STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED
	155102		12/14/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLER'S MERRY MANOR	635 OAKHILL AVE PLYMOUTH, IN 46563

(X4) 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)	(X5) COMPLETION DATE
F 0000 Bldg. 00	This visit was for the Recertification and State Licensure Survey. This visit included a State Residential Licensure Survey. Survey dates: December 8, 9, 10, 11 and 14, 2015 Facility Number: 000041 Provider Number: 155102 AIM Number: 100275400 Census bed type: SNF: 07 SNF/NF: 78 Total: 85 Census payor type: Medicare: 07 Medicaid: 57 Other: 21 Total: 85 These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1. Quality Review completed by 14454 on December 16, 2015.	F 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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F 0315 SS=D Bldg. 00	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. Based on observation, record review and interview, the facility failed to follow restorative toileting care plans for 2 of 3 residents reviewed for incontinence. (Resident # 20 and Resident #5) Findings include: 1. On 12/10/15 at 12:45 P.M., a review of the clinical record for Resident # 20 was conducted. Resident #20 was admitted on 5/19/12. The resident's diagnoses included, but were not limited to: Alzheimer's disease, dementia with behavioral disturbance, anxiety disorder, heart failure, atrial fibrillation and systemic lupus. A Significant Change Minimal Data Set (MDS) assessment, dated 10/6/15, indicated the resident's Brief Interview Mental Status (BIMS) score was 3,	F 0315	F315: No Catheter, Prevent UTI, Restore Bladder It is the policy of Miller's Merry Manor, Plymouth, that a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. Resident #20 has had a reassessment of incontinence. Toileting plan has been reviewed and appropriate changes have been made. Care plan has also been reviewed and updated. Resident #5 has had a reassessment of her incontinence. Toileting plan has been reviewed and appropriate changes have been made. Care plan has also been reviewed and updated. All residents currently on restorative plans for toileting have the potential to be affected. The facility will review all residents who are currently on a restorative toileting plan to ensure that the resident remains appropriate for this plan. Changes to plan of care	01/13/2016

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NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 635 OAKHILL AVE PLYMOUTH, IN 46563	

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	indicating severe cognitive impairment. The MDS assessment further indicated the resident required a 2 person extensive assist with toileting, was frequently incontinent of urine and was on a restorative toileting program. A restorative toileting care plan, initiated 3/18/11 and revised on 5/9/11, indicated the resident had increased incontinence of bladder and required staff assist with transfers to toilet. The interventions included, but were not limited to: toilet upon rising, before/after meals, before bed, toilet the resident every 2 to 3 hours through the night, provide incontinence product and monitor skin. Another care plan indicated the resident had the potential for skin breakdown due to incontinence and mentally unaware of need to void. A CNA (Certified Nursing Assistant) worksheet indicated the resident was on a restorative toileting program and was occasionally incontinent. On 12/11/15 at 9:15 AM, Resident #20 was observed sitting in the lunge area watching TV (television). At 10:20 A.M., the resident was taken to an activity called "coffee time." The resident's brief was not checked or changed prior to going the the activity.		will be made based upon the bladder assessment and voiding pattern. Staff will be re-educated on following the resident plan of care for toileting on or before January 13, 2016. To ensure ongoing compliance, the DON/Designee will complete the Quality Assessment/Improvement tool “Bladder and Bowel Incontinence Review” (Attachment A). This tool will be completed on 25% of the resident population monthly x4 and then quarterly thereafter. Any issues identified will be addressed immediately and logged on the “Quality Improvement Summary Log” (Attachment B). The summary log will be reviewed and updated as needed in the monthly facility Quality Assurance/Quality Improvement meeting. Date of Compliance January 13, 2016.	

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	The resident remained in main activity area/dining room until 12:01 P.M. At that time, CNA #1 returned the resident to her room. The resident was observed being placed on the toilet by CNA #1 and RN (Registered Nurse) #3. The resident urinated a small amount of urine. The resident's incontinence brief was removed. The brief was heavily saturated with urine and had a strong ammonia odor. During an interview, on 12/11/15 at 12:11 P.M., CNA #1 indicated the resident was to be toileted and brief checked every 2 hours. 2. On 12/10/15 from 12:45 P.M. thru 3:15 P.M., Resident #5 was observed sitting in her wheelchair watching TV. A staff member was observed going into resident's room at 2:45 P.M. and placing linens in room. The staff member asked the resident if she needed anything. The resident did not ask to be toileted. On 12/11/15 from 9:15 A.M. to 11:39 A.M., Resident #5 was observed in her room, sitting in her wheelchair. At 11:40 A.M., CNA #2 was observed going into the resident's room. CNA #2 asked the resident if she was ready to go to lunch and propelled the resident by wheelchair out of her room and down the hallway.			

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	CNA #2 returned the resident to her room, to check the resident's brief. CNA #2 propelled the resident, in her wheelchair, into her restroom and assisted the resident to the toilet. The resident voided a moderate amount of urine. The brief was removed and CNA #2 indicated the brief was saturated with urine. The brief was observed to have a moderate amount of yellow urine in the brief. During an interview, on 12/11/15 at 11:45 A.M., CNA #2 indicated the resident was to be taken to the restroom to urinate and have her brief checked for soiling every 2 hours. On 12/10115 at 2:15 P.M., a review of the clinical record for Resident # 5 was conducted. Resident #5 was admitted on 4/12/12. The resident's diagnoses included, but were not limited to: Alzheimer's disease, non-rheumatic aortic valve disorder and anemia. A Quarterly MDS Assessment, dated 9/20/15, indicated the resident's Brief Interview Mental Status (BIMS) score was 3, indicating severe cognitive impairment. The assessment further indicated the resident was occasionally incontinent, needed the assist of one person when toileted, and was currently			

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	on a toileting program (scheduled toileting, prompted voiding or bladder training currently used). A care plan, dated 3/19/13, and revised on 6/11/13, indicated the resident was on a restorative toileting program and was at risk for episodes of urinary incontinence due to dementia and required assist with transfers. The interventions included but were not limited to: assist to toilet upon rising, before and after meals, at bedtime and as needed. Another care plan, dated 9/3/13, indicated the resident was incontinent of bladder with a potential for skin breakdown related to physically or mentally unaware of need to void. The interventions included but were not limited to: assist to toilet and/or check and change every 2 hours with pericare after each episode of incontinence. A CNA worksheet indicated resident was on a restorative toileting program and was occasionally incontinent. On 12/11/15 at 3:30 P.M., the Director of Nursing provided a policy titled " Bladder Rehabilitation Programs, dated 6/23/14, and indicated the policy was the one currently being used by the facility. The policy indicated "...3. Bladder Habit Training Program (routine assisted or prompted toileting) A. Determine if there			

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	is a pattern from the 3 day voiding assessment. B. If there is a pattern, develop the toileting program from this pattern. C. If there is not a determinable pattern, develop a plan to toilet the resident at regular intervals and prevent incontinence related complications. D. Update the careplan and CNA assignment sheet to include the plan...." During an interview, on 12/14/15 at 1:15 P.M., the Director of Nursing (DON) indicated Resident #20 and Resident #5 had a 3 day voiding pattern assessment started on 12/12/15 and the one prior to the current assessment would be over a year ago for both residents. She further indicated a voiding pattern assessment would only be conducted if there were a change in the resident's voiding pattern. A previous 3 day voiding pattern assessment was not provided by the DON. 3.1-41(a)(2)			

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R 0000 Bldg. 00	This visit was for a State Residential Licensure Survey. Residential census: 0 Sample: 0 Miller's Merry Manor - Plymouth was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey.	R 0000		