

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155173	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/04/2014
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NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR - MARION	STREET ADDRESS, CITY, STATE, ZIP CODE 505 N BRADNER AVE MARION, IN 46952
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F000000	<p>This visit was for the Investigation of Complaint IN00152884.</p> <p>Complaint IN00152884 Substantiated. Federal/State deficiencies related to the allegations are cited at F309 and F328.</p> <p>Survey dates: July 31 and August 4, 2014</p> <p>Facility number: 000089 Provider number: 155173 AIM number: 100287760</p> <p>Surveyor: Betty Retherford RN</p> <p>Census bed type: SNF: 6 SNF/NF: 100 Residential: 7 Total: 113</p> <p>Census payor type: Medicare: 12 Medicaid: 90 Other: 11 Total: 113</p> <p>Sample: 3</p> <p>These deficiencies also reflect state</p>	F000000		
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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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F000309 SS=D	<p>findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by Debora Barth, RN.</p> <p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on record review and interview, the facility failed to provide pain medication in a continuous form as ordered by the physician for 1 of 1 resident reviewed with orders for a Fentanyl pain patch in a sample of 3 (Resident #B)</p> <p>Findings include:</p> <p>The clinical record for Resident #B was reviewed on 7/31/14 at 11:10 a.m. Diagnoses for the resident included, but were not limited to, fistula of the intestine, open wound abdominal wall anterior, chronic pain, debility, protein malnutrition, anemia, and chronic</p>	F000309	F 309. It is the policy of Miller's Merry Manor of Marion to provide medication as per physician order and to meet pain management needs of all residents. Upon awareness of the alleged deficient practice, all Residents admitted in Aug. had orders reviewed on Aug. 5, 2014. No other Residents were found to have been affected by the alleged deficient practice. Resident B had already been discharged from the facility before knowledge of the alleged deficient practice. The Form titled: Questions to ask discharging facility regarding new Admissions (Exhibit A) will be used when nurse is receiving report from any discharging facility. Admitting	08/23/2014			

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	<p>obstructive pulmonary disease.</p> <p>An admission Minimum Data Set (MDS) assessment, dated 7/15/14, indicated Resident #B had no cognitive impairment, had an ostomy and surgical wound, and required extensive assistance with all activities of daily living. The MDS indicated the resident had experienced pain almost constantly during the five days prior to the assessment and had orders for both routine and as needed pain medication.</p> <p>The clinical record indicated the resident had been dismissed from a nearby hospital to another facility on 7/7/14. The resident stayed one day at the other facility and was then transferred to this facility on 7/8/14. The clinical record indicated both the hospital discharge information and transfer information from the other facility were sent with the resident at the time of her admission to this facility.</p> <p>Admission orders, dated 7/8/14, indicated the resident had orders for a Fentanyl Patch (a transdermal narcotic pain patch that releases a continuous amount of pain medication) 25 mcg (micrograms) per hour to be applied every 72 hours for pain. The orders also indicated the resident could have</p>		<p>Nurse will compare this form to admission orders to ensure information is received and added to orders when pertinent. InService regarding Pain Management initiated Aug. 5, 2014. All Nurses will be InServed by Aug. 23, 2014. The QA Tool PAIN MANAGEMENT ORDERS & IV MAINTENANCE ORDERS REVIEW (exhibit B) will be completed within 72 hours of all new admissions by DON or designee. Any identified concerns will be resolved and reviewed during monthly Quality Assurance Review with the Interdisciplinary Team. This QA tool will be completed every month. All new admissions are at risk for this same deficient practice. All new admissions in August were reviewed with no additional deficient practices noted. Systemic changes will be completed by 8/23/14.</p>				

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	<p>hydrocodone/acetaminophen (an oral narcotic pain medication) 10/325 mg (milligrams) every six hours as needed for pain rated from a 6-10 on a scale of 0-10.</p> <p>The July 2014 Medication Administration Record (MAR) lacked any info related to the resident having had a pain patch applied during her stay in the facility. The MAR contained circled initials in the boxes dated 7/12/14 and 7/13/14 indicating the a patch had not been applied on those days. The nurses notes lacked any information related to the Fentanyl pain patches having not been applied.</p> <p>The clinical record indicated the resident was transferred to the emergency room for treatment on 7/16/14 due to excessive drainage from her abdominal fistula, which was contaminating her abdominal wound.</p> <p>Hospital RN Case Manager #1 was interviewed on 7/31/14 at 8:40 a.m. She indicated the resident was seen in the emergency room on 7/16/14 and then admitted to the hospital for continued treatment on that date. Case Manager #1 reviewed the emergency department nursing notes, dated 7/8/14 and indicated the resident had a Fentanyl pain patch on</p>			

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	<p>in the emergency room that was dated 7/8/14 (the day the resident was admitted to the nursing home). This indicated the resident had not had a pain patch applied since she was admitted to the nursing home on 7/8/14.</p> <p>The DoN and Administrator were interviewed on 7/31/14 at 2:20 p.m. Additional information was requested related to Resident #B's Fentanyl patch having not been changed as ordered.</p> <p>RN #2 was interviewed on 7/31/14 at 2:25 p.m. She indicated the resident had not been admitted with a "written prescription" for the Fentanyl patch. She indicated a written prescription was needed for the med before the pharmacy would fill a prescription. She indicated the Nurse Practitioner (NP) usually visited the resident after admission to verify the need for pain meds and then a prescription would be obtained for the pharmacy. She indicated the NP was not available during the time period from 7/8/14 through 7/16/14 due to a death in her family.</p> <p>LPN #3 was interviewed on 7/31/14 at 2:30 p.m. She indicated the circled initials on the MAR for July 12th and 13th were her initials. She indicated she did not apply a new patch because there</p>			

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	<p>were none in supply for the resident. She indicated the NP was off due to a death in her family. She indicated she had never contacted the physician and requested a written prescription for the resident.</p> <p>The DoN was interviewed on 8/4/14 at 11 a.m. She indicated she had no additional information to provide related to the Fentanyl patch having not been applied as ordered by the physician.</p> <p>The "PRN [as needed] Pain Management Flow Sheet" for July 2014 indicated Resident #B received oral pain medication for complaints of pain on 19 occasions from 7/8/14 through 7/16/14.</p> <p>Review of the current facility policy, dated 11/30/10, titled "Pain Management Program", provided by the DoN on 8/4/14 at 9:05 a.m., included, but was not limited to, the following:</p> <p>"1. Purpose: It is the goal of this facility to assist residents in achieving their optimal level of comfort by providing an effective pain management program.</p> <p>2. Procedure:</p> <p>...C. Documentation of administration of the ordered medication will be initialed on the front of the MAR...."</p>				

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F000328 SS=D	<p>This federal tag relates to Complaint IN00152884.</p> <p>3.1-37(a)</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 record review and interview, the facility failed to ensure a resident admitted with a PICC (peripherally inserted central catheter) line was provided dressing changes to help prevent infection and routine flushing of the lines to prevent occlusion in accordance with basic nursing practice for 1 of 1 resident reviewed with a PICC line in a sample of 3 (Resident #B)</p> <p>Findings include:</p> <p>The clinical record for Resident #B was reviewed on 7/31/14 at 11:10 a.m. Diagnoses for the resident included, but were not limited to, fistula of the</p>	F000328	F 328. It is the policy of Miller's Merry Manor of Marion to include dressing changes to all IV sites and pertinent flushes of those lines. Upon awareness of the alleged deficient practice, all new residents admitted in August 2014 had orders reviewed on Aug. 5, 2014. No other Residents were found to have been affected by the alleged deficient practice. Resident B had already been discharged from the facility before knowledge of the alleged deficient practice. The Form titled: Questions to ask discharging facility during report regarding new Admissions (Exhibit A) will be used when nurse is receiving report from any discharging facility. Admitting	08/23/2014
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	<p>intestine, open wound anterior abdominal wall, chronic pain, debility, protein malnutrition, anemia, and chronic obstructive pulmonary disease. The clinical record indicated the resident had a PICC (peripherally inserted central catheter) line in place on admission in order to provide TPN (total parenteral nutrition) feedings.</p> <p>An admission Minimum Data Set (MDS) assessment, dated 7/15/14, indicated Resident #B had no cognitive impairment, had both an ostomy and a surgical wound, and required extensive assistance with all activities of daily living.</p> <p>The clinical record indicated the resident had been dismissed from a nearby hospital to another facility on 7/7/14. The resident stayed one day at the other facility and was then transferred to this facility on 7/8/14. The clinical record indicated both the hospital discharge information and transfer information from the transferring facility had been sent with the resident at the time of her admission to this facility.</p> <p>Admission orders, dated 7/8/14, and subsequent orders lacked any orders related to care and maintenance of the resident's PICC line.</p>		<p>Nurse will compare this form to admission orders to ensure information is received and added to orders when pertinent which started on August 6th 2014. All new admissions are at risk for this same alleged deficient practice. All new admission records were reviewed on August 5th 2014 with no deficient practices noted. Resident B had already been discharged prior to knowledge of deficient practice. InServices regarding IV Site care and Flushing was initiated Aug. 5, 2014. All Nurses will be InServed by Aug. 23, 2014. The Quality Assurance Tool PAIN MANAGEMENT ORDERS & IV MAINTENANCE ORDERS REVIEW (Exhibit B) will be completed within 72 hours of all new admissions by DON or designee. The Quality Assurance tool will be reviewed monthly during the quality assurance review and shared with the interdisciplinary team. Any identified areas of concern will be resolved and placed on the QA summary log (Exhibit C) and reviewed monthly. Systemic Changes will be completed by August 23rd 2014. The facility respectfully requests a review of F 328 wording regarding the flushes in question with Resident B. The current wording on the CMS 2567 dated August 7th 2014 on page 6 of 10 states: " based on record review, interview, the facility failed to</p>				

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	<p>The transfer form from the previous facility included the following PICC line order information:</p> <p>"Change PICC dressing every 7 days Flush PICC line with 10 milliliters normal saline prior to and after medication administration Measure PICC external cath with each dressing change."</p> <p>The nursing notes, dated 7/8/14 and 7/9/14, lacked any information related to requesting and/or verifying PICC line care orders with the resident's physician.</p> <p>The clinical record lacked any treatment sheet information for July 2014 showing any dressing changes, flushing, and/or measuring the PICC line.</p> <p>The clinical record indicated the resident was transferred to the emergency room for treatment on 7/16/14 due to excessive drainage from her abdominal fistula, which was contaminating her abdominal wound.</p> <p>Hospital RN Case Manager #1 was interviewed on 7/31/14 at 8:40 a.m. She indicated the resident was seen in the emergency room on 7/16/14 and then admitted to the hospital for continued</p>		<p>ensure a resident admitted with a PICC line was provided dressing changes to help prevent infection and routing flushing of the lines to prevent occlusion in accordance with the basic nursing practice for 1 of 1 resident reviewed with a PICC line in a sample of 3". The facility respectfully asks the ISDH quality review staff to review the facility information gathered at the time of the survey that identified that PICC line flushed for Resident B was done before and after TPN infusions. The facility did provide routine flushing of the lines to prevent any possible occlusion in accordance with basic nursing practice. The facility respectfully asks that the ISDH QA review team consider (Exhibit D) titled Medication Administration Record for Resident B which shows TPN and Flush orders completed and documented by nursing staff. The facility asks that wording in the CMS 2567 be amended to reflect that PICC line flushes were done as ordered.</p>				

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	<p>treatment on that date. Case Manager #1 reviewed the emergency department nursing notes from that visit and indicated the PICC line dressing for Resident #B was not occlusive but was intact when she presented to the emergency room. Case Manager #1 indicated the PICC line dressing was dated 7/2/14. Case Manager #1 indicated Resident #B told emergency room staff that the dressing had not been changed since she had been admitted to the nursing home. This indicated the dressing was the same dressing that had been applied 14 days prior when the resident was still a hospital patient.</p> <p>Case Manager #1 indicated the purple lumen on the PICC line was sluggish, but flushed. She indicated the red lumen on the PICC line would not flush.</p> <p>The DoN and Administrator were interviewed on 7/31/14 at 2:20 p.m. Additional information was requested related to the lack of any PICC line care orders having been obtained and completed to ensure patency of the PICC line and help prevent possible infection.</p> <p>RN #2 was interviewed on 7/31/14 at 2:25 p.m. She indicated she had flushed the PICC line on occasion when it had to be disconnected so the staff could</p>			

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	<p>change the resident's clothing. She indicated she had reinforced the dressing on 7/8/14 after the resident was admitted, but had never changed the dressing.</p> <p>The DoN was interviewed on 7/31/14 at 3:55 p.m. She indicated the facility had a protocol for PICC line care for any resident admitted to the facility without orders for the routine care of the PICC line. She indicated the nursing staff were to review these guidelines with the physician and obtain orders for PICC line care. She was unable to verify this having been done. She indicated she was unable to provide any documentation of PICC line dressing changes, PICC line measurements, or consistent PICC line flushing.</p> <p>Review of the current facility policy, dated 8/15/12, titled "Site Care and Dressing Change", provided by the DoN on 8/4/14 at 10:15 a.m., included, but was not limited to, the following:</p> <p>"1. Policy</p> <p>Dressings shall be changed immediately upon suspected contamination or when integrity of dressing is compromised; otherwise, dressings shall be changed at established intervals depending on dressing material, using aseptic technique</p>			

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	<p>and observing Standard precautions....</p> <p>Transparent semi-permeable membrane (TSM): Transparent semi-permeable membrane dressings shall be changed at the time of access site rotation or every 5-7 days, whichever comes first...."</p> <p>Review of the current facility policy, dated 8/15/12, titled "Flushing", provided by the DoN on 8/4/14 at 10:15 a.m., included, but was not limited to, the following:</p> <p>"1. Policy</p> <p>A. Flushing is performed to ensure and maintain patency of the vascular access device and prevent mixing of medications and solutions that are incompatible...."</p> <p>This federal tag relates to Complaint IN00152884.</p> <p>3.1-47(a)(2)</p>				