

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 02/14/2012
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NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 981 BEECHWOOD AVE MIDDLETOWN, IN 47356
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F0000	<p>This visit was for the Investigation of Complaint IN00102675 and Complaint IN00103186.</p> <p>Complaint IN00102675 -- Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00103186 -- Unsubstantiated due to lack of evidence.</p> <p>Unrelated deficiency is cited.</p> <p>Survey dates: February 13 and 14, 2012</p> <p>Facility number: 000342 Provider number: 155573 AIM number: 100289140</p> <p>Survey team: Penny Marlatt, RN</p> <p>Census bed type: SNF: 6 SNF/NF: 34 Total: 40</p> <p>Census payor type: Medicare: 9 Medicaid: 25 Other: 6 Total: 40</p>	F0000		
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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>Sample: 3</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on February 17, 2012 by Bev Faulkner, RN</p>				

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F0226 SS=D	<p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>Based on interview and record review, the facility failed to ensure thorough screening of potential employees by not conducting a criminal background check and by not checking references from at least two previous employers for 1 of 5 employees reviewed for implementation of abuse prevention policies during the conduction of the abuse protocol. (Marketing Director)</p> <p>Findings include:</p> <p>Review of the Marketing Director's employment file on 2-14-12 at 12:45 p.m., indicated a lack of documentation of a criminal background check, as well as a lack of documentation of any reference checks from previous employers. The file indicated the Marketing Director was to have began employment with the facility on 10-1-11, approximately 4.5 months prior to the review of the employment file.</p> <p>In interview with the Administrator on 2-14-12 at 2:40 p.m., he indicated the criminal background paperwork had never been received by the company that conducts the background checks for the</p>	F0226	<p>Plan of Correction for Middletown 2567 2.14.12</p> <p>We respectfully request paper compliance for this plan of correction. All of the attachments to indicate we are meeting the requirements of 483.13(c) are attached in our Plan of Correction. Please contact Justin P. Vogt H.F.A., Miller's Merry Manor of Middletown, 765-354-2278 if there a need for any more information.</p> <p>F226-D</p> <p>1) The Marketing Director has a current criminal background check on file. The Marketing Director has 2 reference checks on file. There have not been any negative outcomes from this. See attachments 1</p> <p>2) The employment file of each employee in the facility has been audited for the presence of criminal background checks and references. All currently have them in their files.</p> <p>3) The Vice President of Human Resources conducted one on one training with the Administrator on the correct policy and procedure for hiring</p>	02/27/2012			

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	<p>facility. He indicated the paperwork had been faxed to the company approximately one minute prior to the interview. He indicated he was unable to find any reference checks that were conducted with any previous employers of the Marketing Director. He indicated the Marketing Director was hired under a previous administration.</p> <p>A policy entitled, "Abuse Prohibition, Reporting, and Investigation," with a start date of 12-21-11, was provided by the Administrator on 2-13-12 at 11:45 a.m. Under the section entitled, "Employment Procedures," the policy indicates, "All employee's of [name of the facility/corporation] will be screened during the hiring process by use of 2 reference checks from previous places of employment, and utilization of the Criminal Check procedure outlined in the Employment Policy and Procedure Manual."</p> <p>3.1-14(a) 3.1-28(a)</p>		<p>employees which includes the criminal background check and reference check requirements. This was completed on 2.23.12 See attachment 2 The Administrator in-serviced the department heads and any staff that are responsible for hiring new employees on the proper procedure. This was completed on 2.23.12 See Attachment 3 A new system has been implemented to ensure the criminal background checks, reference checks, and all aspects of the hiring process are completed correctly. This will be audited by the Office Manager or designee. Attach process 4 4) Every employee file will be audited prior to orientation and again within 7 days of employment. The ADON or designee will review the employee file prior to orientation. The orientation will be put on hold until the requirements are met. The Office Manager will complete the employee file audit using the criminal check and reference check Q.A. Tool Attachment 5 The audits will be conducted for each new hire indefinitely. The results will be reviewed by the Corporate Human Resources Department and recommendations or changes will be made.</p>		

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			5) Date of Completion for all of this will be 2.27.12	