

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155251	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/15/2014
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NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 2901 W 37TH AVE HOBART, IN 46342
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F000000	<p>This visit was for the Investigation of Complaint IN00155388.</p> <p>This visit was in conjunction with the Post Survey Revisit (PSR) to the Investigation of Complaint IN00154143 completed on 08/12/14.</p> <p>Complaint IN00155388-Unsubstantiated due to lack of evidence.</p> <p>Unrelated deficiency is cited.</p> <p>Survey date: September 15, 2014</p> <p>Facility number: 000154 Provider number: 155251 AIM number: 100289680</p> <p>Survey team: Regina Sanders, RN-TC</p> <p>Census bed type: SNF: 11 SNF/NF: 70 Total: 81</p> <p>Census payor type: Medicare: 11 Medicaid: 59 Other: 11 Total: 81</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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F000282 SS=D	<p>Sample: 3</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on September 16, 2014, by Janelyn Kulik, RN.</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 record review and interview, the facility failed to ensure a resident's Physician orders and care plan was followed, related to insulin administration and blood glucose monitoring, for 1 of 3 residents reviewed for insulin administration in a total sample of 3. (Resident #D)</p> <p>Findings include:</p> <p>Resident #D's record was reviewed on 09/15/14 at 11:45 a.m. The resident's diagnoses included, but were not limited to, diabetes mellitus and multiple strokes.</p> <p>A care plan, initiated 07/12/12 and</p>	F000282	<p>F-Tag 282 Services by Qualified Persons/Per Care Plan:</p> <p>It is the policy of Miller's Merry Manor, Hobart that services provided or arranged by the facility be provided by qualified persons in accordance with each resident's written plan of care related to pain management, treatments, and assessments.</p> <p>Resident # D: Medication Error Report was filled out; family and physician notified of error.</p> <p><i>All residents are at risk to be affected by the deficient practice.</i></p> <p>An audit was completed on all</p>	09/29/2014			

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	<p>revised on 05/19/14, indicated the resident was at risk for hypoglycemia (low blood sugar) and hyperglycemia (high blood sugar). The interventions included give insulin as ordered and monitor the resident's blood sugar as ordered.</p> <p>A Nurse Practitioner Progress Note, dated 08/29/14, indicated, "...Asked to see pt (patient) in regards to decreased blood sugar levels. Pt. has been eating less d/t (due to) recovering from infection...parameters for Novolog (insulin)-do not give if glucose less than 150..."</p> <p>A Physician's Telephone Order, dated 08/29/14, indicated, "Decrease Levemir (insulin) to 20 units nightly. Add parameters to Novolog; DO NOT GIVE for glucose less than 150..." (three times a day). The order further indicated to check the resident's blood sugar before meals and at bedtime.</p> <p>The Medication Administration Record (MAR), dated 09/1/14 through 09/09/14, indicated there were no initials by the Nurse to indicate the Levemir insulin had been given as ordered on September 4, 6 & 7, 2014.</p> <p>The MAR indicated there were no initials</p>		<p>residents with a diagnosis of Diabetes to ensure physician's orders are being followed as directed. Any concerns noted have been corrected. All licensed nursing staff will be in-serviced by 09/29/2014 to review the facility policy on Blood Glucose Monitoring to ensure that physician's orders and the facility policies are being followed as directed.</p> <p>The DON or other designee will be responsible to audit Blood Sugar MAR (Attachment A) on all residents, daily x1 week, then 3x weekly x 4 weeks, then weekly x4 weeks, and monthly thereafter to monitor for ongoing compliance. Any identified trends will be corrected upon discovery and documented on facility QA tracking log. QA tracking logs are reviewed monthly during the facility QA meeting.</p> <p>Date of Compliance: 9/29/14</p>				

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	<p>nor results to indicate the resident's blood sugar had been obtained as ordered on September 4, 2014 at 4 p.m. and 9 p.m. and September 7, 2014 at 4 p.m. and 9 p.m.</p> <p>The MAR indicated: 09/01/14, the resident's blood sugar was 120 at 6 a.m. and the resident received 25 units of Novolog insulin.</p> <p>09/05/14, the resident's blood sugar was 142 at 6 a.m. and the resident received 25 units of Novolog insulin.</p> <p>09/08/14, the resident's blood sugar was 126 at 6 a.m. and the resident received 25 units of Novolog insulin.</p> <p>09/09/14, the resident's blood sugar was 142 at 6 a.m. and the resident received 25 units of Novolog insulin.</p> <p>The record indicated the resident was admitted into the hospital on 09/09/14 due to a magnesium level of 2.9 (normal 1.2-2.0), BUN (kidney function) of 41 (normal 10-20), decrease intake and increased confusion. The resident returned to the facility on 09/11/14.</p> <p>The Physician's Order Summary, dated 09/12/14, indicated an order for Novolog insulin, 25 units three times a day, do not</p>						

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	<p>give if blood sugar is less than 150, Levemir (insulin) 70 units at bedtime, and to check the resident's blood sugar before meals and at bedtime.</p> <p>The MAR, dated 09/12/04 through 09/15/14, indicated: 09/13/14, the resident's blood sugar was 126 at 6 a.m. and was 110 at 12 p.m. and the resident received 25 units of Novolog insulin at 6 a.m. and 12 p.m.</p> <p>09/14/14, the resident's blood sugar was 106 at 6 a.m. and was 132 at 12 p.m. and the resident received 25 units of Novolog insulin at 6 a.m. and 12 p.m.</p> <p>09/15/14, the resident's blood sugar was 122 at 12 p.m. and the resident received 25 units of Novolog insulin at 12 p.m.</p> <p>During an interview on 09/15/14 at 12:10 p.m., LPN #1 indicated she had given the Novolog insulin to the resident at 7 a.m. and 11 a.m. on September 13 and 14, 2014.</p> <p>During an interview on 09/15/14 at 12:59 p.m., LPN #1 indicated the insulin should not have been given on the above dates. She indicated she had not realized the order had been changed. She acknowledged the blood sugar had not been checked and the insulin had not</p>						

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	<p>been given on the above dates.</p> <p>During an interview on 09/15/14 at 3:05 p.m., the Director of Nursing was unsure why the resident's Physician's Orders were not followed.</p> <p>A facility policy, dated 07/09, titled, "Blood Glucose Monitoring", received from the Administrator as current, indicated, "...It is the policy of (Facility Name) to monitor blood glucose per physician's orders..."</p> <p>3.1-35(g)(2)</p>			