

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155297	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/17/2015
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NAME OF PROVIDER OR SUPPLIER MILLER'S HEALTH & REHAB BY MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 1007 LINCOLNWAY LA PORTE, IN 46350
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F 000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00169375.</p> <p>Complaint IN00169375- Substantiated. Federal/State deficiency related to the allegation is cited at F 328.</p> <p>Survey date: March 17, 2015</p> <p>Facility number: 000194 Provider number: 155297 AIM number: 100267790</p> <p>Survey team; Janet Adams, RN-TC</p> <p>Census bed type: SNF/NF: 46 Total: 46</p> <p>Census payor type: Medicare: 20 Medicaid: 13 Other: 13 Total: 46</p> <p>Sample: 5</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC</p>	F 000	Please accept the following as our credible allegation of compliance. The facility respectfully requests paper compliance for the below 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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F 328 SS=D Bldg. 00	<p>16.2-3.1.</p> <p>Quality review completed on March 18, 2015, by Janelyn Kulik, RN.</p> <p>483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses.</p> <p>Based on observation, record review, and interview, the facility failed to ensure respiratory care and services were provided related to not initiating respiratory treatments in a timely manner for 1 of 3 residents reviewed for respiratory treatments in the sample of 5. (Resident #D)</p> <p>Finding includes:</p> <p>During Orientation Tour with the Unit Manager on 3/17/15 at 8:25 a.m., Resident #D was observed in bed. The resident had a Bi-Pap (Bi-level Positive airway pressure) respiratory mask device in place.</p>	F 328	<p>F-Tag 328: Treatment / Care For Special Needs It is the policy of Miller's Health and Rehab, La Porte to ensure that residents receive proper treatment and care for special services including respiratory care (C-pap/Bipap) Resident D: Resident has been discharged from the facility. New admissions with orders for respiratory care are at risk to be affected by the deficient practice. The DON and Unit Manager completed an audit of all respiratory care orders for residents by 3/30/15 to ensure that orders are being administered as ordered by the physician. The facility Admission Coordinator will be responsible to complete the admission assessment (Attachment A) when</p>	04/07/2015

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	<p>The record for Resident #D was reviewed on 3/17/15 at 9:04 a.m. The resident's diagnoses included, but were not limited to, chronic airway obstruction, congestive heart failure, and pneumonia.</p> <p>Review of the 3/7/15 Admission Physician orders indicated there was an order written for the resident to have a Bi-Pap machine at night. There was also an order written on 3/9/15 for the resident to have a Bi-Pap machine on at bedtime and as needed daily.</p> <p>Review of the 3/2015 Oxygen Administration Record indicated the Bi-Pap was not initiated until 3/10/15 at 9:00 p.m.</p> <p>The 3/9/15 Physician's Initial Evaluation report indicated the resident's diagnoses included, chronic obstructive pulmonary disease, and acute on chronic respiratory failure. The Review of Systems section on the report indicated the resident had some dyspnea (difficulty breathing) and tachypnea (increased respiratory rate). The report also indicated the resident was to receive comfort care.</p> <p>The 3/9/15 Nursing Assessment Notes were reviewed. An entry made at 12:04 a.m. indicated the resident's respiratory rate was 18 and her blood pressure was</p>		<p>screening a resident for admission to the unit. The assessment specifically requires the assessment of any specialized care needs, such as respiratory care. All nurses were in-serviced by 4/7/15 on the importance of following physician orders for respiratory care. Nurses will be educated on the need to call for prompt clarification of respiratory care orders. In the event necessary equipment is not readily available at the facility the charge nurse will contact the DON for assistance in obtaining the necessary equipment to ensure respiratory care is delivered as ordered. The DON or other designee will be responsible to complete the QA tool titled "Respiratory Care Services" (Attachment B) daily x 1 week, then bi-weekly for 4 weeks, then weekly for 4 weeks, then monthly thereafter to monitor for ongoing compliance. Any identified trends will be corrected and logged on facility QA tracking log. The QA tracking logs are reviewed during the facility monthly QA meeting to ensure ongoing compliance.</p>				

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	<p>148/74. The entry also indicated the resident had no shortness of breath, cough, or complaints of pain.</p> <p>Review of the resident's current Care Plans indicated there was a Care Plan in place which indicated the resident had the potential for exacerbation of chronic obstructive pulmonary disease and required the use of Bi-Pap.</p> <p>When interviewed on 3/17/15 at 10:50 a.m., the Director of Nursing indicated the resident was admitted from the hospital on 3/7/15. The Director of Nursing also indicated the Physician wrote orders on the 3/7/15 "Patient Transfer Order Form" for the resident to receive Bi-Pap at night. The Director of Nursing indicated the Bi-Pap had not been initiated until 3/9/15 after a family voiced concerns about the resident not having the device in place. The Director of Nursing indicated when the hospital transferred the resident there was a C-Pap (Continuous Positive airway pressure) machine brought with the resident from the hospital. The Director of Nursing indicated neither Bi-Pap or C-Pap machines were used on 3/7/15 or 3/8/15 as the Nursing staff did not clarify the order or instructions.</p> <p>This Federal tag relates to Complaint</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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	IN00169375. 3.1-47(a)(6)				