using and anti-psychotic medication unless clinically contraindicated by the physician. Based on your clinical judgement, would you consider a small dose reduction at this time or write a brief note of rationale to continue the current dose?" The recommendation was to reduce Risperdal to 0.25 mg daily. The physician responded on 7/07/14 and wrote "no changes." The physician did not include a note of rationale to continue the current dose.</p> <p>During an interview on 8/26/14 at 11:05 A.M., the Social Service Director (SSD) indicated the facility meets regularly with a pharmacist and on 7/2/14 the pharmacist recommended a gradual dose reduction for Risperdal from 0.5 mg daily to 0.25 mg daily. The physician's response was no change.</p>		continued usage. The findings of this audit will be discussed and reviewed with the Quality Assurance Team monthly.	

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	<p>On 8/28/14 at 11:15 A.M., the SSD provided documentation of behavior tracking for Resident #36 for April, May and June 2014, the 3 months preceding the most recent request for a gradual dose reduction of Risperdal on 7/2/14. The behavior tracking indicated the physical behavior of hitting, kicking, and pinching staff during care for the use of Risperdal 0.5 mg. Interventions to be attempted were: offer reassurance; offer choices in care; give the resident a towel to hold; if safe, leave and reproach later. During the 3 month period from April, May and June 2014, Resident #36 had 12 documented episodes of physical behavior. Of the 12 episodes, the interventions were successful on 11 of the occasions and unsuccessful on 1 occasion.</p> <p>Review of a physician's note from 7/26/14 (Provided by the SSD on 8/28/14 at 10:50 A.M.) indicated in the interim history section, Resident #36's "behavior is a little better."</p> <p>A review of the policy provided by the SSD on 8/28/14 at 11:28 A.M., titled "Psychotropic Drug Use Policy" dated 6/1/11 indicated under Reduction Requirements for Antipsychotic Medications: "within the first year after admission or after initiation: twice in two (2) separate quarters with at least one (1)</p>			

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F000431 SS=D	<p>month between attempts."</p> <p>3.1-48(b)(2)</p> <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,</p>				

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	<p>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, record review and interview, the facility failed to ensure the insulin for 1 of 8 residents receiving insulin was stored properly. (Resident #39)</p> <p>Finding includes:</p> <p>On 8/28/14 at 10:10 A.M., an observation was conducted of the medication room and carts, with RN #10 and LPN #11. During the observation a Levemir multidose insulin vial, for Resident #39, had an open date of 06/29/14 on the pharmacy storage container. RN #10 indicated opened insulin vials were good for 30 days after being opened. There was no opened date written on the vial of insulin, just on the storage container with Resident #39's name and medication name.</p> <p>The clinical record for Resident #39 was reviewed on 08/28/14 at 11:00 A.M. A physician's order, dated 08/27/14, indicated the resident was to have her blood sugar assessed twice a day. In</p>	F000431	F431-Drug Records, Label/Store Drugs & Biologicals It is the policy of Millers Merry Manor, Syracuse: The date opened and the initials of the first person to use the vial are recorded on multi-dose vials (on the vial label or an accessory label affixed for that purpose). All residents in the facility have the potential to be affected by this finding. No residents within the facility were adversely affected by this finding. To ensure that this does not recur, an in-service was given on September 5, 2012 for all nursing staff to include a review of the facility policy and procedure related to labeling insulin vials. (Attachment 4) To monitor for accuracy and effectiveness of policy, both medication carts will be reviewed using the Medication Cart Audit tool. Medication carts will be monitored weekly for 8 weeks starting September 5, 2014 then monthly there after. All results will be reviewed by the Quality Assurance Committee (Attachment 5).	09/05/2014	

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	<p>addition, the Levemir dose of 9 units sq (subcutaneous) at HS (bedtime) was reduced to 5 units sq at HS.</p> <p>Review of a form, titled "List of Expiration Dates on Products" provided by the ADON (Assistant Director of Nursing) on 08/28/14 at 11:10 A.M. included the following: "Insulin vials - stored at room temperature - 28 days after opening (Levemir 42 days)."</p> <p>Review of the facility policy and procedure, titled "Preparation for Medication Administration", dated 03/2007 and indicated by the ADON as current, included the following procedures: "...a. Vials and ampules sent from the provider pharmacy in a box or container with the label on the outside are kept in that box or container. b. The date opened and the initials of the first person to use the vial are recorded on multidose vials (on the vial label or an accessory label affixed for that purpose...."</p> <p>3.1-25(j)</p>				