

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

PRINTED: 09/15/2021

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155251	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/31/2021
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NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP COD 2901 W 37TH AVE HOBART, IN 46342
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00357158 and IN00360804.</p> <p>Complaint IN00357158 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00360804 - Substantiated. Federal/State deficiencies related to the allegations are cited at F677 and F684.</p> <p>Survey dates: August 30 & 31, 2021</p> <p>Facility number: 000154 Provider number: 155251 AIM number: 100289680</p> <p>Census Bed Type: SNF/NF: 39 Total: 39</p> <p>Census Payor Type: Medicare: 5 Medicaid: 23 Other: 11 Total: 39</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 9/2/21.</p>	F 0000		
F 0677 SS=D Bldg. 00	<p>483.24(a)(2) ADL Care Provided for Dependent Residents §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral</p>			

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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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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	<p>hygiene;</p> <p>Based on observation, record review, and interview, the facility failed to ensure a resident who was dependent on staff for activities of daily living (ADL's), received morning care, hair care, and incontinence care in a timely manner for 1 of 3 residents reviewed for ADL's. (Resident G)</p> <p>Finding includes:</p> <p>The following was observed on 8/30/21:</p> <p>At 8:31 a.m., the resident was lying in bed. The head of the bed was elevated, she wore a hospital gown, and her hair was not combed.</p> <p>At 10:10 a.m., she remained in bed with the head of the bed elevated, in a hospital gown, her hair was not combed and her left leg was hanging out the left side of the bed.</p> <p>At 1:22 p.m., she remained in bed and the head of the bed was elevated. She wore a hospital gown, which now had dried food stains on the front, her hair was not combed, and her left leg continued to hang out of the bed. Employee 1 checked the resident for incontinence. The brief was saturated with urine and the buttocks was a pink color. Employee 1 acknowledged the saturated brief. The resident indicated during an interview at the time that her hair had not been combed today.</p> <p>Resident G's record was reviewed on 8/30/21 at 2:11 p.m. The diagnoses included, but were not limited to, diabetes mellitus.</p> <p>A Modified Admission/ 5-Day Medicare Minimum Data Set assessment, dated 7/7/21, indicated a moderately impaired cognitive status, no behaviors, required extensive assistance of two</p>	F 0677	<p>It is the policy of Miller's Merry Manor Hobart to ensure residents receive the necessary services to maintain personal hygiene related to providing am care, hair care, and incontinence care timely and per individualized plan of care.</p> <p>Resident # G: was provided care and free from any negative outcome. Resident will receive care as outlined in plan of care. 1 to 1 Education completed with C.N.A. #2 regarding care of a dependent resident and ensuring timely incontinence care and am care including hair care.</p> <p><i>All dependent residents have the potential to be affected by the deficient practice.</i></p> <p>A house audit was conducted on 8/31/21 by the DON/designee to ensure all residents received hair care, am care, and incontinence care per individualized plan of care. Huddles were completed with the staff working on 8/31/21 on all shifts to verbally discuss surveyor findings and to review facility policy for caring for dependent residents. A formal all nursing staff in-service will be completed on or before 9/15/21 to review RCP's for care of dependent resident that includes incontinence/toileting care, daily grooming and hair care and importance of providing care tasks in a timely manner. Charge nurses will be responsible to make</p>	09/15/2021	

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F 0684 SS=D Bldg. 00	<p>for bed mobility, limited assistance of one for transfers, dependent on one for dressing, extensive assistance of one for toileting, hygiene, and bathing. Was always incontinent of urine and frequently incontinent of bowel.</p> <p>A Care Plan, dated 7/8/21, indicated extensive assistance was required for toileting and ADL's. The interventions included, toileting assistance or checking for incontinence would be completed frequently and she would be encouraged to assist with her ADL's.</p> <p>During an interview on 8/30/21 at 1:35 p.m., Employee 2 indicated she checked the resident for incontinence at 9:30 a.m. and she had not been incontinent. The resident had not received assistance with her ADL care.</p> <p>This Federal tag relates to Complaint IN00360804.</p> <p>3.1-38(a)(3) 3.1-38)a)(3)(B)</p> <p>483.25 Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the</p>		<p>routine walking rounds of unit during tour of duty to monitor that call lights are in place and incontinence care/grooming/hair care is provided in a timely manner. Department managers and Administrator will also routinely round facility to make observations of resident care and ensure that care is being delivered per policy.</p> <p>The corrective action will be monitored utilizing the QA tool "Quality of Care Review" (Attachment A) by the DON or other designee. The tool will be completed daily on 10 residents x 5days, then 3x weekly for 3 weeks, weekly for 4 weeks then monthly to monitor for ongoing compliance. Any identified issues/trends will be corrected upon discovery and logged on the facility QAPI tracking log. The facility QAPI team meets monthly and any QAPI tracking logs are reviewed by the team to ensure ongoing compliance for a minimum of 6 months and until the facility maintains 90% compliance for 60 days.</p> <p>Date of Compliance: September 15, 2021</p>		

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	<p>comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.</p> <p>Based on record review and interview, the facility failed to ensure professional standards of practice was implemented related to a dependent resident's bowel movement status not monitored for 1 of 3 residents reviewed for quality of care and bowel movement status. (Resident B)</p> <p>Finding includes:</p> <p>Resident B's record was reviewed on 8/30/21 at 10:25 a.m. The diagnoses included, but were not limited to, dementia.</p> <p>An Admission Minimum Data Set assessment, dated 8/6/21, indicated a severely impaired cognitive status, required extensive assistance of two for transfer, dependent on two staff for toileting, and was incontinent of bowel and bladder.</p> <p>A Care Plan, dated 7/30/21, indicated a potential for constipation. The goal was to have a regular bowel movement every one to three days. The interventions included, monitor for signs of symptoms of constipation and record the size of the bowel movement.</p> <p>The Bowel Movement Record, dated 8/2021 indicated a small bowel movement on August 1, 2, 6, 21, and 30, 2021. A "0", which indicated there had been no bowel movement, was marked on August 3, 4, 5, 7 through 20 and 22 through 29, 2021.</p>	F 0684	<p>It is the policy of Miller's Merry Manor Hobart to ensure that treatment and care is provided to our residents based on comprehensive resident assessment and that is in accordance with professional standards of practice.</p> <p>Resident #B: Documented BM on 8/31/21 and no negative outcomes. Residents bowel pattern/frequency will be monitored and the "Bowel Elimination Protocol" will be followed.</p> <p><i>All residents in the facility have the potential to be affected by the deficient practice.</i></p> <p>The DON completed an audit of each resident's bowel tracking and pattern as of 9/3/21. Each resident is assessed upon admission for usual bowel habits and plan of care developed for those identified as risk for constipation. An all nursing staff formal in-service will be completed on or before 9/15/21 and the policy for "Bowel Elimination Protocol" will be reviewed. The facility will monitor the bowel patterns/frequency for each resident in the EMR under the bowel monitoring task. Charge</p>	09/15/2021

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	<p>A Physician's/ Nurse Practitioner Progress Note, dated 8/19/21 at 8:41 a.m., indicated a fecal impaction was present and was unable to pass with an enema. An order was given to transfer to the Emergency Room for a possible surgical disimpaction.</p> <p>An Emergency Room History and Physical, dated 8/19/21, indicated the resident was seen in the Emergency room at 9:51 a.m. The resident had a decrease in bowel movements and the symptoms had been going on for the past two days. Bowel sounds were normal. The abdomen was soft and non-distended. The CT scan of the abdomen indicated a large amount of retained fecal matter within a dilated rectum. The impaction was removed in the Emergency Room, was being treated for an urinary tract infection, and was kept in the Emergency Room for observation.</p> <p>A Nurse's Progress Note, dated 8/20/21 at 4:20 p.m., indicated she was transferred back to the facility from the hospital.</p> <p>During an interview on 8/30/21 at 11:50 a.m., the Director of Nursing indicated bowel movements had not been documented and status monitored.</p> <p>A facility policy, dated 3/2001, titled, "Bowel Elimination", and received from the Director of Nursing as current, indicated, "...If resident complains of constipation or at least on the 3rd day with no bowel movement, an ordered bowel aide or stool softener will be administered...If within another 8 hours the resident has not had a bowel movement, the nurse will do an abdominal assessment and notify the Physician..."</p> <p>This Federal tag relates to Complaint IN00360804.</p>		<p>nurses are responsible to review the elimination record for each resident daily and implement intervention per facility policy if indicated. The 24-hour condition report will be utilized to communicate any indicators of constipation and/or staff interventions. The nurse managers will be responsible to routinely review 24hour report and spot check the bowel elimination records to ensure facility protocol is followed.</p> <p>The corrective action will be monitored utilizing the QA tool "Quality of Care Review" (Attachment A) by the DON or other designee. The tool will be completed daily on 10 residents x 5days, then 3x weekly for 3 weeks, weekly for 4 weeks then monthly to monitor for ongoing compliance. Any identified issues/trends will be corrected upon discovery and logged on the facility QAPI tracking log. The facility QAPI team meets monthly and any QAPI tracking logs are reviewed by the team to ensure ongoing compliance for a minimum of 6 months and until the facility maintains 90% compliance for 60 days.</p> <p>Date of Compliance: September 15, 2021</p>	

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