

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155573	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  03/29/2016
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 981 BEECHWOOD AVE MIDDLETOWN, IN 47356
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
--------------------	--	---------------	---	----------------------

F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00192953.</p> <p>Complaint IN00192953 -- Substantiated. Federal/state deficiencies related to the complaint are cited at F282, F425 and F514.</p> <p>Survey dates: March 28 and 29, 2016</p> <p>Facility number: 000342 Provider number: 155573 AIM number: 100289140</p> <p>Census bed type: SNF: 4 SNF/NF: 31 Total: 35</p> <p>Census payor type: Medicare: 5 Medicaid: 22 Other: 8 Total: 35</p> <p>Sample: 4</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000	The facility requests the Department consider "Desk Review/Paper compliance" with respect to the Statement of Deficiencies and subsequent Plan of Correction	
------------------------	---	--------	--	--

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155573	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  03/29/2016
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 981 BEECHWOOD AVE MIDDLETOWN, IN 47356
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 0282 SS=D Bldg. 00	<p>Quality review completed by 30576 on March 31, 2016.</p> <p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN 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 interview and record review, the facility failed to obtain a physician's order to send all medications to the facility in which a resident was transferring for 1 of 3 residents in a sample of 4, reviewed for disposition of medications upon transfer or discharge from the facility. (Resident #D)</p> <p>Findings include:</p> <p>Resident #D's clinical record was reviewed on 3-28-16 at 2:58 p.m. Her diagnoses included, but were not limited to, Parkinson's disease, dementia and infected decubitus ulcers. It indicated her payor source was Medicare, Part A during her entire stay at the facility. It indicated she transferred to another facility on 1-18-16.</p> <p>In an interview with the Wound Nurse on</p>	F 0282	<p>It is the policy of Miller's Merry Manor to have a Physicians order to send any medications with a resident when being transferred and document all medications on a disposition record. To correct this deficient practice all Nurses will be in-serviced on April 7, 2016, or prior to working their next scheduled shift, on the following policies &amp; procedures; Medication Utilization and Disposition Policy, Attachment A, Discharge/Transfer with Medication Procedure, Attachment B, and the Medication Disposition Record Form, Attachment C To monitor for reoccurrence of this deficient practice, the QA Tool Drug disposition will be completed by the DON or designee 5 days a week for 2 weeks, then weekly for 4 weeks and monthly thereafter Any concerns will be addressed immediately, recorded on a facility QA tracking log and</p>	04/15/2016

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155573		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  03/29/2016	
NAME OF PROVIDER OR SUPPLIER  MILLER'S MERRY MANOR				STREET ADDRESS, CITY, STATE, ZIP CODE 981 BEECHWOOD AVE MIDDLETOWN, IN 47356			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
	<p>3-28-16 at 12:50 p.m., she indicated she recalled the family had Resident #D transferred to a facility closer to where the family lived.</p> <p>In an interview with the Director of Nursing (DON) on 3-28-16 at 2:30 p.m., he indicated if a resident discharges to a hospital or another facility, the facility returns the medications to the pharmacy for credit or the facility has to destroy them. "We receive medications weekly for each resident from our contracted pharmacy. If the roll of meds has been opened for that dose, generally the pharmacy will not credit the medication, so it has to be destroyed."</p> <p>In an interview with the DON on 3-29-16 at 10:30 a.m., he indicated, "We normally try to send any medications with residents if they transfer to home or another facility. With [name of Resident #D], I was able to go ahead and send all of her medications with her. I couldn't find any reconciliation record. I believe there is a discharge note about sending all her meds with her. My preceptor DON worked with me on this and that's how it was done."</p> <p>In an interview with the DON on 3-29-16 at 1:20 p.m., he indicated, "With any Med A people [Medicare Part A</p>		<p>reviewed at the monthly QA meeting with any new recommendations implemented Addendum: F282 – Corrective Action for resident found to be affected: <i>This resident discharged from the facility in December, 2015. The facility concurs it is not an option to "correct the deficient practice" for this particular resident due to discharge date. However, corrective measures are in place to prevent reoccurrence. The facility DON/Designee has conducted an audit on recently discharged residents to ensure the deficient practice has not reoccurred and no other residents have been affected. – How will other residents be identified... The facility concurs that all residents that discharge from the facility have the potential to be affected by the same deficient practice. An audit has been conducted for recently discharged residents to identify other residents who may have been affected. Corrective Action – The facility has in-serviced all Nursing Personnel as of April 14, 2016 to the policies of the facility with respect to handling of medications related to transfer or discharge from facility, medication utilization and disposition, and the medication disposition record form (all attachments were provided along with original POC, refer to Attachments A, B, &amp; C. Finally, a facility QA Drug</i></p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155573	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  03/29/2016
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 981 BEECHWOOD AVE MIDDLETOWN, IN 47356
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>recipients], since the facility had already paid for their meds, and generally, our pharmacy will not accept the meds back for credit because the roll has been opened, we try to send the meds with that person if it is feasible. In this case, since it was a van &amp; driver from our company, they were willing to transport the meds. A lot of times, if the driver is from a different company, they won't accept any medications."</p> <p>A physician's order form, indicated to be a voiced order from the attending physician, dated 1-18-16, indicated, "May transfer to [name of receiving facility] [sign for with] narcotics." No other physician orders were located in the clinical record to indicate all medications could be sent with Resident #D's transfer.</p> <p>An associated nursing progress note, dated 1-18-16 at 12:39 p.m., indicated, "Res[ident] transferring from this facility to [name of receiving facility]. [Name of facility] van and driver here to transfer res at this time. Husband, [name of spouse] aware. Meds and current med list, CXR [chest xray] and advanced directive sent with res." A copy of a narcotic record for hydrocodone/apap, a narcotic pain reliever, was located in the clinical record which indicated 28 doses of this medication was sent to the</p>		<p><i>Disposition tool will now be completed by the DON, or designee, as outlined in initial POC for ongoing compliance purposes.</i></p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155573	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  03/29/2016
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 981 BEECHWOOD AVE MIDDLETOWN, IN 47356
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>receiving facility. No other medication disposition documentation was located in the clinical record as to which specific other medications and numbers of medications were sent to the receiving facility.</p> <p>In an interview on 3-29-16 at 5:05 p.m., with the MDS Coordinator, she indicated, "We used to get orders for residents that were transferring home or to another nursing home that said, 'Send all meds with resident.' I suppose that should cover narcotics and non-narcotics."</p> <p>On 3-29-16 at 11:25 a.m., the DON provided a copy of a policy entitled, "Medication Utilization and Disposition." It had a policy start date of 1-31-12 and was indicated to be the current policy utilized by the facility. It indicated, "Policy: To obtain and utilize medication without waste to payor source...Private pay, Insurance or Medicaid resident discharged to another long term care facility (NH, residential setting or Assisted Living) or home - Obtain order and send all medications with resident along with instructions...Medicare resident discharged to home - send all non-returnable medications with resident, call outside pharmacy of resident's choice and order refills for resident to pick up after discharge. Send medications</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155573	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  03/29/2016
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 981 BEECHWOOD AVE MIDDLETOWN, IN 47356
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 0425 SS=D Bldg. 00	<p>eligible for return to [name of facility's contracted pharmacy] for facility credit." This policy did not specify a physician's order is required in order to send medications with the resident upon transfer or discharge or what to do with the current supply of medications in the event a current Medicare A recipient transfers to another nursing facility.</p> <p>This Federal tag relates to Complaint IN00192953.</p> <p>3.1-25(p) 3.1-35(g)(2)</p> <p>483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155573	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  03/29/2016
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 981 BEECHWOOD AVE MIDDLETOWN, IN 47356
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility. Based on interview and record review, the facility failed to obtain a physician's order to send all medications to the facility in which a resident was transferring, as well as failed to document the exact medications and number of each medication sent with the resident upon transfer to the other facility for 1 of 3 residents in a sample of 4, reviewed for disposition of medications upon transfer or discharge from the facility. (Resident #D)</p> <p>Findings include:</p> <p>Resident #D's clinical record was reviewed on 3-28-16 at 2:58 p.m. Her diagnoses included, but were not limited to, Parkinson's disease, dementia and infected decubitus ulcers. It indicated her payor source was Medicare, Part A during her entire stay at the facility. It indicated she transferred to another facility on 1-18-16.</p> <p>In an interview with the Wound Nurse on 3-28-16 at 12:50 p.m., she indicated she recalled the family had Resident #D transferred to a facility closer to where the family lived.</p>	F 0425	<p>It is the policy of Miller's Merry Manor to have a Physicians order to send any medications with a resident when being transferred and document all medications on a disposition record. To correct this deficient practice all Nurses will be in-serviced on April 7, 2016, or prior to working their next scheduled shift, on the following policies &amp; procedures; Medication Utilization and Disposition Policy, Attachment A, Discharge/Transfer with Medication Procedure, Attachment B, and the Medication Disposition Record Form, Attachment C To monitor for reoccurrence of this deficient practice, the QA Tool Drug disposition will be completed by the DON or designee 5 days a week for 2 weeks, then weekly for 4 weeks and monthly thereafter Any concerns will be addressed immediately, recorded on a facility QA tracking log and reviewed at the monthly QA meeting with any new recommendations implemented</p> <p>Addendum: Corrective Action for resident found to be affected: <i>This resident discharged from the facility in December, 2015. The facility concurs it is not an option to "correct the deficient practice" for this particular resident due to</i></p>	04/15/2016

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155573	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED  03/29/2016
NAME OF PROVIDER OR SUPPLIER  MILLER'S MERRY MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 981 BEECHWOOD AVE MIDDLETOWN, IN 47356		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
	<p>In an interview with the Director of Nursing (DON) on 3-28-16 at 2:30 p.m., he indicated if a resident discharges to a hospital or another facility, the facility returns the medications to the pharmacy for credit or the facility has to destroy them. "We receive medications weekly for each resident from our contracted pharmacy. If the roll of meds has been opened for that dose, generally the pharmacy will not credit the medication, so it has to be destroyed."</p> <p>In an interview with the DON on 3-29-16 at 10:30 a.m., he indicated, "We normally try to send any medications with residents if they transfer to home or another facility. With [name of Resident #D], I was able to go ahead and send all of her medications with her. I couldn't find any reconciliation record. I believe there is a discharge note about sending all her meds with her. My preceptor DON worked with me on this and that's how it was done."</p> <p>In an interview with the DON on 3-29-16 at 1:20 p.m., he indicated, " With any Med A people [Medicare Part A recipients], since the facility had already paid for their meds, and generally, our pharmacy will not accept the meds back for credit because the roll has been</p>		<p><i>discharge date. However, corrective measures are in place to prevent reoccurrence. The facility/DON/Designee has conducted an audit on recently discharged residents to ensure the deficient practice has not reoccurred and no other residents have been affected. How will other residents be identified... The facility concurs that all residents that discharge from the facility have the potential to be affected by the same deficient practice. An audit has been conducted for recently discharged residents to identify other residents who may have been affected. Corrective Action – The facility has in-serviced all Nursing Personnel as of April 14, 2016 to the policies of the facility with respect to handling of medications related to transfer or discharge from facility, medication utilization and disposition, and the medication disposition record form (all attachments were provided along with original POC, refer to Attachments A, B, &amp; C. Finally, a facility QA Drug Disposition tool is completed by the DON, or designee, as outlined in initial POC for ongoing compliance purposes.</i></p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155573	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  03/29/2016
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 981 BEECHWOOD AVE MIDDLETOWN, IN 47356
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>opened, we try to send the meds with that person if it is feasible. In this case, since it was a van &amp; driver from our company, they were willing to transport the meds. A lot of times, if the driver is from a different company, they won't accept any medications."</p> <p>A physician's order form, indicated to be a voiced order from the attending physician, dated 1-18-16, indicated, "May transfer to [name of receiving facility] [sign for with] narcotics." No other physician orders were located in the clinical record to indicate all medications could be sent with Resident #D's transfer.</p> <p>An associated nursing progress note, dated 1-18-16 at 12:39 p.m., indicated, "Res[ident] transferring from this facility to [name of receiving facility]. [Name of facility] van and driver here to transfer res at this time. Husband, [name of spouse] aware. Meds and current med list, CXR [chest xray] and advanced directive sent with res." A copy of a narcotic record for hydrocodone/apap, a narcotic pain reliever, was located in the clinical record which indicated 28 doses of this medication was sent to the receiving facility. No other medication disposition documentation was located in the clinical record as to which specific other medications and numbers of</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155573	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  03/29/2016
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 981 BEECHWOOD AVE MIDDLETOWN, IN 47356
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>medications were sent to the receiving facility.</p> <p>In an interview on 3-29-16 at 5:05 p.m., with the MDS Coordinator, she indicated, "We used to get orders for residents that were transferring home or to another nursing home that said, 'Send all meds with resident.' I suppose that should cover narcotics and non-narcotics."</p> <p>On 3-29-16 at 11:25 a.m., the DON provided a copy of a policy entitled, "Medication Utilization and Disposition." It had a policy start date of 1-31-12 and was indicated to be the current policy utilized by the facility. It indicated, "Policy: To obtain and utilize medication without waste to payor source...Private pay, Insurance or Medicaid resident discharged to another long term care facility (NH, residential setting or Assisted Living) or home - Obtain order and send all medications with resident along with instructions...Medicare resident discharged to home - send all non-returnable medications with resident, call outside pharmacy of resident's choice and order refills for resident to pick up after discharge. Send medications eligible for return to [name of facility's contracted pharmacy] for facility credit." This policy did not specify a physician's order is required in order to send</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155573	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  03/29/2016
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 981 BEECHWOOD AVE MIDDLETOWN, IN 47356
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 0514 SS=D Bldg. 00	<p>medications with the resident upon transfer or discharge or what to do with the current supply of medications in the event a current Medicare A recipient transfers to another nursing facility.</p> <p>This Federal tag relates to Complaint IN00192953.</p> <p>3.1-25(p) 3.1-25(s)(1) 3.1-25(s)(2) 3.1-25(s)(3) 3.1-25(s)(4) 3.1-25(s)(5) 3.1-25(s)(6) 3.1-25(s)(7) 3.1-25(s)(8)</p> <p>483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCE SSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155573	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  03/29/2016
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 981 BEECHWOOD AVE MIDDLETOWN, IN 47356
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
--------------------	--	---------------	---	----------------------

	<p>the State; and progress notes.</p> <p>Based on interview and record review, the facility failed to ensure documentation of the disposition of medications upon the transfer of a resident to another facility, failed to clearly identify a physician's order had been obtained prior to sending all medications to the receiving facility and that clear and accurate documentation was conducted as to which medications and the numbers of each medication were sent to the receiving facility for 1 of 3 residents, in a sample of 4, reviewed for disposition of medications upon discharge or transfer from the facility. (Resident #D)</p> <p>Findings include:</p> <p>Resident #D's clinical record was reviewed on 3-28-16 at 2:58 p.m. Her diagnoses included, but were not limited to, Parkinson's disease, dementia and infected decubitus ulcers. It indicated her payor source was Medicare, Part A during her entire stay at the facility. It indicated she transferred to another facility on 1-18-16.</p> <p>In an interview with the Wound Nurse on 3-28-16 at 12:50 p.m., she indicated she recalled the family had Resident #D transferred to a facility closer to where</p>	F 0514	<p>It is the policy of Miller's Merry Manor to have a Physicians order to send any medications with a resident when being transferred and document all medications on a disposition record. To correct this deficient practice all Nurses will be in-serviced on April 7, 2016, or prior to working their next scheduled shift, on the following policies &amp; procedures; Medication Utilization and Disposition Policy, Attachment A, Discharge/Transfer with Medication Procedure, Attachment B, and the Medication Disposition Record Form, Attachment C To monitor for reoccurrence of this deficient practice, the QA Tool Drug disposition will be completed by the DON or designee 5 days a week for 2 weeks, then weekly for 4 weeks and monthly thereafter Any concerns will be addressed immediately, recorded on a facility QA tracking log and reviewed at the monthly QA meeting with any new recommendations implemented</p> <p>Addendum: Corrective Action for resident found to be affected: <i>This resident discharged from the facility in December, 2015. The facility concurs it is not an option to "correct the deficient practice" for this particular resident due to discharge date. However, corrective measures are in place to prevent reoccurrence. The facility DON/Designee has</i></p>	04/15/2016
--	---	--------	---	------------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155573		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED  03/29/2016	
NAME OF PROVIDER OR SUPPLIER  MILLER'S MERRY MANOR				STREET ADDRESS, CITY, STATE, ZIP CODE 981 BEECHWOOD AVE MIDDLETOWN, IN 47356			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
	<p>the family lived.</p> <p>In an interview with the Director of Nursing (DON) on 3-28-16 at 2:30 p.m., he indicated if a resident discharges to a hospital or another facility, the facility returns the medications to the pharmacy for credit or the facility has to destroy them. "We receive medications weekly for each resident from our contracted pharmacy. If the roll of meds has been opened for that dose, generally the pharmacy will not credit the medication, so it has to be destroyed."</p> <p>In an interview with the DON on 3-29-16 at 10:30 a.m., he indicated, "We normally try to send any medications with residents if they transfer to home or another facility. With [name of Resident #D], I was able to go ahead and send all of her medications with her. I couldn't find any reconciliation record. I believe there is a discharge note about sending all her meds with her. My preceptor DON worked with me on this and that's how it was done."</p> <p>In an interview with the DON on 3-29-16 at 1:20 p.m., he indicated, " With any Med A people [Medicare Part A recipients], since the facility had already paid for their meds, and generally, our pharmacy will not accept the meds back</p>		<p><i>conducted an audit on recently discharged residents to ensure the deficient practice has not reoccurred and no other residents have been affected. How will other residents be identified... The facility concurs that all residents that discharge from the facility have the potential to be affected by the same deficient practice. An audit has been conducted for recently discharged residents to identify other residents who may have been affected. Corrective Action – The facility has in-serviced all Nursing Personnel as of April 14, 2016 to the policies of the facility with respect to handling of medications related to transfer or discharge from facility, medication utilization and disposition, and the medication disposition record form (all attachments were provided along with original POC, refer to Attachments A, B, &amp; C. Finally, a facility QA Drug Disposition tool is completed by the DON, or designee, as outlined in initial POC for ongoing compliance purposes.</i></p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155573	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  03/29/2016
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 981 BEECHWOOD AVE MIDDLETOWN, IN 47356
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>for credit because the roll has been opened, we try to send the meds with that person if it is feasible. In this case, since it was a van &amp; driver from our company, they were willing to transport the meds. A lot of times, if the driver is from a different company, they won't accept any medications."</p> <p>A physician's order form, indicated to be a voiced order from the attending physician, dated 1-18-16, indicated, "May transfer to [name of receiving facility] [sign for with] narcotics." No other physician orders were located in the clinical record to indicate all medications could be sent with Resident #D's transfer.</p> <p>An associated nursing progress note, dated 1-18-16 at 12:39 p.m., indicated, "Res[ident] transferring from this facility to [name of receiving facility]. [Name of facility] van and driver here to transfer res at this time. Husband, [name of spouse] aware. Meds and current med list, CXR [chest xray] and advanced directive sent with res." A copy of a narcotic record for hydrocodone/apap, a narcotic pain reliever, was located in the clinical record which indicated 28 doses of this medication was sent to the receiving facility. No other medication disposition documentation was located in the clinical record as to which specific</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155573	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  03/29/2016
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 981 BEECHWOOD AVE MIDDLETOWN, IN 47356
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>other medications and numbers of medications were sent to the receiving facility.</p> <p>In an interview on 3-29-16 at 5:05 p.m., with the MDS Coordinator, she indicated, "We used to get orders for residents that were transferring home or to another nursing home that said, 'Send all meds with resident.' I suppose that should cover narcotics and non-narcotics."</p> <p>On 3-29-16 at 11:25 a.m., the DON provided a copy of a policy entitled, "Medication Utilization and Disposition." It had a policy start date of 1-31-12 and was indicated to be the current policy utilized by the facility. It indicated, "Policy: To obtain and utilize medication without waste to payor source...Private pay, Insurance or Medicaid resident discharged to another long term care facility (NH, residential setting or Assisted Living) or home - Obtain order and send all medications with resident along with instructions...Medicare resident discharged to home - send all non-returnable medications with resident, call outside pharmacy of resident's choice and order refills for resident to pick up after discharge. Send medications eligible for return to [name of facility's contracted pharmacy] for facility credit." This policy did not specify a physician's</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155573	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  03/29/2016
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 981 BEECHWOOD AVE MIDDLETOWN, IN 47356
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>order is required in order to send medications with the resident upon transfer or discharge or what to do with the current supply of medications in the event a current Medicare A recipient transfers to another nursing facility.</p> <p>This Federal tag relates to Complaint IN00192953.</p> <p>3.1-50(a) 3.1-50(a)(1) 3.1-50(a)(2) 3.1-50(a)(3)</p>			