

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155173	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/10/2012
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NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR - MARION	STREET ADDRESS, CITY, STATE, ZIP CODE 505 N BRADNER AVE MARION, IN 46952
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F0000	<p>This visit was for the Recertification and State licensure survey.</p> <p>Survey dates: February 6, 7, 8, 9, and 10, 2012</p> <p>Facility number: 000089 Provider number: 155173 AIM number: 100287760</p> <p>Survey team: Tammy Alley RN TC Randy Fry RN (February 6, 20112) Linn Mackey RN Shelly Reed RN Deanne Mankell RN</p> <p>Census bed type: SNF: 13 SNF/NF: 112 Residential: 6 Total: 131</p> <p>Census payor type: Medicare: 17 Medicaid: 97 Other: 17 Total: 131</p> <p>Stage 2 Sample: 50 Residential Sample: 5</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>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 2/17/12 Cathy Emswiller RN</p>			
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F0253 SS=C	<p>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. Based on observation and interview, the facility failed to ensure the environment was clean and in good repair for 4 of 4 hallways observed. This deficit practice had the potential to affect 125 of 125 residents residing in the building.</p> <p>Finding include:</p> <p>Observation of North Hall 3 and North 1 on 2/6/12 between 11:40 a.m. and 4:15 p.m.</p> <p>Room 242-1 The base boards by the bed had a build up of dust. The cove board by the bathroom door was caved in. The ceiling vent over the bed had a thick layer of dust.</p> <p>Room 240-2 The baseboards in the room had a build up of dust. The ceiling vent by the doorway had a layer of dust and the bathroom vent had a layer of dust.</p> <p>Room 252 There were brown and mold spots on the ceiling by the vent above bed 2. The base boards in the room had a build up of dust and debris. The</p>	F0253	<p>It is the policy of Miller's Merry Manor of Marion to provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. The alleged deficiencies cited during the annual long term care survey were corrected as listed. This practice has the potential to affect 125 of 125 residents of 4 of the 4 halls. Inservice was given to all staff on Feb 22nd to educate them on all alleged deficiencies including this particular tag of F 0253. Housekeepers and maintenance staff have completed/corrected the various deficient practices. Identified ceiling tiles were replaced, vents in various locations were cleaned better than what we had been doing. Doorways to all halls had corners scrubbed clean, baseboards were re-secured to walls in those rooms. The facility has updated the housekeeping cleaning checklist with the addition to pay closer attention to window sills, and cleaning various ceiling vents, corners to doorway entries. Housekeepers will be inserviced on this new tool no later than March 11th 2012. (Attachment A)The housekeeping/laundry supervisor and/or designee will audit at the minimum of three rooms per hall on a weekly basis to ensure</p>	03/11/2012			

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	<p>bathroom vent had a layer of dust.</p> <p>Room 250-1 The ceiling vent had a layer of dust and the bathroom wall had scuffs on the wall 5 inches above the cove board.</p> <p>Room 237-2 The ceiling vent over bed 1 had a layer of dust.</p> <p>Room 256-1 The baseboard was pulling away from the wall by the closet. The window screen was loose and frayed and discoloration was noted on the window casing.</p> <p>Room 252 The window had rust in the bottom corner.</p> <p>Room 241 The baseboards had a build up of gray dust and the bathroom vent had a layer of dust.</p> <p>North 1</p> <p>Room 148 The wall between the 2 beds had an area 4 feet by 2 feet with missing paint.</p>		<p>compliance. The housekeeping supervisor and/or designee will then on an ongoing monthly basis use the "housekeeping services review" quality assurance tool to audit facility cleanliness. (Attachment B). Housekeepers were inserviced on writing maintenance work orders for any maintenance issues they may find while cleaning resident rooms. They were inserviced before March 11th 2012. Any identified issues will be logged on the quality assurance summary log (attachment M). The log will be reviewed by the quality assurance committee on a monthly basis for the next 6 months and then quarterly thereafter.</p>				

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	<p>During the environmental tour on 2/9/12 at 1 p.m., with the Maintenance Director the following was observed:</p> <p>South 2 The entry doorway to the hall had a build up of gray debris in the corners.</p> <p>The ceiling tiles outside room 156 and 174 had brown water spots.</p> <p>South 2 (Alzheimer's Unit) The lounge had soiled and dusty baseboard on the right wall and the trim was pulling away from the wall by exit door. Two of the dining room windows were soiled at the base with debris and dirt.</p> <p>North 3 The entry doorway to the hall had a build up of dust and debris in the corners. There was a broken ceiling tile above the pantry refrigerator and the vent above the refrigerator a build up of dust. The midway fire doors had a build up of dust and debris in the corners.</p> <p>The therapy entry doorway had a build up of debris and dust in the corners.</p> <p>The window sills on the windows</p>			
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	<p>opposite the "shop" had a layer of dust and debris.</p> <p>North 1 The entry doorway had a build up of dust and debris in the corners and behind the door. The midway fire doors had a buildup of dust and debris in the corners. The lounge window sill and doorway had a build up of debris and dust.</p> <p>During an interview with the Housekeeping Supervisor on 2/10/12 at 9:06 a.m., she indicated the resident rooms were deep cleaned at least quarterly. She indicated the entry to rooms were soiled with build up of dust and debris and that she attempted yesterday to use a toothbrush to clean the areas and they would not come clean. She indicated the window sills were in need of cleaning and the high duster was not getting the dust off the vents.</p> <p>3.1-19(f)</p>				

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F0312 SS=D	<p>A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>Based on record review, observation and interview, the facility failed to provide oral care and assistance with activities of daily living including changing of clothing and combing hair for 2 of 3 residents reviewed in a sample of 5 who met the criteria for oral care and activities of daily living in the stage 2 sample of 50. (Resident # 63 and # 200)</p> <p>Findings include:</p> <p>The clinical record for Resident # 63 was reviewed on 2/8/12 at 12:45 p.m. Resident # 63's current diagnoses included, but were not limited to, acute bronchitis, shortness of breath, chronic obstructive pulmonary disease, depressive disorder, hypertension, coronary artery disease and diabetes.</p> <p>The current care plan for Resident # 63 indicated a need for extensive assistance with activities of daily of living.</p> <p>Review of the MDS Assessment (Minimum Data Set) dated 10/30/11 indicated the resident needed</p>	F0312	<p>It is the policy of Miller's Merry Manor of Marion that all residents who are unable to carry out activivites of daily living receive the necessary services to maintain good nutrition, grooming, and personal, and oral hygiene. Immediately upon deficient practice being identified, Residents # 63 and # 200, had assistance provided with oral care and personal hygiene. Follow up indicates both Residents continue to receive assist with oral care before breakfast and before bedtime.All Residents have the potential to be affected by this same deficient practice.Hall Supervisors assessed all Residents to determine current oral status and amount of assistance each Resident requires with this task. This review completed by Feb. 24, 2012, followed by updating of C.N.A. assignment sheets as needed.Based on findings from review, Director of Nursing or Designee to review all care-plans and update as needed by March 11, 2012.InService titled "Oral Hygiene; InService for C.N.A.'s, LPN's, QMA's and RN's" (attachment C) given Feb. 22, 2012. Make-up date for this InService for any staff not attending Feb. 22, 2012 will be</p>	03/11/2012			

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	<p>extensive assistance of 1 person for personal hygiene and had a BIMS (Brief Interview for Mental Status) score of 8 which indicated the resident was interviewable.</p> <p>During interview on 2/8/12 at 1:10 p.m., the resident indicated she did not get help with her teeth this morning. Resident # 63's teeth were observed at that time to have white material above the gums.</p> <p>During a 2/8/12, 3:50 p.m. interview, LPN #1 indicated Resident # 63 gets up at 6:00 a.m.</p> <p>During observation on 2/9/12 at 6:00 a.m., the resident was already up and during interview at that time, indicated she did not get her teeth brushed this morning. Her teeth were observed at that time to have a white material noted above the gum line.</p> <p>During a interview on 2/9/12, CNA #2 indicated morning and bedtime care consists of cleaning the perineal area if needed, changing residents clothes and brushing their teeth.</p> <p>During an interview on 2/10/12 at 10:00 a.m., Resident # 63 indicated she did not have her teeth brushed this morning and indicated she was</p>		<p>completed before March 11, 2012. C.N.A. Skill Checks covering AM and PM care including Oral Care to be done per InService Director and Assistant Director of Nursing or Designee (attachment D). 10 C.N.A's will be checked monthly until all have been checked. These checks will then be done annually thereafter and upon hire. First group of checks will be completed by March 11, 2012. Quality Assessment/Improvement Programs titled "Oral Hygiene/Care Audit" (attachment E) will be completed randomly on 10% of Residents from each hall monthly, with first group being done by March 10, 2012. Hall Supervisors, InService Director, Assistant Director of Nursing or Designee will be responsible for completion of this QA tool. Any identified issues will be logged on the quality assurance summary log (attachment M). The log will be reviewed by the quality assurance committee on a monthly basis for the next 6 months and then quarterly thereafter.</p>		

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	<p>not sure if they were brushed last night.</p> <p>2. During interview on 2/6/12 at 4:25 p.m., Resident #200 indicated he had not received oral care since being admitted approximately 10 days ago, he had not been provided with any type of toothpaste or toothbrush, he did not want to get dentures due to his age and the cost will be about \$1,000, his teeth did not hurt but could not afford dentures, and he did not have any dental problems but had difficulty chewing tough meat.</p> <p>On 2/8/12 at 12:21 p.m., Resident #200 was observed in dining room wearing a dirty winter coat, was unshaven and had uncombed hair.</p> <p>On 2/8/12 at 12:30 p.m., resident #200's bathroom was observed to of had an unopened box of toothpaste and unopened toothbrush.</p> <p>During interview on 2/8/12 at 2:13 p.m., QMA #3 indicated morning care was provided and included toileting and washcloth over upper face and body. QMA #3 indicated Resident #200 had both upper and lower dentures and morning oral care was not provided on 2/8/12.</p> <p>During interview on 2/8/12 at 3:54 p.m., LPN #4 indicated Resident #200</p>			
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	<p>preferred to wake up between 6:30 a.m. and 7:00 a.m. for morning care.</p> <p>During interview on 2/10/12 at 11:03 a.m., Social Service #5 indicated Resident #200 would be assessed for dental services if placed in long term care and the resident's family had yet to determine future status of the resident.</p> <p>Review of the facility policy titled "Quality Improvement Performance Evaluation" subtitled "PM CARE PROCEDURE" was received from the Medical Records nurse at 2/10/12 1:25 p.m. indicated "... provide oral care..." A policy titled "STANDARDS BEST PRACTICES" with a subtitle of "Quality of Care 1. Activities of Daily Living" indicated "...Mouth is clean and lips are moist..."</p> <p>3.1-38(a)(3)</p>				

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F0329 SS=D	<p>Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>Based on record review and interview, the facility failed to ensure medications were monitored for 2 of 10 residents in a Stage 2 sample of 50 who met the criteria for unnecessary medications. (Resident #26 and # 86)</p> <p>Findings include:</p> <p>1. The record for Resident # 26 was reviewed on 2/8/12 a 12:56 p.m.</p> <p>Current diagnoses included, but were not limited to hypertension.</p>	F0329	<p>It is the policy of Miller's Merry Manor of Marion that each resident's drug regimen must be free from unnecessary drugs. Immediately upon deficient practice being identified, Nurse Practioner notified, orders were received and responsible parties notified for resident # 26 and #86. Medication orders being followed as ordered. All Residents have the potential to be affected by this same deficient practice. Facility Unit Manager reviewed all Residents' medication regimens, corrections were made if needed. This was completed by Feb. 16, 2012. Medical Records Nurse followed up to this initial review</p>	03/11/2012			

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	<p>Physician orders for February 2012 indicated an order for hydorchlorothiazide (diuretic/antihypertensive) 12.5 mg daily and to hold for systolic blood pressure of less than 100. Original date of the order was 11/8/11.</p> <p>The Medication Administration Record (MAR) for January and February 2012 lacked any blood pressures prior to the administration of the above medication.</p> <p>On 2/8/12 at 1 p.m., LPN # 1 indicated the ordered blood pressures should have been completed and documented on the MAR.</p> <p>2. The record for Resident # 86 was reviewed on 2/9/12 at 10:42 a.m.</p> <p>Current diagnoses included, but were not limited to, hypertension.</p> <p>Physician orders for February 2012 indicated an order for Losartan (antihypertensive) 100 milligrams once daily and hold for a systolic blood pressure of less than 100. Original date of order was 12/23/11.</p> <p>The January and February 2012 MARS lacked blood pressures for January 2, 16, 23, and February 5.</p>		<p>and corrections were made if needed. This follow up review was completed Feb. 23, 2012. InService titled "Medication Administration; Standards of Practice" for LPN's, QMA's and RN's" (attachment F) was given Feb. 22, 2012. Make-up date for this InService for any staff not able to attend will be held before March 11, 2012. InService titled "Free from Unnecessary Drugs" offered for LPN's, RN's and QMA's (attachment G) on Feb. 23, 2012 by Risk Management Solutions. Skill check off: The medication pass and appropriate monitoring" (attachment H) to be done per DON or designee. 10 RN's, LPN's, and or QMA's will be checked monthly until all have completed skills checks. These checks will be done annually, PRN and upon hire thereafter. First group of checks will be completed by March 11 2012. Quality Assessment/Improvement Programs titled "Medication Error Review"(attachment I) will be completed randomly on 10% of Residents from each hall monthly, with first group being done by March 11, 2012. Hall Supervisors, InService Director, Assistant Director of Nursing or Designee will be responsible for completion of this QA tool. Any identified issues will be logged on the quality assurance summary log (attachment M). The log will be reviewed by the quality assurance committee on a</p>				

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	<p>Additional information regarding the above blood pressures were requested from LPN # 1 on 2/9/12 at 1:54 p.m.</p> <p>During interview on LPN # 1 on 2/9/12 at 2:20 p.m., she indicated she had no additional information to provide.</p> <p>3. A policy titled "Medication Administration Procedure" dated 3/23/11, was provided by the Medical Records nurse on 2/10/12 at 10 a.m. The policy indicated: "...17. Complete necessary assessment before administering medications...."</p> <p>3.1-48(a)(3)</p>		monthly basis for the next 6 months and then quarterly thereafter.		

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F0371 SS=E	<p>The facility must -</p> <p>(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and</p> <p>(2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>Based on record review, interview, and observation, the facility failed to ensure items in refrigerators were covered, dated and labeled for 1 or 3 pantry refrigerators observed. This deficit practice had the potential to affect 18 of 18 residents residing on the Alzheimer's unit.</p> <p>Findings include:</p> <p>During the environmental tour of the South Alzheimer's unit on 2/9/12 at 1 p.m., there were 18 residents observed to reside on the unit.</p> <p>The refrigerator was observed to have 2 glasses of milk, uncovered with no date or label. There was also an open can of soda, with no cover, date or label. There was an open container of jalapeno dip with no label or date.</p> <p>A policy titled "Nursing Protocol Pantry Refrigerator/Freezer" was provided by the Medical Record nurse on 2/10/12 at 12:50 p.m., and during interview at that time, deemed as current. The policy indicated "All</p>	F0371	<p>It is the policy of Miller's Merry Manor of Marion to Procure food from sources approved or considered satisfactory by Federal, State, or Local authorities; and store, prepare, distribute, and serve food under sanitary conditions. It is this facilities policy to ensure items in refrigerators are covered, dated and labeled. This deficient practice has the potential to affect 18 of 18 residents. The facility corrected the deficient practice the day the alleged deficiency was noticed. The two glasses of cold milk were emptied, the open can of soda was thrown away, and the jalapeno dip was thrown away immediately. All staff were inserviced regarding the alleged deficiencies cited during our annual long term care survey on February 22nd. All staff will be re-inserviced on the pantry policy to make sure all foods are labeled, dated, and covered in refrigerators/pantries by March 11 2012. The housekeeping supervisor and or designee will be responsible for checking all hallway pantry refrigerators 3 times weekly for the next 4 weeks by using the housekeeping checklist (attachment A). The dietary manager and or designee</p>	03/11/2012	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155173	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/10/2012
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	foods must be labeled, covered and dated...." 3.1-21(i)(2)		will then audit all pantry/refrigerators once a month using the "Dietary food safety sanitation checklist" (attachment J) the first section of page 4 of 7 will be completed. Any identified issues will be logged on the quality assurance summary log (attachment M). The log will be reviewed by the quality assurance committee on a monthly basis for the next 6 months and then quarterly thereafter.	

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F0465 SS=C	<p>The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>Based on observation and interview, the facility failed to ensure the floors of the kitchen were maintained in a clean and sanitary manner for 1 of 1 kitchens. This deficient practice had the potential to affect 125 of 125 residents who receive meals from the kitchen.</p> <p>Findings Include:</p> <p>During observation on the initial tour of the kitchen, on 2/6/12 at 9:30 a.m., the floor in the kitchen had numerous chips and gouges throughout the entire floor. The refrigerator doorway had dried fluid on it. The freezer had dried food particles in the door way.</p> <p>During interview on 2/9/12 at 9:50 a.m., the Dietary Manger indicated they mop the floor everyday. She also indicated there was no way to clean the nicks and the tiles needed to be replaced .</p> <p>3.1-19(f)</p>	F0465	<p>It is the policy of Miller's Merry Manor of Marion to provide a safe, functional, sanitary, and comfortable environment for residents staff, and the public. It is our policy to ensure cleanliness of the kitchen floor and to replace any gouged or cracked VCT tile as needed. This alleged deficient practice has the potential to affect 125 of 125 residents. The facility has received a quote to replace the kitchen floor with a commercial grade tile to replace the current nicked/dented/gouged VCT tiles. The facility has entered an agreement with a commercial vendor to install commercial flooring for our kitchen. With this said, the facility is asking for an extra 30 day to 60 day extension to complete this major upgrade to our kitchen flooring. (attachment K is a copy of the work order and quote with anticipated cost, and approval to install the new commercial grade flooring). The dietary staff mop the kitchen floor on a daily basis and will continue to do so. The dietary staff also cleaned the threshold that leads into the walk in refrigerator as well as the threshold that leads into the walk in freezer. This was done the day the deficiency was identified. The facility staff were inserviced on Feb 22 2012 regarding this deficiency as well as the other four deficiencies that</p>	03/11/2012			

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			<p>were identified during our long term care annual survey. An all staff inservice will be held no later than March 11 2012 to inservice staff on the importance of cleaning thresholds twice a week for the next 4 weeks and then weekly thereafter and as needed. The dietary staff will continue mopping the kitchen on a daily basis and as needed. The dietary manager has added cleaning of the thresholds on a weekly basis to the cleaning schedule (Attachment L). The dietary manager and or designee will audit the cleanliness of the thresh holds at least twice a week for the next 4 weeks and then monthly thereafter. Any identified issues will be logged on the quality assurance summary log (attachment M). The log will be reviewed by the quality assurance committee on a monthly basis for the next 6 months and then quarterly thereafter.</p>	