

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155556	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/07/2014
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NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 300 FAIRGROUNDS RD TIPTON, IN 46072
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F000000	<p>This visit was for the Investigation of Complaint #IN00153866.</p> <p>Complaint #IN00153866 - Substantiated. Federal/state deficiencies related to the allegation(s) are cited at F157, F282, F314, & F315.</p> <p>Survey dates: August 6 & 7, 2014</p> <p>Facility number: 000505 Provider number: 155556 AIM number: 100266350</p> <p>Survey team: Michelle Carter, RN</p> <p>Census bed type: SNF- 18 SNF/NF- 106 Total- 124</p> <p>Census payor type: Medicare- 13 Medicaid- 85 Other- 26 Total- 124</p> <p>Sample- 3</p> <p>These deficiencies reflect state findings</p>	F000000	<p>Mrs. Tammy Alley, Please accept the following plans of correction as credible allegation of compliance to the deficiencies cited during the survey conducted here on August 7th, 2014. If you have any questions or need any further information, please do not hesitate to contact me here at the facility at 765-675-8791. The facility also respectfully requests that paper compliance be considered. Sincerely, Troy Clements</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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F000157 SS=D	<p>cited in accordance with 410 IAC 16.2.</p> <p>Quality Review was completed by Tammy Alley RN on August 13, 2014.</p> <p>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).</p> <p>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.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or</p>			

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	<p>interested family member.</p> <p>Based on record review and interview, the facility failed to ensure the physician was notified of a wound re-evaluation, per physician orders, for 1 of 3 residents, in a sample of 3, reviewed for physician notification. (Resident B)</p> <p>Findings include:</p> <p>The record for Resident B was reviewed on 8/6/14. Diagnoses for Resident B included, but were not limited to, severe osteoarthritis, juvenile insulin dependent diabetes mellitus, urine retention, chronic kidney disease, congestive heart failure, chronic urinary tract infection, history of leukemia, and dementia with behavioral disturbances.</p> <p>Nurse assessment notes, dated 6/29/14 at 6:00 a.m., indicated a coccyx wound was noted. Measurements were documented; 1 centimeter (cm) x 0.5 cm, open, no odor, no drainage. The physician was notified. Orders, dated 6/29/14, indicated Duoderm (a dressing) to coccyx for 5 days, then re-evaluate. May change, as needed, for soilage/displacement, end date 7/4/14.</p> <p>The July 2014 treatment administration record indicated a new Duoderm was placed on 7/5/14. Provided</p>	F000157	F157 Please accept the following credible allegation of compliance to the deficient practice cited under tag F157, of which ALL residents had the potential to be affected by. It is the Policy of Miller's Merry Manor-Tipton that any changes in condition, new orders, or re-evaluation of wounds are communicated to the ordering MD, the Primary MD, and the responsible party. It is our Policy that all pressure ulcers will be assessed and measured weekly by a designated wound nurse. The wound nurse will then re-evaluate the plan of care and the treatment if the pressure ulcer does not show progress towards healing within 2 weeks. The physician will be notified of any signs of deterioration in the pressure ulcer and the responsible party will be updated on the plan of care. It is our Policy to meet weekly to discuss wounds and review the most recent wound assessment and plan of care. To correct the deficient practice all nurses will be in-serviced on 8/22/14. The in-service will include overview of the Policies titled "Physician and Family Notification of Condition Change" (Attachment 1a), "Pressure Ulcer Treatment (Attachment 2a), "Wound, Weight, and Hydration Meeting" (Attachment 3a). The in-service will also cover the communication	08/22/2014			

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	<p>documentation did not indicate re-evaluation of the wound or physician notification.</p> <p>During an interview on 8/6/14 at 2:30 p.m., the Director of Nursing (DoN) indicated she expected nursing staff to apply the Duoderm and leave it intact to the coccyx for 5 days. Do not change it, unless necessary. The nursing staff were expected to remove the Duoderm on day 5, evaluate the wound, and notify the physician. The DoN indicated nursing staff continued with the Duoderm and did not complete a re-evaluation, thus the physician was not contacted and a new order was not received.</p> <p>This federal tag relates to Complaint #IN00153866.</p> <p>3.1-5(a)(3)</p>		<p>methods that must take place and documented when a change of condition is noted, new orders are obtained, or no progress with a current wound regimen. We will also change the day that we meet for Weight and wound meeting to include the wound nurse in these meetings. For continued compliance the "Pressure Ulcer Risk and Treatment" QA Tool (Attachment 4a), and the "24 Hour Condition Report" QA tool (Attachment 5a) will be completed daily x 2 weeks, weekly x 4 weeks, monthly x 3 months, and quarterly thereafter. Any issues will be corrected immediately, recorded on a facility QA Tracking Log and reviewed in the facility QA Meeting monthly with any new recommendations implemented. These corrective actions will be completed by 8/22/14.</p>		

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F000282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on record review and interview, the facility failed to ensure physician's orders were followed, for re-evaluation, for 1 of 3 residents, in a sample of 3, reviewed for physicians ordered. (Resident B)</p> <p>Findings include:</p> <p>The record for Resident B was reviewed on 8/6/14. Diagnoses for Resident B included, but were not limited to, severe osteoarthritis, juvenile insulin dependent diabetes mellitus, urine retention, chronic kidney disease, congestive heart failure, chronic urinary tract infection, history of</p>	F000282	F282 Please accept the following credible allegation of compliance to the deficient practice cited under tag F282, of which ALL residents had the potential to be affected by. It is the Policy of Miller's Merry Manor-Tipton that any changes in condition, new orders, or re-evaluation of wounds are communicated to the ordering MD, the Primary MD, and the responsible party. It is our Policy that all pressure ulcers will be assessed and measured weekly by a designated wound nurse. The wound nurse will then re-evaluate the plan of care and the treatment if the pressure ulcer does not show progress towards	08/22/2014			

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	<p>leukemia, and dementia with behavioral disturbances.</p> <p>Nurse assessment notes, dated 6/29/14 at 6:00 a.m., indicated a coccyx wound was noted. Measurements were documented; 1 centimeter (cm) x 0.5 cm, open, no odor, no drainage. The physician was notified. Orders, dated 6/29/14, indicated Duoderm (a dressing) to coccyx for 5 days, then re-evaluate. May change, as needed, for soilage/displacement, end date 7/4/14.</p> <p>The July 2014 treatment administration record indicated a new Duoderm was placed on 7/5/14. Provided documentation did not indicate re-evaluation of the wound or physician notification.</p> <p>During an interview on 8/6/14 at 2:30 p.m., the Director of Nursing (DoN) indicated she expected nursing staff to apply the Duoderm and leave it intact to the coccyx for 5 days. Do not change it, unless necessary. The nursing staff were expected to remove the Duoderm on day 5, evaluate the wound, and notify the physician. The DoN indicated nursing staff continued with the Duoderm and did not complete a re-evaluation, as was ordered by the physician.</p>		<p>healing within 2 weeks. The physician will be notified of any signs of deterioration in the pressure ulcer and the responsible party will be updated on the plan of care. It is our Policy to meet weekly to discuss wounds and review the most recent wound assessment and plan of care. To correct the deficient practice all nurses will be in-serviced on 8/22/14. The in-service will include overview of the Policies titled "Physician and Family Notification of Condition Change" (Attachment 1a), "Pressure Ulcer Treatment (Attachment 2a), "Wound, Weight, and Hydration Meeting" (Attachment 3a). The in-service will also cover the communication methods that must take place and documented when a change of condition is noted, new orders are obtained, or no progress with a current wound regimen. We will also change the day that we meet for Weight and wound meeting to include the wound nurse in these meetings. For continued compliance the "Pressure Ulcer Risk and Treatment" QA Tool (Attachment 4a), and the "24 Hour Condition Report" QA tool (Attachment 5a) will be completed daily x 2 weeks, weekly x 4 weeks, monthly x 3 months, and quarterly thereafter. Any issues will be corrected immediately, recorded on a facility QA Tracking Log and reviewed in the facility QA Meeting monthly with any new</p>		

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F000314 SS=D	<p>This federal tag relates to Complaint #IN00153866.</p> <p>3.1-35(g)(2)</p> <p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent</p>		<p>recommendations implemented. These corrective actions will be completed by 8/22/14.</p>	

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	<p>infection and prevent new sores from developing.</p> <p>Based on record review and interview, the facility failed to ensure a new pressure wound was assessed and evaluated by the wound team, and re-evaluated, as ordered by the physician for 1 of 3 residents, in a sample of 3, reviewed for pressure wounds. (Resident B)</p> <p>Findings include:</p> <p>The record for Resident B was reviewed on 8/6/14. Diagnoses for Resident B included, but were not limited to, severe osteoarthritis, juvenile insulin dependent diabetes mellitus, urine retention, chronic kidney disease, congestive heart failure, chronic urinary tract infection, history of leukemia, and dementia with behavioral disturbances.</p> <p>Nurse assessment notes, dated 6/29/14 at 6:00 a.m., indicated a coccyx wound was noted. Measurements were documented; 1 centimeter (cm) x 0.5 cm, open, no odor, no drainage. The physician was notified. Orders, dated 6/29/14, indicated Duoderm (a dressing) to coccyx for 5 days, then re-evaluate. May change, as needed, for soilage/displacement, end date 7/4/14.</p>	F000314	<p>F314 Please accept the following credible allegation of compliance to the deficient practice cited under tag F314, of which ALL residents had the potential to be affected by. It is the Policy of Miller's Merry Manor-Tipton that any changes in condition, new orders, or re-evaluation of wounds are communicated to the ordering MD, the Primary MD, and the responsible party. It is our Policy that all pressure ulcers will be assessed and measured weekly by a designated wound nurse. The wound nurse will then re-evaluate the plan of care and the treatment if the pressure ulcer does not show progress towards healing within 2 weeks. The physician will be notified of any signs of deterioration in the pressure ulcer and the responsible party will be updated on the plan of care. It is our Policy to meet weekly to discuss wounds and review the most recent wound assessment and plan of care. To correct the deficient practice all nurses will be in-serviced on 8/22/14. The in-service will include overview of the Policies titled "Physician and Family Notification of Condition Change" (Attachment 1a), "Pressure Ulcer Treatment (Attachment 2a), "Wound, Weight, and Hydration Meeting" (Attachment 3a). The in-service</p>	08/22/2014			

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	<p>The July 2014 treatment administration record indicated a new Duoderm was placed on 7/5/14. Provided documentation did not indicate re-evaluation of the wound or physician notification.</p> <p>During an interview on 8/6/14 at 2:30 p.m., the Director of Nursing (DoN) indicated she expected nursing staff to apply the Duoderm and leave it intact to the coccyx for 5 days. Do not change it, unless necessary. The nursing staff were expected to remove the Duoderm on day 5, evaluate the wound, and notify the physician. The DoN indicated nursing staff continued with the Duoderm and did not complete a re-evaluation, as was ordered by the physician.</p> <p>Nursing notes, indicated the following: 7/10/14 at 1:00 p.m.- Resident complained of pain to bottom. Found bottom to be red, small blister, intact. Barrier cream applied. 7/11/14 at 4:02 p.m.- Resident refused wound assessment x 2 (two times). Refused to stand from chair or lay in bed to obtain assessment.</p> <p>Documentation provided did not indicate further assessments or evaluations were attempted or conducted. The DoN</p>		<p>will also cover the communication methods that must take place and documented when a change of condition is noted, new orders are obtained, or no progress with a current wound regimen. We will also change the day that we meet for Weight and wound meeting to include the wound nurse in these meetings. For continued compliance the "Pressure Ulcer Risk and Treatment" QA Tool (Attachment 4a), and the "24 Hour Condition Report" QA tool (Attachment 5a) will be completed daily x 2 weeks, weekly x 4 weeks, monthly x 3 months, and quarterly thereafter. Any issues will be corrected immediately, recorded on a facility QA Tracking Log and reviewed in the facility QA Meeting monthly with any new recommendations implemented. These corrective actions will be completed by 8/22/14.</p>		

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	<p>indicated, during an interview on 8/7/14 at 11:10 a.m., an evaluation of the wound was not done as the doctor's order on 7/4/14. Additionally, Resident B was not seen by a wound care nurse due to facility error on 7/3/14. The wound care nurse visited the facility every Thursday.</p> <p>Upon discharge to the emergency room on 7/13/14, facility documentation supported Resident B's coccyx wound was covered with a 4 x 4 inch Duoderm dressing.</p> <p>Hospital documentation indicated a "neuropathic (Diabetic) spine/sacral ulcer" was noted on 7/13/14 at 9:30 p.m. Measurements were not provided at that time.</p> <p>This federal tag relates to Complaint #IN00153866.</p> <p>3.1-40(a)(2)</p>			

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F000315 SS=D	<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 interview, the facility failed to ensure treatment was administered for a resident with a lab report results indicative of a urinary tract infection (UTI), for 1 of 3 resident, in a sample of 3, reviewed for UTI's. (Resident B)</p> <p>Findings include:</p> <p>The record for Resident B was reviewed</p>	F000315	<p>F315</p> <p>Please accept the following credible allegation of compliance to the deficient practice cited under tag F315, of which ALL residents had the potential to be affected by.</p>	08/22/2014

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	<p>on 8/6/14. Diagnoses for Resident B included, but were not limited to, severe osteoarthritis, juvenile insulin dependent diabetes mellitus, urine retention, chronic kidney disease, congestive heart failure, chronic urinary tract infection, history of leukemia, and dementia with behavioral disturbances.</p> <p>Resident B's face sheet, medication administration records and hard chart indicated the following allergies: Levaquin (antibiotic), Macrofantin (antibiotic), Septra (antibiotic), Sulfa (antibiotic), Dyazide (antibiotic), Cephalexin (antibiotic).</p> <p>Nurses notes indicated the following:</p> <p>5/12/14 at 8:40 a.m.- Urinary culture back-positive. The physician was notified and ordered Keflex (antibiotic). The family was notified, as well.</p> <p>5/12/14 at 6:30 p.m.- "Pharmacy called and stated res[resident] has allergy to Keflex. 2 doses were given, at present with no effect noted. Paged MD on call."</p> <p>5/12/14 at 7:09 p.m.- Physician returned call. Orders received for Cipro (antibiotic).</p> <p>5/13/14 at 8:50 p.m.- Notified by pharmacy that Cipro is in the same drug family as Levaquin. Resident has Levaquin allergy. Doctor notified.</p>		<p>It is the Policy of Miller's Merry Manor-Tipton that all residents receive the appropriate treatment and services to prevent UTI. It is also policy that all resident allergies are communicated to the ordering MD and verified prior to transcribing a new medication order.</p> <p>To correct the deficient practice all nurses will be in-serviced on 8/22/14. The in-service will include overview of the Policy titled "Physician Order Transcription" (Attachment 1b). The in-service will also cover methods of communicating allergies to physicians at the time of calling in a culture that may require antibiotics. Our nurses will be responsible for faxing a list of these allergies along with the lab if that is the physician's preference; or, they may verbally notify the ordering physician's office of these allergies at the time of the communication of lab results. This will also include documentation of the allergy communication in the progress note.</p> <p>For continued compliance the "Infection Control/Antibiotic Review" QA Tool (Attachment 2b) will be completed daily x 2 weeks, weekly x 4 weeks, monthly x 3 months, and quarterly thereafter.</p>				

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	<p>5/13/14 at 8:51 p.m.- New orders to hold Cipro tonight. And call (name of Resident B's attending physician) in morning.</p> <p>5/14/14 at 9:28 a.m.- Levaquin/Cipro allergy relayed to (name of representative at attending physician's office). Will speak with doctor and return call.</p> <p>5/15/14- a fax sent to physician's office regarding patient allergies: sulfa, cephalixin, macrodentin, dyazide, sepra and levaquin. Please clarify antibiotic.</p> <p>5/16/14 at 10:40 a.m.- Called (name of physician) about antibiotic for resident due to UTI. Waiting for return call with orders.</p> <p>Nurses notes, dated 5/19/14 at 5:22 p.m., indicated, "Fax received from MD regarding medication allergies. Reply, "We are not calling in anything."</p> <p>5/20/14 at 11:50 a.m., nurse's notes indicated, "Spoke with (name of representative at attending physician's office), inquired as to what he was doing for antibiotic for resident. She informed this writer he was doing nothing, she's allergic to everything."</p> <p>A physician's telephone order, dated 5/20/14, indicated the family was notified of the discontinued antibiotics.</p>		Any issues will be corrected immediately, recorded on a facility QA Tracking Log and reviewed in the facility QA Meeting monthly with any new recommendations implemented. These corrective actions will be completed by 8/22/14.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155556	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/07/2014
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	<p>During an interview with the DoN on 8/7/14 at 1:55 p.m., she indicated staff were aware of Resident B's allergies. A reminder was not provided to the physician during notification and/or while receiving orders. The DoN indicated she did not know why the nurses did not relay allergies to the doctor(s). Nurses were expected to remind physicians of medication allergies upon request for medication treatment. On 5/12/14, the nurse should have provided the physician with Resident B's antibiotic allergies.</p> <p>This federal tag relates to Complaint #IN00153866.</p> <p>3.1-41(a)(2)</p>			