STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155627	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 01/25/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLER'S MERRY MANOR	1720 ALBER ST WABASH, IN 46992

(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
F0000	This visit was for the Recertification and State Licensure Survey. Survey dates: January 21, 22, 23, 24 and 25, 2013 Facility number: 000578 Provider number: 155627 AIM number: 100267810 Survey team: Toni Maley, BSW- TC Linn Mackey, RN Shelley Reed, RN Census bed type: SNF/NF: 32 Total: 32 Census payor type: Medicare: 7 Medicaid: 22 Other: 3 Total: 32 These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2. Quality review completed by Debora Barth, RN.	F0000	Please accept the enclosed plan of correction as credible allegation of compliance for each deficiency cited during the annual Indiana State Department of Health survey conducted January 21-25, 2013. We respectfully request consideration for paper compliance for our submitted plan of correction. Should you have any questions or need additional information, please do not hesitate to contact me at 260-563-4112. Thank you, Lindsey Hart- Administrator	

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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F0157 SS=D	483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a). The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section. The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.			
	Based on interview and record review, the facility failed to notify a resident's physician related to an accident that resulted in an injury for 1 of 6 residents reviewed for	F0157	F157- NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)It is the policy of Miller's Merry Manor to notify the physician and responsible party immediately when an injury	02/23/2013

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	accidents. (Resident #27) Findings include: During a staff interview on 1/21/13 at 11:11 a.m., LPN #1 indicated Resident #27 had a witnessed fall within the past 30 days that resulted in a left hip fracture. During record review on 1/22/13 at 2:30 p.m., Resident #27's diagnoses included, but were not limited to, Parkinson's disease, dementia, altered mental status and a history of falls. During record review on 1/23/13 at 2:00 p.m., the initial occurrence assessment was reviewed. The assessment indicated, on 12/24/12 at 7:45 p.m., CNA #2 was assisting Resident #27 in her room. Resident #27 started to walk with walker and fell onto the floor and landed on her back. Resident #27 received a lump to the back of her head, measuring approximately 3" long that had started to bruise. Resident #27 also complained of tenderness upon movement, and bruising to her left leg was noted. A head to toe assessment was completed with neurological assessment and vital signs obtained per facility protocol. The physician		occurs which requires emergency treatment (Attachment A). Resident #27 remains in the facility and has had no further accidents or injuries. This was an isolated event and no other residents have been affected. The facility will implement the following changes to ensure this deficient practice does not re-occur. The facility will review all incidents daily to ensure that proper notification is completed. This will be the responsibility of the DON/Designee. The QA form 24 hour condition change, (Attachment B), will be completed daily for two weeks then weekly for two weeks, and monthly thereafter indefinitely. Any issues identified will be corrected immediately. Problems will be placed on the monthly QA summary log. The staff involved did receive education and disciplinary action. An all staff in-service will be conducted on 2/22/13 which will review the incident/accident policy and procedure. The QA summary log will be reviewed in QA monthly. DOC will be 2/23/13.	

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	was not notified of the incident or injuries to Resident #27. The Power of Attorney (POA) for Resident #27 was notified on 12/24/12 at 9:15 p.m., per phone message left on the answering machine. During an interview on 1/24/13 at 3:25 p.m., CNA #2 indicated he was the only staff member transferring Resident #27 at the time of her fall on 12/24/12. A follow-up assessment was completed on 12/25/12 at 3:00 a.m. The assessment indicated Resident #27 had bruising to back of the head and complaints of left leg and hip pain. No bruising was seen on her leg at the time, but an abrasion to her left shoulder blade was present. The assessment indicated pain medication was given to Resident #27, which provided relief. A nursing note, dated 12/25/12 at 6:40 a.m., indicated Resident #27 was found in bed, vomiting, pupils sluggish and the resident was lethargic. A bruise and swollen area was noted to her posterior head. The physician and POA were notified and Resident #27 was sent to the local hospital by ambulance for treatment. Resident #27 was hospitalized from			

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	12/25/12-12/30/12 for a left hip fracture. During an interview on 1/25/13 at 1:00 p.m., the Director of Nursing indicated the staff did not follow the facility policy related to a fall and assistance level as needed. She indicated the physician was not notified of the fall on 12/24/12. Review of a current facility policy, dated 2/14/2012, titled "Incident/Accident Report Procedure & Form," which was provided by the Director of Nursing on 1/23/13 at 2:32 p.m., indicated the following: "...B. Notification: I. Notify the Physician immediately for emergencies and injuries requiring emergency treatment.... III. Notify the responsible party immediately for emergencies...." 3.1-5(a)(1)			

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F0282 SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.			
	Based on interview and record review, the facility failed to implement the care plan correctly for 1 of 28 residents whose care plans were reviewed. (Resident #27) Findings include: During a staff interview on 1/21/13 at 11:11 a.m., LPN #1 indicated Resident #27 had a witnessed fall within the past 30 days that resulted in a left hip fracture. During record review on 1/22/13 at 2:30 p.m., Resident #27's diagnoses included, but were not limited to, Parkinson's disease, dementia, altered mental status and history of falls. During record review on 1/23/13 at 2:00 p.m., the initial occurrence assessment was reviewed. The assessment indicated, on 12/24/12 at 7:45 p.m., CNA #2 was assisting Resident #27 in her room by himself. Resident #27 fell onto the floor and landed on her back. Resident #27	F0282	F282-SERVICES BY QUALIFIED PERSONS/PER CARE PLAN It is the policy of Miller's Merry Manor that care will be provided to all residents in accordance with the resident's plan of care (Attachment C). Resident #27 remains in the facility and has had no other issues.All residents have the potential to be affected by this deficient practice. No other residents have been identified.All CNA's are provided with care task sheets. These reflect the level of care that the resident requires. Care sheets are updated at least weekly and PRN for changes. There is also a CNA communication book in place where changes in care are identified prior to changes being made on assignment sheets. All staff will be in serviced on fall prevention and following plan of care on 2/22/13. To ensure that care is provided per the resident's plan of care, the DON/ Designee will complete the care plan audit tool (Attachment D). This tool will be completed two times per week for two weeks then weekly for two weeks, and quarterly thereafter. All issues identified will be addressed immediately. Identified issues will be logged on the QA	02/23/2013

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	received a lump to back of her head, measuring approximately 3" long that had started to bruise. Resident #27 also complained of tenderness upon movement, and bruising to her left leg was noted. A head to toe assessment was completed with neurological assessment and vital signs obtained per facility protocol. A nursing note dated, 12/25/12 at 6:40 a.m., indicated Resident #27 was found in bed, vomiting, pupils sluggish and the resident was lethargic. A bruise and swollen area was noted to her posterior head. The physician and POA were notified and Resident #27 was sent to the local hospital by ambulance for treatment. Resident #27 was hospitalized from 12/25/12-12/30/12 for a left hip fracture. A neurological checklist was initiated for Resident #27 at the time of the fall. Resident #27 was being assessed for every 15 minutes for 1 hour, then every 30 minutes for 2 hours, then every 2 hours for 8 hours. The assessment included vital signs, pupil response, lethargy and reflexes until the resident was found in bed with a change of condition. No abnormal pupil change, lethargy or reflex change was identified until		summary log. This will be reviewed/ followed in the monthly QA meeting. Date of correction is 2/23/13.	

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	12/25/12 at 6:45 a.m. On 1/24/13 at 2:00 p.m., a care plan, dated 4/11/12, indicated Resident #27 required 1 person assistance during the day and 2 person assistance in the evening related to fatigue. A care plan, dated 1/2/13, indicated Resident #27 required a stand lift with the assistance of 2 staff related to her recent fall. On 1/24/13 at 2:10 p.m., the CNA assignment sheet was reviewed. The sheet indicated Resident #27 required a stand lift with 2 staff members to assist. During an interview on 1/24/13 at 3:25 p.m., CNA #2 indicated he was the only staff member transferring Resident #27 at the time of her fall on 12/24/12. A fall risk assessment, dated 10/19/12, was reviewed on 1/25/13 at 10:40 a.m. The assessment indicated Resident #27 had a history of falls within the past 30 days. During an interview on 1/25/13 at 1:00 p.m., the Director of Nursing indicated her staff did not follow facility policy related to a fall and assistance level as needed. .			

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	She indicated CNA#2 was inserviced on the importance of using 2 staff to assist Resident #27 in the evenings. 3.1-35(g)(2)			

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F0323 SS=G	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.			
	Based on interview and record review, the facility failed to ensure a resident was provided with the necessary care following a fall for 1 of 6 residents who were reviewed for accidents. (Resident #27) Findings include: During a staff interview on 1/21/13 at 11:11 a.m., LPN #1 indicated Resident #27 had a witnessed fall within the past 30 days that resulted in a left hip fracture. During record review on 1/22/13 at 2:30 p.m., Resident #27's diagnoses included, but were not limited to, Parkinson's disease, dementia, altered mental status and history of falls. During record review on 1/23/13 at 2:00 p.m., the initial occurrence assessment was reviewed. The assessment indicated, on 12/24/12 at "7:45 p.m., CNA #2 was assisting Resident #27 with a transfer in her	F0323	F323- FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICESIt is the policy of Miller's Merry Manor to ensure each resident receives adequate supervision and assistant devices to prevent accidents from occurring. Resident #27 had surgical repair of the fracture and continues to receive rehab services in the facility.All residents have the potential to be affected by this deficient practice. There have been no other issues identified.All residents are assessed upon admission, quarterly, and when any significant changes occur to identify their potential fall risk. Plan of care is then developed to identify risk factors and preventative interventions are put into place to reduce the risk for accidents and injuries. All CNA's are provided with care task sheets. These reflect the level of care that the resident requires. Care sheets are updated at least weekly and PRN for changes. There is also a CNA communication book in place where changes in care are identified prior to changes being made on assignment sheets. All	02/23/2013

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	room by himself. Resident #27 fell onto the floor and landed on her back. Resident #27 received a lump to the back of her head, measuring approximately 3" long that had started to bruise. Resident #27 also complained of tenderness upon movement, and bruising to her left leg was noted. A head to toe assessment was completed with neurological assessment and vital signs obtained per facility protocol. The physician was not notified of the incident or injuries to Resident #27. The Power of Attorney (POA) for Resident #27 was notified on 12/24/12 at 9:15 p.m.," per phone message left on the answering machine. A follow-up assessment was completed on 12/25/12 at 3:00 a.m. The assessment indicated Resident #27 had bruising to the back of her head and complaints of left leg and hip pain. No bruising was seen on her leg at the time, but an abrasion to her left shoulder blade was present. The assessment indicated pain medication was given to Resident #27, which provided relief. A neurological checklist was initiated for Resident #27 at the time of the fall. Resident #27 was being assessed for every 15 minutes for 1		staff will be in serviced on fall prevention and plan of care on 2/22/13.To ensure that care is provided per the resident's plan of care, the DON/ Designee will complete the care plan audit tool (Attachment D). This tool will be completed two times per week for two weeks then weekly for two weeks, and quarterly thereafter. All issues identified will be addressed immediately. Identified issues will be logged on the QA summary log. This will be reviewed/ followed in the monthly QA meeting. Date of correction is 2/23/13.	

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	hour, then every 30 minutes for 2 hours, then every 2 hours for 8 hours. The assessment included vital signs, pupil response, lethargy and reflexes until the resident was found in bed with a change of condition. No abnormal pupil change, lethargy or reflex change was identified until 12/25/12 at 6:45 a.m. A nursing note dated, 12/25/12 at 6:40 a.m., indicated Resident #27 was found in bed, vomiting, pupils sluggish and the resident was lethargic. A bruise and swollen area was noted to her posterior head. The physician and POA were notified and Resident #27 was sent to the local hospital by ambulance for treatment. Resident #27 was hospitalized from 12/25/12-12/30/12 for a left hip fracture. On 1/24/13 at 2:00 p.m., a care plan, dated 4/11/12, indicated Resident #27 required 1 person assistance during the day and 2 person assistance in the evening related to fatigue. A care plan, dated 1/2/13, indicated Resident #27 required a stand lift with the assistance of 2 staff related to her recent fall. On 1/24/13 at 2:10, the CNA assignment sheet was reviewed. The			

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	sheet indicated Resident #27 required a stand lift with 2 staff members to assist. During an interview on 1/24/13 at 3:25 p.m., CNA #2 indicated he was transferring Resident #27 by himself at the time of her fall on 12/24/12. He indicated no other staff member was present in her room. A fall risk assessment, dated 10/19/12, was reviewed on 1/25/13 at 10:40 a.m. The assessment indicated Resident #27 had a history of falls within the past 30 days. During an interview on 1/25/13 at 1:00 p.m., the Director of Nursing (DoN) indicated the staff did not follow facility policy related to a fall and assistance level as needed. Review of a current facility policy, dated 2/14/2012, titled "Incident/Accident Report Procedure & Form," which was provided by the Director of Nursing on 1/23/13 at 2:32 p.m., indicated the following: "...A. Assessment and Investigation: ... XI. After resident is thoroughly assessed and is safe for moving, assist resident up if they have fallen or assist resident to bed or chair if			

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	needed. For a resident that requires moderate transfer assistance and is on the floor, a mechanical lift (and at least two staff members) should be used to get resident up off the floor. B. Notification: I. Notify the Physician immediately for emergencies and injuries requiring emergency treatment. III. Notify the responsible party immediately for emergencies.... D. Follow-up Assessment and Documentation: II. Notify DON and Administration of incident with injury immediately so that ISDH may be notified if appropriate. 3.1-45(a)(2)			