

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155006	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/20/2012
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NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 1900 N ALBER ST WABASH, IN 46992
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F0000	<p>This visit was for the Recertification and State Licensure Survey.</p> <p>Survey dates: September 17, 18,19 & 20, 2012</p> <p>Facility number: 000006 Provider number: 155006 AIM Number: 100290220</p> <p>Survey team: Shelley Reed, RN TC Julie Call, RN Virginia Terveer, RN</p> <p>Census bed type: SNF/NF: 62 Total: 62</p> <p>Census by payor source: Medicare: 3 Medicaid: 50 Other: 9 Total: 62</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 9/24/12 Cathy Emswiller RN</p>	F0000		

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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F0428 SS=D	<p>483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON</p> <p>The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.</p> <p>The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon.</p> <p>Based on observation, interview and record review the pharmacist failed to ensure accurate prescription labeling during the monthly pharmacist review and report to the facility the inaccurate prescription labels for 2 of 54 medications reviewed in the medication pass observation which affected 2 of 15 residents. (Residents # 8 and #55)</p> <p>Findings include:</p> <ol style="list-style-type: none"> During the medication pass observation on 9-19-2012 at 3:25 p.m., the label on the bottle of Resident #8's artificial tears indicated "Artificial Tears Sol (Solution) instill 1 drop into right eye daily". The open date on the bottle was marked as 8-19-2012. <p>An interview with LPN #2 on 9-19-2012 at 3:25 p.m., indicated Resident #8 had received the artificial tear solution in both eyes for a long</p>	F0428	F 428 It is the policy of Miller's Merry Manor that the drug regimens of each resident will be reviewed at least once a month by a licensed pharmacist. The pharmacist will report any irregularities to the attending physician and the Director of Nursing. Residents 8 and 55 were not affected by this deficient practice. Medication change stickers were immediately added to the labels on the medications. All residents have the potential to be affected by this deficient practice. A medication audit was done and labels were checked for accuracy. This was completed on 9/19/12.No other residents were found to be affected. Medication audit completed 9/19/12. An Inservice was provided to nurses regarding the process for medication direction changes on 9/19/12. Any time there is a change in a medication order there will be a "Direction Change" sticker placed over the label on the container/box.The facility will continue to complete medication	10/01/2012			

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	<p>time.</p> <p>During the record review on 9-19-2012 at 3:45 p.m., the current physician recapitulation orders were signed by the physician on 9-4-2012. The order was written as " Artificial tears sol (solution) op (ophthalmic): instill one drop to both eyes 2x (two times) daily at 9 a.m. and 4 p.m. for dryness". The date of the artificial tears order on the September recapitulation was 9-19-2011. The MAR (Medication Administration Record) order for the artificial tears matched the September recapitulation</p> <p>Pharmacist reviews were conducted on a monthly basis as follows: 9-29-11, 10-25-11, 11-8-11, 12-27-11,1-31-12, 2-7-12, 3-28-12, 4-26-12, 5-30-12, 6-26-12, 7-31-12 and 8-23-12.</p> <p>2. During the medication pass observation on 9-19-2012 at 2:55 p.m., the label on Resident #55's "Ipratropium Bromide/Albuterol sulfate inhalation" indicated to "mix contents of 1 vial with 4 ml (milliliters) of 20% Mucomyst".</p> <p>An interview with LPN #2 on 9-19-2012 at 2:59 p.m. indicated the</p>		<p>cart audits weekly for the next month and then twice monthly for one month then monthly thereafter. This audit will be completed utilizing the Q.A. tool "Medication Cart Audit" (Exhibit A). This will be completed by the D.O.N./Designee. Any identified issues will be addressed immediately. The facility pharmacist will continue to complete monthly reviews on all residents' medication regimens. The facility has requested quarterly medication cart audits also to be performed. All issues noted on the Q.A. tools and pharmacy reports will be logged and addressed in the monthly Q.A. meeting. Date of Compliance 10-1-12</p>				

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	<p>resident has not had the Mucomyst in over a year.</p> <p>During the record review on 9-19-2012 at 3:50 p.m., the September recapitulation for was signed by the physician on 9-4-2012. The order was written as "Ipratropium/ Sol (Solution) Albuter (Albuterol) (Duoneb): Inhale one unit dose via nebulizer 4x (4 times) daily at 12 a.m., 6 a.m., 1 p.m., and 6 p.m. May administer per self after set-up and assessment". The MAR (Medication Administration Record) matched the September recapitulation orders. The date of the order change was 5-22-2012 as indicated on the September recapitulation orders.</p> <p>Pharmacist reviews were conducted on a monthly basis as follows: 1-31-12, 2-7-12, 3-28-12, 4-26-12, 5-30-12, 6-26-12, 7-31-12 and 8-23-12.</p> <p>3.1-25(j)</p>				

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F0431 SS=D	<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, 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, interview and record review the facility failed to ensure accurate prescription labels for 3 of 54 medications reviewed in</p>	F0431	F431 It is the policy of Miller's Merry Manor that all drugs and biologicals used in the facility are labeled in accordance with currently accepted professional	10/01/2012			

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	<p>the medication pass which affected 3 of 15 residents reviewed for the medication pass. (Residents #8,39 and 55)</p> <p>Findings include:</p> <p>1. During the medication pass observation on 9-19-2012 at 3:25 p.m., the label on the bottle of Resident #8's artificial tears indicated "Artificial Tears Sol (Solution) instill 1 drop into right eye daily". The open date on the bottle was marked as 8-19-2012.</p> <p>An interview with LPN #2 on 9-19-2012 at 3:25 p.m., indicated Resident #8 had received the artificial tear solution in both eyes for a long time.</p> <p>During the record review on 9-19-2012 at 3:45 p.m., the current physician recapitulation orders were signed by the physician on 9-4-2012. The order was written as " Artificial tears sol (solution) op (ophthalmic): instill one drop to both eyes 2x (two times) daily at 9 a.m. and 4 p.m. for dryness". The date of the artificial tears order on the September recapitulation was 9-19-2011. The MAR (Medication Administration Record) order for the artificial tears</p>		<p>principles, and include the appropriate accessory and cautionary instructions and the expiration dates, when applicable. Residents 8, 39, and 55 were not affected by this deficient practice. Medication change stickers were immediately added to the labels on the medications. All residents have the potential to be affected by this deficient practice. A medication audit was completed and labels were checked for accuracy. This was completed on 9/19/12. No other residents were found to be affected. A medication audit was completed on 9/19/12. An inservice was provided to nurses regarding the process for medication direction changes on 9/19/12. Any time there is a change in a medication order there will be a "Direction Change" sticker placed over the label on the container or box. The facility will continue to perform medication cart audits weekly for the next month, then twice monthly for one month, and monthly thereafter. This audit will be completed utilizing the Q.A. tool "Medication Cart Audit" (Exhibit A). This will be completed by the D.O.N./Designee. Any identified issues will be addressed immediately. The facility pharmacist will continue to complete monthly reviews on all residents' medication regimens. The facility has</p>				

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	<p>matched the September recapitulation.</p> <p>2. During the medication pass observation on 9-19-2012 at 1:03 p.m., the label on Resident #39's Fentanyl patch box indicated to "change the patch every 72 hours".</p> <p>During the record review on 9-19-2012 at 3:50 p.m., the September recapitulation was signed by the physician on 9-4-2012. The order was written as "Fentanyl 25 mcg (micrograms) patch apply toically every 2 days at 1 p.m., remove old patch and rotate sites". The effective date of the order was 9-1-2012 as indicated by the September recapitulation. The MAR (Medication Administration Record) matched the September recapitulation orders.</p> <p>3. During the medication pass observation on 9-19-2012 at 2:55 p.m., the label on Resident #55's "Ipratropium Bromide/Albuterol sulfate inhalation" indicated to "mix contents of 1 vial with 4 ml (milliliters) of 20% Mucomyst".</p> <p>An interview with LPN #2 on 9-19-2012 at 2:59 p.m. indicated the resident has not had the Mucomyst in over a year.</p>		<p>requested quarterly medication cart audits to be performed. All issues noted on the Q.A. tools and pharmacy reports will be logged on the Q.A. tool "Improvement Summary Log" (Exhibit B) and addressed in the monthly Q.A. Meeting. Date of Compliance 10-1-12</p>				

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	<p>During the record review on 9-19-2012 at 3:50 p.m., the September recapitulation for was signed by the physician on 9-4-2012. The order was written as "Ipratropium/ Sol (Solution) Albuterol (Albuterol) (Duoneb): Inhale one unit dose via nebulizer 4x (4 times) daily at 12 a.m., 6 a.m., 1 p.m., and 6 p.m. May administer per self after set-up and assessment". The MAR (Medication Administration Record) matched the September recapitulation orders. The date of the order change was 5-22-2012 as indicated on the September recapitulation orders.</p> <p>An interview with the DON on 9-19-2012 at 4 p.m., indicated a direction change sticker was to be placed on the prescription label when a prescription is changed.</p> <p>On 9-19-2012 at 4:15 p.m., the DON provided a policy titled "New Orders-Verbal/Telephone" dated 7-14-2008 which indicated but was not limited to the following: "2. Procedure: VIII. If medication or treatment is changed, put Direction Change sticker on label."</p>						

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	3.1-25(j) 3.1-25(k)(4) 3.1-25(k)(5)				