

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155053	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/23/2015
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NAME OF PROVIDER OR SUPPLIER MILLERS MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 612 E 11TH ST RUSHVILLE, IN 46173
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F 000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: March 16, 17, 18, 19, 20, and 23, 2015</p> <p>Facility number: 000018 Provider number: 155053 AIM number: 100273930</p> <p>Survey team: Barbara Gray, RN-TC Angel Tomlinson, RN Leslie Parrett, RN Diana Sidell, RN</p> <p>Census bed type: SNF: 7 SNF/NF: 40 Residential: 18 Total: 65</p> <p>Census payor type: Medicare: 7 Medicaid: 40 Total: 47</p> <p>Residential sample: 7</p> <p>These deficiencies reflect state findings</p>	F 000		
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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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F 272 SS=D Bldg. 00	<p>cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on March 27, 2015; by Kimberly Perigo, RN.</p> <p>483.20(b)(1) COMPREHENSIVE ASSESSMENTS The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.</p> <p>A facility must make a comprehensive assessment of a resident's needs, using the resident assessment instrument (RAI) specified by the State. The assessment must include at least the following: Identification and demographic information; Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior patterns; Psychosocial well-being; Physical functioning and structural problems; Continence; Disease diagnosis and health conditions; Dental and nutritional status; Skin conditions; Activity pursuit; Medications; Special treatments and procedures; Discharge potential; Documentation of summary information regarding the additional assessment</p>			

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	<p>performed on the care areas triggered by the completion of the Minimum Data Set (MDS); and Documentation of participation in assessment.</p> <p>Based on record review, observation, and interview, the facility failed to ensure an accurate Minimum Data Set assessment for functional limitation in range of motion was completed for 1 of 17 residents reviewed for assessments. (Resident #1)</p> <p>Findings include:</p> <p>Resident #1's clinical record was reviewed on 3/18/2015 at 9:59 a.m. The record indicated Resident #1 had diagnoses that included, but were not limited to; Alzheimer's disease, high blood pressure, osteoarthritis, persistent mental disorder, failure to thrive, memory loss, esophageal reflux, anemia, and type 2 diabetes mellitus.</p> <p>A significant change Minimum Data Set (MDS) assessment, dated 12/8/14, indicated Resident #1 had no impairment in functional limitation in range of motion in the upper extremity (shoulder, elbow, wrist, hand).</p> <p>A quarterly MDS assessment, dated 2/25/15, indicated Resident #1 had no</p>	F 272	<p>F 272 Comprehensive Assessments: It is the policy of Miller's Merry Manor , Rushville that the facility will conduct initially and periodically a comprehensive, accurate, standardized, reproducible assessment of each resident's functional capacity.</p> <p>Resident #1 remains in the facility. The assessment has been corrected to reflect resident current functional abilities.</p> <p>All residents with functional limitations such as limited mobility</p>	04/22/2015

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	<p>impairment in functional limitation in range of motion in the upper extremity (shoulder, elbow, wrist, hand).</p> <p>A care plan initiated on 10/15/13, and updated on 1/23/15, included, but was not limited to, "ADL [activities of daily living] functional/rehab potential: Staff performs all tasks of ADL's. She has severe DJD (degenerative joint disease) of knees and can not ambulate anymore. She has contractures (loss of joint movement) of bilat (bilateral) elbows but staff performs all ADL's therefore this does not put her at risk for injury. Goal: She will be able to participate with washing face and hands with assist from staff. Interventions...Provide nail care weekly and PRN. Provide oral care 2x daily...She is to have assist with bathing upper body and brushing hair with AM and PM care per nursing restorative. ADL - She can wash her face and hands after set up with cueing and supervision. Meals require cueing & some assist. Mobility/transfers - She transfers with 2 assist or mechanical lift and 2 assist."</p> <p>During an observation on 3/18/2015 at 11:51 a.m., Resident #1 was transferred from her bed to a wheelchair by CNA #4 and CNA #1. Resident #1 sat on the side of the bed supported by the CNA's who had placed a gait belt around her waist.</p>		<p>have the potential to be affected. Comprehensive assessments for all residents at risk to be affected will be reviewed to ensure accuracy of the assessment.</p> <p>Education will be provided to the MDS Coordinator to ensure accurate Minimum Data Set assessments for functional limitation in range of motion are completed appropriately.</p> <p>The DON/Designee will review all comprehensive assessments completed weekly for the next four weeks, then monthly for three months and then quarterly thereafter utilizing the tool "RAI Review" tool to ensure</p>				

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	<p>The CNA's transferred the resident by holding onto the gait belt and each CNA lifted the resident under one arm as they moved her into the wheelchair. Both arms, wrists, and hands had loss of joint movement and the resident held her arms, wrists, and hands against her body, on her abdomen and upper chest as she was unable to move them.</p> <p>During an interview, on 3/20/2015 at 10:52 a.m., the MDS Coordinator indicated the MDS is coded as having no impairment in range of motion if it doesn't interfere with ADL's (Activities of daily living), and her impairment doesn't interfere with her ADL's, because staff does all her ADL's for her.</p> <p>During an interview, on 3/20/2015 at 1:38 p.m., RN #5 indicated Resident #1 could not do anything for herself; she could not comb her hair or feed herself due to her arms being contracted (loss of joint movement).</p> <p>3.1-31(d)</p>		<p>functional limitation are coded correctly (Attachment C). Identified issues will be addressed immediately and logged on the Quality Improvement Summary Log (Attachment B). The summary log will be reviewed and followed in the facility monthly Quality Assurance Improvement Meeting to ensure ongoing compliance.</p> <p>Date of Completion: 4-22-15</p>				

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F 323 SS=D Bldg. 00	<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 record review, interview, and observation, the facility failed to ensure use of an assistive device while ambulating to prevent accidents for 1 of 3 residents reviewed for falls of 4 who met the criteria (Resident #37).</p> <p>Findings include:</p> <p>Review on 3/18/15 at 1:15 p.m., of Resident #37's clinical record indicated the Physician's recapitulation orders dated 3/19/15, indicated diagnoses of chronic airway obstruction not elsewhere classified, anxiety state, unspecified, unspecified osteoporosis, essential hypertension, benign, critical illness polyneuropathy, and unspecified hemiplegia affecting unspecified side.</p> <p>The MDS assessment (Minimum Data Set assessment), dated 2/18/15, indicated Functional Status: Locomotion on unit-how resident moves between location in his/her room and adjacent corridor on</p>	F 323	<p>F-Tag 323 Free of Accident Hazards/Supervision/Devices:</p> <p>It is the policy of Miller's Merry Manor, Rushville to ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance to prevent accidents.</p> <p>Resident #37 had no injuries as result of the fall 3/11/15. CNA #4 was re-educated on the use of all assistive devices including gait belts per this resident's plan of care.</p> <p>All resident are at risk to be affected. No other residents reviewed have had falls due to failure to provide assistive devices as per plan of care.</p>	04/22/2015

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	<p>same floor- total dependence of one person physical assist.</p> <p>Review of Nursing notes indicated on 3/11/15 at 11:00 a.m., Resident #37 had a fall, while certified nursing assistant (CNA) was walking the Resident from the bathroom to her wheelchair. The Resident stumbled and accidentally sat down on the arm rest of her wheel chair, falling over her wheelchair. No apparent injuries noted upon assessment. Range of motion (ROM) as before. No complaints of (c/o) pain or discomfort voiced. Will continue to monitor Resident.</p> <p>Nursing-Occurrence Initial Assessment dated 3/11/15 at 10:30 am, reviewed 3/18/15 at 11:31 a.m., indicated: "Location of occurrence - Resident's room. Type of incident: fall with no injury. Describe details of occurrence as observed or reported and assessment findings: While CNA was walking Resident from her bathroom to her wheel chair, Resident stumbled and accidentally sat on the arm rest of her wheel chair. Resident then fell over into her wheel chair. No apparent injury noted upon assessment. ROM as before. No c/o pain or discomfort voiced, although Resident did become anxious about episode. Will continue to monitor. Root cause: Resident states she did not trip but her</p>		<p>Nursing inservice will be conducted again on 4-7-15 to review following care plan interventions for prevention of falls such as use of assistive devices.</p> <p>The DON/Designee will be doing skill checks of 10% of the nursing staff during lifts/transfers and ambulation of residents requiring assistive devices. These will be completed twice weekly for four weeks and then weekly for four weeks and then quarterly thereafter to ensure ongoing compliance (Attachment A). Any identified issues will be immediately corrected and documented on facility Quality Improvement Summary Log (Attachment B). Summary logs are reviewed during the monthly facility Quality Assurance Performance Improvement meeting to ensure ongoing compliance.</p> <p>Date of completion: 4-22-15</p>		

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	<p>leg got tired.</p> <p>IDT recommendations: Resident on restorative walking program to maintain strength. Continue walking program to increase strength."</p> <p>Interview on 3/20/15 at 10:11 a.m., with CNA #4 indicated when she was walking with Resident #37, she did not have a gait belt on her, but Resident #37 did have her cane and was using it correctly. CNA #4 indicated she did not have a gait belt with her, but she was aware she should have had it on Resident #37 before walking her. CNA # 4 indicated she knew to use the gait belt as it was on her assignment sheet for Resident #37.</p> <p>Review on 3/19/15 at 9:20 a.m., indicated Care Plan in place for falls, Interventions/Tasks:... Transfer with 1 assist, cane and gait belt - Date initiated: 2/9/14 - Revision on 3/27/14. Staff re-educated on use of gait belt with all transfers/ambulation - Date initiated: 3/11/15.</p> <p>Nursing Policy and Procedure for Gait Belt Use Procedure provided by Director of Nursing on 3/19/15 at 9:40 a.m., indicated "Purpose: To insure safety in transfer and ambulation. To provide a point of contact and increased support</p>			

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F 412 SS=D Bldg. 00	<p>from the staff and prevent injuries to staff and residents who are unable to transfer or ambulate independently. Gait belt will be used as indicated on individual's plan of care..."</p> <p>On 3/19/15 at 11:20 a.m., Resident #37 refused observation of ambulation she indicated her leg felt weak and she did not want to walk to dining room today.</p> <p>On 3/20/15 at 11:30 a.m., observation of Resident #37 indicated she refused observation to ambulate to dining room with staff c/o right leg weakness did not want to walk to the dining room.</p> <p>3.1-45(a)(2)</p> <p>483.55(b) ROUTINE/EMERGENCY DENTAL SERVICES IN NFS The nursing facility must provide or obtain from an outside resource, in accordance with §483.75(h) of this part, routine (to the extent covered under the State plan); and emergency dental services to meet the</p>				

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	<p>needs of each resident; must, if necessary, assist the resident in making appointments; and by arranging for transportation to and from the dentist's office; and must promptly refer residents with lost or damaged dentures to a dentist.</p> <p>Based on observation, interview, and record review, the facility failed to obtain dental services for a resident who did not have proper fitting dentures for 1 of 4 residents who met the criteria for review of dental status of 3 residents reviewed for dental services (Resident #32).</p> <p>Findings include:</p> <p>During observation on 3/17/15 at 10:34 a.m., Resident #32 did not have upper or lower dentures in place. Resident #32 indicated he would like some new dentures as the set he had was too lose.</p> <p>Interview with Resident #32 on 3/17/15 at 11:52 a.m., indicated he had a set of dentures at his daughters house, but the dentures were too big for him.</p> <p>Review of the record of Resident #32 on 3/18/15 at 10:25 a.m., indicated the resident's diagnoses included, but were not limited to, anxiety, depression, anorexia, cachexia and hypertension.</p> <p>The clinical record of Resident #32</p>	F 412	<p>F 412 Routine/Emergency Dental Services: It is the policy of Miller's Merry Manor, Rushville that the facility will provide or obtain from outside resources dental services to meet the needs of each resident.</p> <p>Resident #32 still resides at the facility. Upon admission family declined dental services provided on site by the facility. Resident had dentures at home but they did not fit properly. Facility has addressed again with resident and family the need for dental services and explained options</p>	04/22/2015

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	<p>indicated the resident was admitted to the facility on 11/9/14.</p> <p>The admission dental assessment for Resident #32 dated 11/9/14, indicated the resident had no natural teeth and was edentulous.</p> <p>The dental consent form for Resident #32 (no date or time) indicated the family declined the to use the facility's dental provider. The documentation indicated no preferred dentist was provided.</p> <p>The Quarterly Minimum Data Set (MDS) assessment dated 2/4/15, indicated the resident's cognitive skills for daily decision making was modified independence-some difficulty in new situations only.</p> <p>Interview with Resident #32 on 3/18/15 at 12:07 p.m., indicated his daughter probably would bring his dentures to the facility, but the dentures did not fit him and he would rather throw the old dentures away and get new dentures. He indicated he had lost a significant amount of weight before being admitted to the facility and that is why his dentures did not fit him any longer. He indicated he had not seen a dentist since being admitted to the facility. He indicated he ate a lot of sandwiches such as</p>		<p>available. Care plan has been updated also.</p> <p>All residents have the potential to be affected. A review of all current residents will be conducted to ensure that dental services have been offered and that dental concerns are being met. Care plans will be reviewed and updated as needed.</p> <p>All nursing, administrative, and social service staff will be re-educated on the dental assessment policy. (Please see attachment E)</p> <p>The DON/designee will complete the tool "Dental Assessment" (Attachment</p>	

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	<p>hamburgers, peanut butter and jelly and grilled cheese. He indicated he may be able to eat better with new dentures.</p> <p>During observation on 3/19/15 at 12:17 p.m., Resident #32 was eating lunch in the dining room. The resident had a peanut butter and jelly sandwich and a cup of coffee.</p> <p>Interview with Unit Manager #2 on 3/19/15 at 2:00 p.m., indicated Resident #32's family had refused to use the facility's dental services and had not provided what dentist they wanted to use. Unit Manager #2 indicated she would call the resident's family and find out what dentist they preferred to use. Unit Manager #2 indicated Resident #32 had not seen a dentist since he was admitted to the facility.</p> <p>3.1-24(a)(1)</p>		<p>D) on all residents by 4-21-15. This tool will then be conducted every other month thereafter on 10% of the resident population indefinitely. Any issues identified will be addressed immediately and logged on the Quality Improvement Summary Log (Attachment B). The problem summary log will be reviewed and followed through the monthly facility Quality Assurance Improvement Meeting to ensure ongoing compliance.</p> <p>Date of Completion: 4-22-15</p>		