

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155118	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/13/2012
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NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 787 N DETROIT ST LAGRANGE, IN 46761
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F000000	<p>This visit was for the Investigation of Complaint IN00102776.</p> <p>Complaint IN00102776-Substantiated. Federal/state deficiencies related to the allegation are cited at F323.</p> <p>Survey dates: February 12 - 13, 2012</p> <p>Facility number: 000049 Provider number: 155118 AIM number: 100270890</p> <p>Survey team: Ellen Ruppel, RN</p> <p>Census bed type: SNF: 18 SNF/NF: 75 Total: 93</p> <p>Census payor type: Medicare: 6 Medicaid: 57 Other: 30 Total: 93</p> <p>Sample: 4</p> <p>This deficiency also reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review 2/14/12 by Suzanne</p>	F000000	<p>Please accept this credible allegation of compliance to the findings of complaint survey # IN00102776. Please consider this as paper compliance for F 323.</p>	
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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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	Williams, RN			

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F000323 SS=D	<p>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 observation, interviews and record review, the facility failed to provide adequate supervision to prevent possible injury due to lack of having two staff members present during the transfer of a dependent resident. This deficit practice affected 1 of 3 residents needing extensive assistance for transfers in a sample of 4. Resident C</p> <p>Findings include:</p> <p>The clinical record of Resident C was reviewed, on 2/12/12 at 3:15 p.m., and indicated the resident had lived in the facility since 8/18/10. Her diagnoses included, but were not limited to: debility, muscle weakness, abdominal aneurysm, anxiety and hypertension. The record indicated hospice services had begun on 2/23/11, and a care plan intervention, dated 1/4/12, indicated she was to be transferred by two staff members at all times.</p> <p>The most current Minimum Data Set (MDS) assessment, of 11/25/11, indicated</p>	F000323	It is the policy of Miller's Merry Manor of LaGrange to provide adequate supervision and assistance to prevent accidents. Recident C had no ill effects from the deficient practice. All future transfers will be completed per plan of care. All residents who require extensive assistance of 2 staff members are at risk to be affected by the deficient practice. All RNs, LPNs, QMAs and CNAs were inserviced on 2/22/2012 regarding the Facility Policy and Procedure for transferring residents who require extensive assistance. See Attachment # 1. CNA # 10 was given a progressive disciplinary action for not following the Policy and Procedure and was retrained. See Attachment # 2. CNA # 10 and CNA # 15 were both retrained on this Policy and Procedure and gave return demonstration to the Inservice Director. See attachment # 3. The charge nurses will be responsible to make walking rounds during tour of duty to observe that transfers are completed per plan of care. The nursing assignment sheet will serve as the communication tool	02/27/2012			

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	<p>she was totally dependent for transfers, did not ambulate and was unsteady regarding balance. The MDS also indicated she rarely was understood and had severe cognitive impairment.</p> <p>Review of an investigation, provided by the Director of Nursing (DON) on 2/12/12 at 3:45 p.m., indicated a relative of Resident C's room mate had called the facility on 1/19/12, to inform the facility Resident C had called out in pain when being transferred the previous evening (1/18/12). The investigation indicated the unit manager had assessed the resident and found no bruises or signs of injury. The investigation indicated Resident C's POA (Power of Attorney) had been notified and had no concerns with the care at the facility.</p> <p>Review of the instruction sheets for nursing staff, on 2/12/12 at 4:00 p.m., indicated the instructions specified two staff members were to transfer Resident C.</p> <p>During an interview with CNA (Certified Nursing Assistant) #14, on 2/12/12 at 4:10 p.m., she indicated she had been working the evening of 1/18/12 with another aide (CNA #10) and had gone out of Resident C's room for a brief period. She indicated when she returned to the</p>		<p>to nursing staff regarding the level of assistance each resident requires for safe transfer. Any changes in resident status that impacts transfer technique will be promptly updated on assisnment sheets.The DON, Inservice Director and/or other designee will observe transfers of 3 residents who require extensive assistance on all 3 shifts daily x 1 week, then 3 residents 3 x per week x 1 month, then 3 residents monthly x 6 months to ensure ongoing compliance. See attachment # 4. Any identified issues will be corrected immediately and logged on a faciilty tracking log. The facility will review tracking logs during the monthly Quality Assurance meeting.</p>				

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	<p>room to help put Resident C in bed, CNA #10 had already transferred the resident without assistance.</p> <p>Observation of Resident C being transferred, on 2/13/12 at 9:20 a.m., by CNA #15 and CNA #16, indicated the resident did not bear weight and was totally dependent on the staff members. The two CNAs moved Resident C to a shower chair for toileting, without difficulty, using a gait belt. The resident made quiet moaning sounds during the transfer, but showed no pain.</p> <p>During an interview with CNA #10, on 2/13/12 at 12:05 p.m., she indicated she had forgotten to look at her aide assignment sheet, on 1/18/12, and had moved Resident C without the assistance of another aide. She indicated the resident did moan, but was not dropped or injured during the transfer.</p> <p>Review of a disciplinary action form, on 2/13/12 at 1:00 p.m., indicated CNA #10 had received a written notice indicating she could be terminated if she failed to follow proper techniques and instructions on the aide sheets.</p> <p>This federal tag relates to Complaint IN00102776.</p>						

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