

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155576	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  05/04/2015
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NAME OF PROVIDER OR SUPPLIER  MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 0548 S 100 W HARTFORD CITY, IN 47348
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F 0000  Bldg. 00	<p>This visit was for the Recertification and State Licensure Survey.</p> <p>Survey dates: April 27, 28, 29, 30 and May 1, 4, 2015.</p> <p>Facility number: 000289 Provider number: 155576 AIM number: 100289460</p> <p>Census bed type: SNF: 2 SNF/NF: 44 Total: 46</p> <p>Census payor type: Medicare: 6 Medicaid: 35 Other: 5 Total: 46</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2-3.1</p>	F 0000		
F 9999  Bldg. 00	<p style="text-align: center;">State Findings</p> <p>16.2-3.1-28 STAFF TREATMENT OF</p>	F 9999	F9999	05/14/2015

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><b>RESIDENTS</b></p> <p>(c) The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source, and misappropriation of resident property, are reported immediately to the administrator of the facility and other officials in accordance with state law through established procedures, including to the state survey and certification agency.</p> <p>This state rule was not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure a death of an unusual nature was reported to the Indiana State Department of Health (ISDH) for 1 of 2 residents reviewed for death within 30 days of admission. (Resident #66)</p> <p>Findings include:</p> <p>Resident #66's clinical record was reviewed on 4/29/15 at 3:00 p.m. The resident's diagnoses included, but were not limited to, acute respiratory failure and a tracheostomy tube.</p> <p>The resident had a 1/15/15, Admission Minimum Data Set assessment. The assessment indicated the resident had</p>		<p>This deficiency has a potential to affect any resident. Discharge records for 2015 were reviewed and no other unusual occurrence of death was found.</p> <p>Notification was given to all nurses, per Point Click Care, on 5-5-15, that the charge nurse on that unit is to call the Administrator or designee with any unexpected death. The Admin. or designee will confer with the facility's Regional Vice President of Operations to ensure two qualified persons will review any unusual death for proper reporting to the ISDH. This systemic process change will go into effect 5-14-15.</p> <p>At the mandatory nurses in-service on May 22, 2015, incident reporting to the ISDH policy, will be reviewed.</p> <p>All unexpected deaths will be logged, and reviewed at monthly QA for six months beginning 5-14, 2015.</p>		

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	<p>moderate cognitive impairment.</p> <p>Review of a 1/30/15, 6:57 a.m., Nurse's Note indicated the resident had been found at 2:45 a.m., with no pulse or respirations. The note indicated the resident's tracheotomy tube had been removed and was on the resident's bedside stand.</p> <p>An interview was conducted, on 4/30/15 at 10:03 a.m., with the Administrator and Director of Nursing. The Director of Nursing indicated she had notified the coroner of the incident and he had called it a medical misadventure and needed no further action. The Administrator indicated she had not reported the occurrence to ISDH because it had been reported to the coroner and he said no further action was required.</p> <p>The 2/22/13, "Incident Reporting to the ISDH" policy was provided by the Director of Nursing on 4/30/15 at 10:45 a.m. The policy indicated the facility would report all incidents known as unusual occurrences within 24 hours of the occurrence to the Long Term Care Division of the Indiana State Department of Health. The policy indicated the Administrator, Director of Nursing or designee would be responsible for reporting the occurrence. The policy</p>			

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	indicated the death of a resident that is unusual should be reported as an unusual occurrence.				