This visit was for a Recertification and State Licensure Survey.

Survey dates: January 11, 12, 13, 2017

Facility number: 012036
Provider number: 155774
AIM number: N/A

Census bed type:
SNF: 9
Total: 9

Census payor type:
Medicare: 7
Other: 2
Total: 9

These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.

Quality Review was completed by 21662 on January 18, 2017.
<table>
<thead>
<tr>
<th>Prefix</th>
<th>Tag</th>
<th>ID</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>SS=D</td>
<td>Bldg. 00</td>
<td>F 0309</td>
<td>483.24, 483.25(k)(l) PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING 483.24 Quality of life Quality of life is a fundamental principle that applies to all care and services provided to facility residents. Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, consistent with the resident's comprehensive assessment and plan of care. 483.25 (k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. (l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. Based on interview and record review the facility failed to monitor for medication side effects of an antibiotic, evaluate the effectiveness of pain medication administered and failed to administer medications per physician orders for 1 of 5 residents reviewed for medications</td>
</tr>
</tbody>
</table>
Findings include:

The record for Resident # 64 was reviewed on 01/12/17 at 11:40 a.m. Diagnoses included, but were not limited to, chronic obstructive pulmonary disease, pneumonia, congestive heart failure, type 2 diabetes mellitus, restless leg syndrome.

Allergies included, but were not limited to, levofloxacin, sulfa antibiotics, penicillin's, tetracycline's, azithromycin, and cepalexin.

Physician orders included the following: Doxycycline (a broad spectrum antibiotic of the tetracycline class) 100 mg (milligram) give one capsule by mouth every 12 hours for pneumonia for 10 administrations until finished with a start date of 1/7/17 at 10 p.m. Tramadol (an opioid pain medication) 50 mg give one tablet by mouth every 4 hours as needed for pain with a start date of 01/06/17 at 9:00 p.m. Ranolazine (heart medication for angina) ER (extended release) 500 mg give one tablet by mouth one time a day for Coronary Artery Disease with a start date of 01/07/17 at 9:00 a.m. Ropinirole (a dopamine agonist to treat orders. All residents have the potential to be affected by this deficient practice. Immediately, the DON educated nursing staff on proper assessments with pain education and protocol for late admissions when medications are not readily available. There will be a mandatory all staff in-service on January 27, 2017, to re-educate Nurses on the Pain Management Program Policy (Attachment A) and the policy titled Ordering and Receiving Medications From Pharmacy (Attachment B). QA Tool: Medication Review (Attachment C) will be completed by the DON or designee daily on weekdays for 5 days, weekly for four weeks, monthly for six months, and as needed thereafter as determined by QA. 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.
<table>
<thead>
<tr>
<th>(X4) ID</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>ID</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
<th>(X5) COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PREFIX</td>
<td>(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</td>
<td>PREFIX</td>
<td>(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</td>
<td></td>
</tr>
</tbody>
</table>

- **restless leg syndrome** 2 mg give one tablet by mouth two times a day for restless leg syndrome with a start date of 01/07/17 at 9:00 a.m.
- **Actos** (anti-diabetic medication) 30 mg give one tablet by mouth one time a day for Diabetes Mellitus with a start date of 01/06/17 at 6:00 a.m.
- **Apixaban** (an anticoagulant) give 2.5 mg by mouth two times a day for DVT (deep vein thrombosis) prophylaxis with a start date of 01/06/2017 at 9:00 p.m.
- **Clopidogrel** (a blood thinner) 75 mg give one tablet by mouth one time a day for platelet aggregate with a start date of 01/07/17.

The Medication Administration Record indicated a dose of Tramadol was given on 01/09/17 at 11:50 p.m., 1/10/17 at 8:50 p.m., and 1/11/17 at 3:20 p.m. The prn (as needed) pain management flow sheet did not include the results of the pain medication given on these dates.

The Medication Administration record indicated the following medications were not given:
- Ranolazine ER 500 mg was not given on January 7, 2017.
- Ropinirole 2 mg was not given on January 7, 2017 at 9:00 a.m.
- Actos 30 mg was not given on January 7, 2017.

All systematic changes will be completed by January 30, 2017.
Apixaban 2.5 mg was not given on January 6 at 9:00 p.m., and not given on January 7, 2017 at 9:00 a.m.
Clopidogrel 75 mg was not given on January 7th or January 8, 2017.

During an interview on 01/13/17 at 2:23 p.m., the DON (Director of Nursing) indicated a medication circled on the Medication Administration Record shows the medication was not given and the physician should be called to ask for a substitute or for an order for the medication to be given when available from the pharmacy. The DON could not provide documentation the physician was notified of the medications not being given on 1/6/17, 1/7/17 and 1/8/17. The DON indicated the resident did not have a care plan in place to monitor for pneumonia or the side effects of the antibiotic doxycycline and could not provide documentation of side effect monitoring. The DON indicated every time a pain medication is given the prn pain management flow sheet should be filled out including results of the pain level within one hour after medication given.

A current policy titled "Ordering and Receiving Medications from Pharmacy" received from the DON on 1/13/17 at 3:17 p.m., indicated "...New medications,
A current policy titled "Pain Management Program" received from the DON on 1/13/17 at 3:17 p.m., indicated "...Documentation of administration of prn pain medication will be completed on the PRN Pain Medication Flow Sheet...Evaluation of effectiveness will be determined by reassessing level of pain 30-60 minutes post medication administration...."

3.1-37(a)
### STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

**IDENTIFICATION NUMBER:** 155774

**DATE SURVEY COMPLETED:** 01/13/2017

**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) | **COMPLETION DATE**
--- | --- | --- | --- | --- | --- | --- | --- | ---
F 0367 | SS=D | Bldg. 00 | 483.60(e)(1)(2) THERAPEUTIC DIET PRESCRIBED BY PHYSICIAN (e) Therapeutic Diets (e)(1) Therapeutic diets must be prescribed by the attending physician. (e)(2) The attending physician may delegate to a registered or licensed dietitian the task of prescribing a resident’s diet, including a therapeutic diet, to the extent allowed by State law. Based on observation, interview and record review, the facility failed to ensure a therapeutic diet and a supplement had a physician's order for 2 of 2 residents reviewed for nutrition (Resident #14 and #37). Findings include: 1. During an observation on 01/11/17 at 12:10 p.m., Resident #14 was eating pureed carrots, pureed meat and mashed potatoes. The record for Resident #14 was reviewed on 01/12/17 at 11:30 a.m. Diagnoses included, but were not limited to, cerebral infarction, diabetes mellitus and dysphagia. | F 0367 | It is the policy of Miller’s Merry Manor to ensure a physician’s order is in place for a therapeutic diet and a supplement. The resident, who was in house during survey affected by this practice, had their care plan and diet orders clarified and updated where necessary. All residents have the potential to be affected by this deficient practice. All current resident charts have been audited to ensure accuracy with physician orders and updated where necessary. There will be a mandatory all staff | 01/30/2017

**NAME OF PROVIDER OR SUPPLIER:** MILLER'S MERRY MANOR

**STREET ADDRESS, CITY, STATE, ZIP CODE:** 1101 MICHIGAN AVE LOGANSPORT, IN 46947

**LOGANSPORT, IN 46947**

155774 01/13/2017

MILLER'S MERRY MANOR

1101 MICHIGAN AVE

LOGANSPORT, IN 46947

155774 01/13/2017
A care plan dated 01/04/16 indicated the resident was at a nutritional risk related to a therapeutic diet of a 2GMNA/CCD (gram sodium carbohydrate controlled) diet.

A dietary slip sent to the kitchen dated 01/04/17 signed by the DON (Director of Nursing) indicated 2gm sodium, skim milk, limit egg yolk to three times a week, no organ meat, CCD.

During an interview on 01/12/17 at 3:05 p.m., the CDM (certified dietary manager) #1 indicated she did not know the reason the resident was receiving a pureed diet and indicated the resident was not care planned for swallowing problems. The CDM indicated she did not know what the diet order should be for this resident.

During an interview on 01/12/17 at 3:10 p.m., the DON indicated she was not sure what the diet order should be for this resident.

During an interview on 01/12/17 at 3:14 p.m., the Director of Nutritional Services #2 indicated the kitchen had a diet order of pureed, nectar thick liquids, and 2 gram sodium.

in-service on January 27, 2017, to re-educate staff on the protocol for therapeutic diets and supplements. QA Tool: Therapeutic Diet and Supplement Orders (Attachment D) will be completed by the DON or designee daily on weekdays for 5 days, weekly for four weeks, monthly for six months, and as needed thereafter as determined by QA. 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. All systematic changes will be completed by January 30, 2017.
During an interview on 01/13/17 at 10:45 a.m., the resident indicated she had received pureed food since admission and her drinks had all been thickened. She indicated she still had trouble swallowing.

During an interview on 01/13/17 at 11:42 a.m., the DON indicated she hand wrote the resident's diet order on the medical summary upon admission and did not include a date, time or the physician's name. The DON indicated she could not provide a signed physician order for the admission diet.

2. A review of the clinical record for Resident #37 was done on 1/12/17 at 10:15 a.m. Diagnoses included, but were not limited to, aftercare following joint replacement surgery, hypothyroidism, schizoaffective disorder, bipolar disorder, insomnia, and pulmonary hypertension.

A fax message to the (name of physician) from the DON on 8/7/16 indicated the resident had lost 3.7 pounds in one week and a total of 12.7 pounds since admission. Resident indicated he was usually not hungry, and consumed 75-100% of Ensure (nutritional supplement) with meals.

Resident #37 Medication Administration Record did not have Ensure listed as an
**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**IDENTIFICATION NUMBER:** 155774

**NAME OF PROVIDER OR SUPPLIER:** MILLER'S MERRY MANOR

**STREET ADDRESS, CITY, STATE, ZIP CODE:** 1101 MICHIGAN AVE

**LOGANSPORT, IN 46947**

<table>
<thead>
<tr>
<th>(X4) ID</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>ID</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>(X5) COMPLETION DATE</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ORDER TO BE GIVEN.**

During an interview with CDM #1 on 1/12/17 at 3:00 p.m., she indicated Ensure had been recommended by the Registered Dietician on 1/3/17. The CDM#1 also indicated the nutritional supplement required a physician's order.

A review of a document titled "Pharmaceutical Supplements", undated, received from the CDM #1 on 1/12/17 at 3:49 p.m., indicated, "... All Pharmaceutical Supplement feedings require a physician's order...."

3.1-21(b)

- **483.45(b)(2)(3)(g)(h)**
  - **DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS**
  - The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g) 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.
  - (a) Procedures. 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.

(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who--

(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and

(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.

(g) Labeling of Drugs and Biologicals.
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.

(h) Storage of Drugs and Biologicals.
(1) 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.

(2) 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
<table>
<thead>
<tr>
<th>X2) MULTIPLE CONSTRUCTION</th>
<th>PROVIDER’S PLAN OF CORRECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. BUILDING 00 B. WING</td>
<td>(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCES TO THE APPROPRIATE DEFICIENCY)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
</tr>
</thead>
<tbody>
<tr>
<td>012036</td>
<td>6HCS11</td>
<td></td>
</tr>
</tbody>
</table>

**NAME OF PROVIDER OR SUPPLIER**

**Miller’s Merry Manor**

**STREET ADDRESS, CITY, STATE, ZIP CODE**

1101 Michigan Ave
Logansport, IN 46947

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**IDENTIFICATION NUMBER:** 155774

**DATE SURVEY COMPLETED:** 01/13/2017

**SUMMARY STATEMENT OF DEFICIENCIES**

**PREFIX**

**ID**

**TAG**

**F 0431**

It is the policy of Miller’s Merry Manor to ensure medications have proper labeling. The Spiriva was immediately disposed of, and a new supply was sent from the resident’s pharmacy. All insulin dependent diabetics have the potential to be affected by this deficient practice. For the three insulin pens noted to not have resident identification on them, an audit was completed to ensure they had the resident name and date of opening on the pen. All diabetic pens were audited to ensure they were labeled with identifying information. There will be a mandatory in-service for all Nurses on the policy titled Medication Labels (Attachment E) on January 27, 2017. QA Tool: Medication Review (Attachment C) will be completed by the DON or designee daily on weekdays for 5 days, weekly for four weeks, monthly for six months, and as needed thereafter as determined by.

**FINDINGS INCLUDE:**

- A review of the medication cart was conducted on 1/13/17 at 9:30 a.m., the following was observed:
  - Spiriva (a bronchodilator) for Resident #5 had no pharmacy label, the RN #1 indicated the medication was brought to the facility by the family from home with no prescription label.
  - Insulin Humalog pen (antidiabetic) for Resident #3 was found with no pharmacy label.
  - Insulin Novolog Pen (antidiabetic) for Resident #14 had no pharmacy label and Lantus pen had no pharmacy label.
  - Insulin Levimir Pen (antidiabetic) for Resident #64 was found to have no pharmacy label.
  - During an interview with the DON on 01/13/2017 at 1:35 p.m., she indicated...
<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
<th>(X5) COMPLETION DATE</th>
</tr>
</thead>
</table>
| F 0465 | 483.90(h)(5) | SAFE/FUNCTIONAL/SANITARY/COMFORT TABLE ENVIRON (h) Other Environmental Conditions | the insulin pens were marked on plastic baggie with Resident's name and not all pens were in a plastic bag. A review of a current policy titled "Medication Labels" dated 12/10/2012, obtained from the DON on 1/13/17 at 1:39 p.m., indicated "...Policy. Medications are labeled in accordance with facility requirements and state and federal laws. Only the pharmacy can modify or change prescription labels...1. Each prescription medication label includes: A. Resident's name. B. Specific directions for use, including route of administration...2. Improperly or inaccurately labeled medications are rejected and returned to the pharmacy. 3. The pharmacy permanently affixes labels to the outside of prescription containers. 4. Contents are not transferred from one container to another. Medication labels are not altered, modified, or marked in any way by nursing personnel...."
| QA. 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. All systematic changes will be completed by January 30, 2017. | |
The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.

(h)(5) Establish policies, in accordance with applicable Federal, State, and local laws and regulations, regarding smoking, smoking areas, and smoking safety that also take into account non-smoking residents.

Based on observation and interview the facility failed to maintain the bathroom doors in good repair for 2 of 9 resident rooms reviewed (Room 325 and 326).

Findings include:

During an observation on 1/11/17 at 3:09 p.m., the bathroom door to room 325 had one long gouge the width of the door and scattered gouging up to the middle of the door.

During an observation on 1/11/17 at 3:45 p.m., the bathroom door to room 326 had gouges on the bottom and was scraped and gouged on the entire lower half of the door.

During a tour with the Plant Engineer #3 and the Administrator, the Plant Engineer indicated both doors were gouged and he was not aware of the gouging.

During an interview on 1/13/17 at 11:25 a.m., the Administrator indicated there.

It is the policy of Miller’s Merry Manor to keep our facility in good repair. Since The Arbor is on a floor of the hospital, their maintenance staff takes care of any environmental concerns. A maintenance request was immediately put into the computer system for the bathroom doors in two resident rooms to be repaired from gouges. All resident bathroom doors have the potential to be affected by this deficient practice due to assistive devices hitting the doors. A mandatory all staff in-service will take place on January 27, 2017, where staff will be re-educated on the process of letting the Administrator know when there is a need for a maintenance request, and
<table>
<thead>
<tr>
<th>ID</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
<th>COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>was no policy on reporting maintenance issues.</td>
<td>how that information is then put into the hospital maintenance request system.</td>
<td></td>
</tr>
<tr>
<td>3.1-19(f)</td>
<td>QA Tool: Environmental Conditions (Attachment F) will be completed by the Administrator or designee daily on weekdays for 5 days, weekly for four weeks, monthly for six months, and as needed thereafter as determined by QA. 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. All systematic changes will be completed by January 30, 2017</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>