

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155774	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 12/30/2015
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NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 1101 MICHIGAN AVE LOGANSPORT, IN 46947
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: December 28, 29, and 30, 2015</p> <p>Facility Number: 012036 Provider Number: 155774 AIM Number: NA</p> <p>Census bed type: SNF: 9 Total: 9</p> <p>Census payor type: Medicare: 8 Other: 1 Total: 9</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review was completed by 21662 on January 4, 2016.</p>	F 0000	<p>January 14, 2016 Kim Rhoades Director, Long Term Care Division Indiana State Department of Health 2 North Meridian Street Indianapolis, In 46204 Re: Survey Event ID DHEB11 Dear Ms. Rhoades: Please accept our enclosed plan of correction as credible allegation of compliance for the deficiencies cited during our Annual State Department of Health Survey on Dec 28-30, 2015 at The Arbor by Millers Merry Manor in Logansport, Indiana. We are respectfully requesting paper compliance. Hopefully you will find our remedies are sufficient, thoroughly explained and able to provide a clear picture of how we corrected these concerns. I would like to formally request your consideration for granting this facility paper compliance. If after reviewing our plan of correction you have any questions or require additional information, please do not hesitate to contact Jarrett Mitchell, Administrator 574-725-3000. Sincerely, Jarrett D. Mitchell</p>	
F 0156 SS=D	483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES,			

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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Bldg. 00	<p>CHARGES</p> <p>The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing.</p> <p>The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5)(i)(A) and (B) of this section.</p> <p>The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.</p> <p>The facility must furnish a written description of legal rights which includes: A description of the manner of protecting personal funds, under paragraph (c) of this</p>			

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	<p>section;</p> <p>A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels.</p> <p>A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.</p> <p>The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.</p> <p>The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.</p>			

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	<p>Based on record review and interview, the facility failed to ensure one resident was timely notified with the Advanced Beneficiary Notices (ABN) concerning their Medicare services ending for 1 of 3 residents reviewed. (Resident #30)</p> <p>Findings include:</p> <p>During record review on 12/29/15 at 2:00 p.m., the Executive Director provided the "Notice of Medicare Non-Coverage" (ABN) form for Resident #30. The form indicated Resident #30's form was signed and dated on 10/22/15. The resident's therapy services ended on 10/22/15.</p> <p>During an interview with the Executive Director on 12/29/15 at 2:28 p.m., he indicated the ABN form for Resident #30 did not get signed until the day services ended.</p> <p>3.1-4(f)(3)</p>	F 0156	<p>F156: It is the policy of Miller's Merry Manor at The Arbor to notify the residents within 48 hours of discharge their services will be ending with Medicare. It's Miller's Health System's policy to complete all required CMS Notices in accordance with the CMS regulations and provide the beneficiary and/or legal representative a copy of each notice and their rights for filing an appeal. This liability notice is to be issued before Medicare non-covered extended care items and/or services are initiated and Medicare is not expected to pay. This notice must have proper delivery at least 48 hours prior to the beneficiary receiving care items or services not covered by Medicare. All residents have the potential to be affected by this practice. The deficient practice was corrected immediately following identification.</p> <p>Resident #30 was not adversely affected by this practice and was properly notified through discharge planning upon admission and care plans of his pending discharge date.</p> <p>To prevent this from reoccurrence, the Interdisciplinary Team was re-educated on 1/15/16 on the company policy and the procedure related to notifying the residents 48 hours prior to discharge, see</p>	01/22/2016	

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F 0248 SS=D Bldg. 00	<p>483.15(f)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES</p> <p>The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident.</p> <p>Based on observation, interview, and record review, the facility failed to ensure the activities care plans for residents were followed for 3 of 3 residents reviewed for activities. (Resident #66, Resident #64, and Resident #61)</p> <p>Findings include:</p>	F 0248	<p>attachment A1. The CMS non-coverage notifications will also be discussed daily in our IDT meetings. Please see in-service attendance record attachment A2. The Administrator/designee will complete the QA tool titled CMS Notices, Attachment B, daily 5 days a week for 2 weeks and then weekly for 90 days and monthly there after. Any identified issues will be corrected upon discovery and logged on the facility QA tracking log. The QA tracking logs are reviewed in the facility monthly QA meeting to monitor ongoing compliance.</p> <p>All systematic changes will be completed by January 22, 2016.</p> <p>F248: It is the policy of Miller's Merry Manor at The Arbor to offer activities to enhance the lives of our residents through activity involvement. Benefits include: decrease behaviors, and increase overall satisfaction, and quality of life. All residents have the potential to be affected by this practice. The deficient practice</p>	01/22/2016	

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	<p>During review of Resident #66, #64, and #61's care plan, the care plans indicated the resident's would exhibit contentment by attending activities, socializing with others and/or making positive statements. Interventions included but were not limited to encourage attendance in activities and encourage out of room socialization.</p> <p>1. The clinical record of Resident #66 was reviewed on 12/29/2015 at 9:40 a.m. Diagnoses include but were not limited to: hypo-osmolality and hyponatremia, congestive heart failure, acute bronchitis, retention of urine, asthma with acute exacerbation, A-Fib, hyperlipidemia, non-rheumatic mitral valve insufficiency, chronic kidney disease, and supraaortic stenosis.</p> <p>During a family interview on 12/28/15 at 11:38 a.m., the family member indicated he has not seen his wife participate in activities or seen staff encourage/invite his wife to any activities.</p> <p>During an observation on 12/28/15 at 11:15 a.m., Resident #66 was in her room, in her bed, and asleep.</p> <p>During an observation on 12/29/15 at 10:05 a.m., Resident #66 was sitting in a chair in her room.</p>		<p>was corrected immediately following identification.</p> <p>Residents #66, #64 and #61 were not adversely affected by this practice and were subsequently discharged from the facility after completion of therapy services.</p> <p>To prevent this from reoccurrence staff will be in-serviced on or before 1/22/16 on the policy and procedure titled Life Enrichment Program Guidelines (Attachment C). Our average length of stay for residents is 9.36 days. We have created a weekly activities calendar that will allow us to add activities tailored for specific resident preferences (Attachment D). The Life enrichment cart will be offered daily to all residents and documented in electronic medical record.</p> <p>The Administrator/designee will complete the QA tool titled Life Enrichment (Attachment E) daily 5 days a week for 2 weeks and then weekly for 90 days and monthly thereafter. Any identified issues will be corrected upon discovery and logged on the facility QA tracking log. QA tracking logs are reviewed in the facility monthly QA meeting to monitor ongoing compliance.</p> <p>All systematic changes will be completed by January 22, 2016.</p>	

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	<p>2. The clinical record of Resident #64 was reviewed on 12/29/15 at 10:18 a.m. Diagnoses include but were not limited to: hypercalcemia, restless leg syndrome, insomnia, hypertension, and malignant neoplasm of the right breast.</p> <p>During a resident interview on 12/28/15 at 3:43 p.m., Resident #64 indicated the facility does not have an activity program. She indicated the facility tried to find a deck of cards but were not available to her.</p> <p>During an observation on 12/29/15 at 10:31 a.m., Resident #64 was in her room, in bed, and sleeping.</p> <p>During an observation on 12/30/15 at 11:00 a.m., Resident #64 was in her room sitting on the side of her bed.</p> <p>3. The clinical record of Resident #61 was reviewed on 12/29/15 at 10:18 a.m. Diagnoses include but not limited to: small bowel obstruction, hypokalemia, dehydration, hypomagnesemia, chronic diarrhea, hypertension, colitis, and right below the knee amputation.</p> <p>During a resident interview on 12/28/15 at 11:18 a.m., Resident #61 indicated the facility does not have activity program at</p>			

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	<p>this time. She indicated she participated in bingo activity during a pervious stay at the facility.</p> <p>During an observation on 12/29/15 at 9:08 a.m., Resident #61 was in her room alone, sitting in her wheelchair.</p> <p>During an observation on 12/30/15 at 11:01 a.m., Resident #61 was in her room, in her wheelchair, staring out into the hallway.</p> <p>During survey observations on 12/28, 12/29, 12/30/15, no group activities were observed.</p> <p>During an interview with the Social Service Director on 12/29/15 at 11:15 a.m., she indicated the facilities activity program included the "life enrichment cart" and the "relaxation cart". The life enrichment cart included but was not limited to: books, magazines, movies, and board games. The relaxation cart for residents having trouble sleeping included herbal tea, lavender, and warm blankets. She indicated the carts were taken room to room twice daily.</p> <p>During a review of the facility policy, titled "Activities," dated 10/3/13, received from the Executive Director on 12/29/15 at 1:50 p.m., indicated "1.</p>			

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	<p>Purpose: A. To enhance the lives of our residents through activity involvement. Benefits include: decrease behaviors, and increase overall satisfaction, and quality of life. 2. Procedure:...B. Offer at least 2 activities daily for each of the 3 groups. Some activities may be offered for a specific group, others may appeal to all levels... I. Level 5/-6 (Alert/oriented, typically rehab residents) a. Activity carts taken to residents rooms daily. b. Educational Seminars- 2 times month (based on needs of current population... i. Could be simple get to together, a meeting including families/ visitors, or community wide event. ii. See 'Rehab Educational Activity Policy'... c. Offer word search, crossword puzzles, etc (utilizing "activity connection") during meals- while sensory act is going on. Utilize music prior to meals d. Special events, musical programming, Movies e. Creative - High level crafts. f. Exercise- Wii games, corn hole tournaments, traditional exercises...."</p> <p>3.1-33(a)</p>			

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F 0315 SS=D Bldg. 00	<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 accurately assess and monitor the urinary catheter for symptoms of UTI (urinary tract infection) and failed to follow-up on an abnormal urinary assessment for 1 of 1 resident reviewed for catheters. (Resident #64)</p> <p>Findings include:</p> <p>The Clinical Record for Resident #64 was reviewed on 12/29/2015 at 10:00 a.m. Diagnoses included, but were not limited to, urinary retention.</p> <p>A Plan of Care dated 12/18/2015 indicated, "...Catheter will be maintained per plan of care daily and resident will remain free from catheter related complications daily such as leakage or infection.... Document any catheter related complications in EMR [electronic</p>	F 0315	<p>F315: It is the policy of Miller's Merry Manor at The Arbor to accurately document in an organized manner all pertinent information related to the resident in the medical record. All residents have the potential to be affected by this practice. The deficient practice was corrected immediately following identification.</p> <p>Resident #64 was not adversely affected by this practice and was subsequently discharged from the facility after completion of therapy services.</p> <p>To prevent this from reoccurrence, the nursing staff will be in-service on or before 1/22/16 on the policy and procedure titled Charting Procedure (Attachment F-1) and Physician & Family Notification of</p>	01/22/2016			

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	<p>medical records] and update physician as needed...."</p> <p>A Nursing Assessment Note on:</p> <p>12/20/2015 at 11:33 p.m.,, indicated GU (genito-urinary) system assessed and did not indicate catheter and no comments were entered.</p> <p>12/23/2015 at 11:05 p.m., indicated GU system assessed and indicated catheter with comments "Small amount of blood tinged urine noted to foley tubing. Resident complained of mild burning today."</p> <p>12/25/2015 at 3:17 a.m., indicated GU system assessed and did not indicate catheter and no comments were entered.</p> <p>12/26/2015 at 2:14 a.m., indicated GU system assessed and did not indicate catheter and no comments were entered.</p> <p>12/27/2015 at 2:56 p.m., indicated GU system assessed and did not indicate catheter and no comments were entered.</p> <p>A 24- Hour Report sheet dated 12/23/15, indicated, "catheter-blood in tube-urine tea colored"</p> <p>During an interview with RN #1 on 12/30/2015 at 10:22 a.m., she indicated the catheter documentation was included on the daily Nursing Assessment Note or on 24 Hour Report Sheets. RN #1</p>		<p>Condition Changes (Attachment F-2).</p> <p>The DON/designee will complete the QA tool titled Charting & Condition Change (Attachment G) daily for 5 days for 2 weeks and then weekly for 90 days and monthly there after. Any identified issues will be corrected upon discovery and logged on the facility QA tracking log. QA tracking logs are reviewed in the facility monthly QA meeting to monitor ongoing compliance. (Attachment H)</p> <p>All systematic changes will be completed by January 22, 2016.</p>	

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	<p>indicated there was no documentation in record to indicate there was any follow-up on the 12/23/15 urine assessemnt.</p> <p>During an interview with RN #1 on 12/30/2015 at 10:53 a.m., she indicated the nurse on the next shift would be expected to monitor any concerns from the 24 hour report sheet and document findings on the Daily Nursing Assessment Note.</p> <p>During an interview with the DON (Director of Nursing) on 12/30/2015 at 1:17 p.m., she indicated any concerns should be documented on the 24 hour Daily Nursing Assessment Note in the EMR or in the general progress notes. The DON indicated she was unable to locate additional documentation in the Daily Nursing Assessment Note or in the general progress notes regarding the 12/23/15 uninary assessment.</p> <p>A Policy titled " Charting Procedure" dated December 29, 2015 indicated "...Documentation will be completed for all pertinent issues either in nurses progress notes or in the assessment module of the EMR. Includes, but is not limited to the following: I. Any new physical or emotional symptom or complaint will be documented in the</p>						

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F 0371 SS=D Bldg. 00	<p>EMR under the coordinating assessment and/or progress note. II. Communication with a physician or family regarding resident condition will be documented in the EMR....III. Pertinent charting will be completed daily or more often until resolved or stable...."</p> <p>3.1-41(a)(2)</p> <p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions Based on observation, interview and record review, the facility failed to ensure opened food package was dated. This deficient practice had potential to affect 9 of 9 residents.</p> <p>Findings include:</p> <p>During the initial tour of the kitchen on 12/28/15 at 9:40 a.m., the freezer of the main kitchen was found to contain a bag of frozen fish fillets in an untied plastic bag with no opened date marking.</p>	F 0371	<p>F371: It is the policy of Millers Merry Manor at The Arbor that all foods shall be stored and protected under safe and sanitary conditions. Food not in original containers are clearly labeled for contents, dated, and stored in food rated containers with tight fitting lids. All residents have the potential to be affected by this practice. The deficient practice was corrected immediately following identification.</p> <p>To ensure continued compliance the dietary staff was in-serviced on Food & Non-Food Storage on</p>	01/22/2016

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155774	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 12/30/2015
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NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 1101 MICHIGAN AVE LOGANSPORT, IN 46947
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	<p>During an interview with the Dietary Manager on 12/30/15 at 10:37 a.m., she indicated the bag should have been marked with an opened date and closed.</p> <p>A review of the policy titled "Food and Non-Food Storage", dated 1/2015, obtained from Dietary Manager on 12/30/15 at 10:37 a.m., indicated "...10. All food not stored in the product container or package in which it was originally obtained, is stored in a tightly covered container, labeled and dated...."</p> <p>3.1-21(i)(3)</p>		<p>12/28/2015 & 1/14/16 (Attachment H). A Supervisor Daily Task List will be completed by assigned dietary staff. There are 9 variations of the Daily task list that are completed on a rotated basis due to other assigned tasks but all contain date monitoring (Attachment I). In-service attendance records have been included (Attachment J & K) Additionally the Food Protection & Storage QA Tool (Attachment L) will be completed by Administrator/Designee weekly times four and monthly there after.</p> <p>Any identified issues will be corrected upon discovery and logged on the facility QA tracking log. QA tracking logs are reviewed in the facility monthly QA meeting to monitor ongoing compliance. (Attachment J) All systematic changes will be completed by January 22, 2016.</p>	