

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155039	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/31/2014
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NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 317 BLAIR PIKE PERU, IN 46970
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F000000	<p>This visit was for the Recertification and State Licensure survey.</p> <p>Survey dates: January 23, 24, 29, 30, and 31, 2014</p> <p>Facility number: 000014 Provider number: 155039 AIM number: 100288670</p> <p>Lora Swanson, RN-TC Julie Wagoner, RN Deb Kammeyer, RN (1/29, 1/30, 1/31, 2014) Honey Kuhn, RN (1/29, 1/30, 1/31, 2014) Brenda Meredith, RN (1/29, 1/30, 2014)</p> <p>Census bed type: SNF: 9 SNF/NF: 59 Total: 68</p> <p>Census payor type: Medicare: 8 Medicaid: 47 Other: 13 Total: 68</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p>	F000000	The facility requests a paper compliance review of this plan of correction.	

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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F000279 SS=D	<p>Quality Review completed on February 4, 2014, by Brenda Meredith, R.N.</p> <p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on record review and interviews, the facility failed to ensure a care plan was developed to address toileting and incontinence needs for 1 of 3 residents reviewed</p>	F000279	CORRECTIVE ACTION(S) FOR THOSE AFFECTED: The plan of care for resident #88 was updated on 1/31/14 to address toileting and incontinence needs. CORRECTIVE ACTION(S) FOR OTHERS	02/21/2014			

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	<p>for declines in incontinence. (Resident #88)</p> <p>Findings include:</p> <p>Resident #88 was admitted to the facility on 09/29/13 with diagnosis, including but not limited to depressive disorder, macular degeneration of retina, osteoporosis, abdominal pain, dementia, vitamin b12 deficiency anemia, hypertension, and iron deficiency anemia.</p> <p>The Initial MDS (Minimum Data Set) assessment, completed on 10/06/13, indicated the resident was occasionally incontinent of her bladder.</p> <p>The Quarterly MDS assessment, completed on 12/30/13, indicated the resident had declined and was always incontinent of her bladder.</p> <p>A Bladder incontinence assessment for Resident #88, completed on 09/29/13, indicated the resident was occasionally incontinent of her bladder, required one staff assistance to/from the toilet, had no contributing medical diagnosis or medications affecting her incontinence, did not have a history</p>		<p>IDENTIFIED: Utilizing the Incontinence Audit tool (see Attachment A), nurse managers will identify all residents with toileting and/or incontinence needs and audit their plans of care to determine whether toileting/incontinence needs have been addressed. When needed, the plans of care will be initiated or updated to appropriately address the toileting/incontinence needs identified. MEASURES TO PREVENT RECURRENCE: The Director of Nursing (DON) will educate the Minimum Data Set (MDS) Coordinator and the MDS Assistant to review the plans of care for those residents with toileting and incontinence needs, with the completion of each quarterly, annual, or significant change MDS, in order to determine whether these needs are appropriately addressed. Upon completion of this review, where needed, the MDS Coordinator or MDS Assistant will initiate or update the plan of care to address toileting/incontinence needs. The MDS Coordinator and/or MDS Assistant will record the results of her reviews and actions taken on the Incontinence Audit tool (Attachment A) for the DON to review weekly. MONITORING TO PREVENT RECURRENCE: Monthly, the DON will report to the Quality Assurance (QA) Committee the results of the reviews and necessary actions</p>	

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	<p>of bladder incontinence, was mentally and physically aware of the need to void and also able to resist voiding for bladder retraining programs.</p> <p>A Bladder incontinence assessment, completed in 11/28/13, indicated the resident was always incontinent of bladder, had a history of incontinence, had no incontinence pattern detected, and was not mentally or physically aware of the need to void.</p> <p>Resident #88's current health care plans, last reviewed on 01/10/14, indicated there was no plan related to toileting, incontinence, or activities of daily living for toileting needs.</p> <p>Interview with CNA #1, on 01/30/14 at 10:00 A.M., indicated Resident #88 could walk short distances with a walker and did need help to transfer from her bed to her wheelchair or her wheelchair to the toilet. She indicated the resident sometimes requested toileting and sometimes did not request toileting. She indicated she tried to toilet the resident before and after meals if the resident did not request toileting. She indicated usually the resident was continent but sometimes there</p>		<p>taken to initiate and update the plans of care for residents with toileting/incontinence needs. The QA Committee will review these reports and recommend any further action necessary to ensure that toileting/incontinence needs are being addressed on the plans of care.</p>		

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F000315 SS=D	<p>was some urine incontinence. CNA #1 provided printed assignment sheets with care instructions for her assigned residents. The toileting instruction portion for Resident #88 only indicated the following instructions: " pull up/poise pads."</p> <p>Interview with the MDS coordinator, RN #2, on 01/30/14 at 11:00 A.M., confirmed there was no plan regarding toileting for Resident #88.</p> <p>3.1-35(a)</p> <p>483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER</p> <p>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.</p> <p>Based on record review and interviews, the facility failed to ensure a thorough bladder incontinence assessment was completed after a significant decline in bladder continence was noted and an individualized plan of care was developed for 1 of 3 residents</p>	F000315	CORRECTIVE ACTION(S) FOR THOSE AFFECTED: Utilizing a voiding pattern record completed on 2/3/14, a thorough bladder incontinence assessment was completed on 2/5/14 for resident #88. The plan of care for resident #88 was updated on 1/31/14 to address toileting and	02/21/2014			

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	<p>reviewed for bladder incontinency declines. (Resident #88)</p> <p>Findings include:</p> <p>Resident #88 was admitted to the facility on 09/29/13 with diagnosis, including but not limited to depressive disorder, macular degeneration of retina, osteoporosis, abdominal pain, dementia, vitamin b12 deficiency anemia, hypertension, benign neoplasm of the colon, and iron deficiency anemia.</p> <p>The Initial MDS (Minimum Data Set) assessment, completed on 10/06/13, indicated the resident was occasionally incontinent of her bladder.</p> <p>The Quarterly MDS assessment, completed on 12/30/13, indicated the resident had declined and was always incontinent of her bladder.</p> <p>A Bladder incontinence assessment for Resident #88, completed on 09/29/13, indicated the resident was occasionally incontinent of her bladder, required one staff assistance to/from the toilet, had no contributing medical diagnosis or medications affecting her</p>		<p>incontinence needs. CORRECTIVE ACTION(S) FOR OTHERS IDENTIFIED: Using the Incontinence Audit tool (Attachment A), nurse managers will audit all residents with bladder incontinence to identify whether a thorough bladder incontinence assessment was completed, per facility policy, with each admission, annual MDS, and significant change due to a decline in bladder continence. For those residents identified with a decline in bladder continence and whose assessments are not current, a voiding pattern record will be completed and then utilized by the nurse manager or charge nurse to complete a thorough bladder incontinence assessment. For all other residents lacking a current, thorough bladder incontinence assessment, the nurse manager or charge nurse will complete a thorough bladder incontinence assessment. Utilizing the Incontinence Audit tool (see Attachment A), nurse managers will identify all residents with toileting and/or incontinence needs and audit their plans of care to determine whether toileting/incontinence needs have been addressed. When needed, the plans of care will be initiated or updated to appropriately address the toileting/incontinence needs identified. MEASURES TO PREVENT RECURRENCE:</p>		

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	<p>incontinence, did not have a history of bladder incontinence, was mentally and physically aware of the need to void and also able to resist voiding for bladder retraining programs. A three (3) day voiding pattern assessment, completed 10/01/13 - 10/03/13, indicated the resident was only incontinent on 2 occasions on the third day of the assessment. The resident was otherwise continent.</p> <p>A Bladder incontinence assessment, completed in 11/28/13, indicated the resident was always incontinent of bladder, had a history of incontinence, had no incontinence pattern detected, and was not mentally or physically aware of the need to void. The voiding pattern record utilized for the assessment was the 10/01/13 - 10/03/13 voiding patterning assessment. There was no documentation a voiding pattern had been determined for the 11/28/13 assessment time frame.</p> <p>Resident #88's current health care plans, last reviewed on 01/10/14, indicated there was no plan related to toileting, incontinence, or activities of daily living for toileting needs.</p> <p>Interview with CNA #1, on 01/30/14</p>		<p>The DON will educate the MDS Coordinator and the MDS Assistant to review the medical record, with the completion of each admission, annual, or significant change MDS, in order to determine whether there is a thorough, current bladder incontinence assessment for each resident admitted with bladder incontinence and for each resident who has had a decline in bladder continence. When such an assessment is lacking, the MDS Coordinator will request that a nurse manager or charge nurse complete it. The MDS Coordinator and/or MDS Assistant will record the results of her reviews and actions taken on the Incontinence Audit tool (Attachment A) for the DON to review weekly. The Director of Nursing (DON) will educate the Minimum Data Set (MDS) Coordinator and the MDS Assistant to review the plans of care for those residents with toileting and incontinence needs, with the completion of each quarterly, annual, or significant change MDS, in order to determine whether these needs are appropriately addressed. Upon completion of this review, where needed, the MDS Coordinator or MDS Assistant will initiate or update the plan of care to address toileting/incontinence needs. The MDS Coordinator and/or MDS Assistant will record the results of her reviews and</p>		

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	<p>at 10:00 A.M., indicated Resident #88 could walk short distances with a walker and did need help to transfer from her bed to her wheelchair or her wheelchair to the toilet. She indicated the resident sometimes requested toileting and sometimes did not request toileting. She indicated she tried to toilet the resident before and after meals if the resident did not request toileting. She indicated usually the resident was continent but sometimes there was some urine incontinence. CNA #1 provided printed assignment sheets with care instructions for her assigned residents. The toileting instruction portion for Resident #88 only indicated the following instructions: " pull up/poise pads."</p> <p>Interview with the MDS coordinator, RN #2, on 01/30/14 at 11:00 A.M., indicated a new bladder incontinence assessment was not always completed when there was a significant decline if a short term issue was determined to be the causative factor affecting the incontinence. She indicated she thought the resident was experiencing behavior issues at the time of the decline. RN #2 also confirmed there was no care plan regarding toileting for Resident #88</p>		<p>actions taken on the Incontinence Audit tool (Attachment A) for the DON to review weekly. MONITORING TO PREVENT RECURRENCE: Monthly, the DON will report to the QA Committee the results of the reviews and necessary actions taken to ensure the completion of thorough bladder incontinence assessments and to initiate and update the plans of care for residents with toileting/incontinence needs. The QA Committee will review these reports and recommend any further action necessary to ensure that a thorough bladder incontinence assessment has been completed for each newly admitted resident with bladder incontinence and for each resident with a decline in bladder continence, and to ensure that toileting/incontinence needs are being addressed on the plans of care.</p>		

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	<p>developed even though both the initial and quarterly MDS indicated a plan was to be developed for incontinence and toileting needs.</p> <p>Interview with the Social Service Director (SSD), Employee #3, on 01/30/14 at 2:00 P.M. indicated Resident #88 had experienced some behaviors of anxiousness and "yelling and hollering" for help in December 2013. The Initial New Behavior Notes and follow up notes regarding behaviors indicated the resident was repetitively wandering, got anxious and requested a car so she could go home. The form indicated several interventions to address the behavior were attempted including toileting. There was no notes documented indicating the resident had become more incontinent while she was exhibiting these behaviors or that she resisted being toileted. Employee #3, the SSD, indicated Resident #88 was eventually moved to the dementia unit and her behaviors had decreased once she adjusted to the move.</p> <p>3.1-41(a)(2)</p>				

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