

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 03/13/2013
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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 a Rectification and State Licensure Survey</p> <p>Survey dates: March 7, 8, 11, 12, and 13 2013</p> <p>Facility number: 00089 Provider number: 155173 AIM number: 100287760</p> <p>Survey team : Linn Mackey, RN, TC March 7, 8, 12, and 13 Karen Lewis, RN Ginger McNamee, RN Toni Maley, BSW</p> <p>Census Bed Type: SNF: 10 SNF/NF: 103 Residential: 6 Total: 119</p> <p>Census payor type: Medicare: 14 Medicaid: 90 Other: 15 Total: 119</p> <p>Residential sample: 7</p> <p>These deficiencies reflect state</p>	F000000		

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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	findings cited in accordance with 410 IAC 16.2				

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F000250 SS=D	<p>483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE</p> <p>The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.</p> <p>Based on interview and record review, the facility failed to monitor behaviors for a resident with the diagnoses of schizophrenia for 1 of 1 resident reviewed for services for residents with mental illness (Resident #104).</p> <p>Findings include:</p> <p>Resident #104's record was reviewed on 3/12/13 at 3:45 p.m.</p> <p>Resident #104's current diagnoses included, but were not limited to, schizophrenia, obesity and depression.</p> <p>Resident #104 had current physician's orders for the following psychoactive medications:</p> <p>a.) Cymbalta 50 mg (an antidepressant) - 1 tablet daily at 9:00 a.m. for depression.</p> <p>b.) Risperdal 0.5 mg (an anti-psychotic) - 1 tablet daily at 9:00 p.m. for schizophrenia</p>	F000250	<p>It is the policy of Miller's Merry Manor of Marion to provide medically related social services to attain or maintain the highest practicable physical, mental, and psychosocial well being for each resident. All current residents carrying the diagnosis of schizophrenia were reviewed and trackers re-started at time the deficient practice was found. A 100% audit was completed on all current residents with diagnosis of Schizophrenia and behavior trackers resumed. Social Services, along with IDT will assess anyone with a diagnosis of Schizophrenia within 1-7 days upon admission and in conjunction with MDS (minimum data set) for behaviors. Trackers will be initiated and monitored as deemed appropriate by the Social Services Department and in accordance with policy. Social Services will review and discuss any system changes to insure that the policies and procedures as written are being followed appropriately. Please see Exhibit A. All staff will be inserviced on The Behavior and Assessment and Management policy (Exhibit A) April 5, 2013, by Social Services and/or</p>	04/05/2013			

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	<p>c.) Sertraline 100 mg (an antidepressant) - 1 tablet daily at 9:00 a.m. for depression.</p> <p>Resident #104 had a current, 11/15/12, care plan problem regarding "Behavior: Resident displays mood issues as exhibited by: Hallucinations related to Schizophrenia AEB [as evidenced/exhibited by] hearing voices." This care plan problem originated 8/20/12. Approaches to this problem included, but were not limited to, document behaviors.</p> <p>Resident #104 had a current, 8/8/12, care plan problem regarding "Depression: Resident has potential for s/s of depression related to: loss of independence, decline in health, and history bipolar disorder and schizophrenia. She receives routine anti-psychotic and has history of hallucinations, flat affect, poor appetite, and sluggishness." This problem originated 6/6/12.</p> <p>Resident #104 had a current, 10/8/12, care plan problem regarding "Resident is adjusting to new environment and routine. She recently relocated to ICF [intermediate care facility]. She</p>		<p>Designee. A Quality Assurance Tool titled Quality Assessment/Improvement Program Behavior and Care Plan Review for Schizophrenics will be completed every month for 3 months and then quarterly thereafter. 100% audit of anyone carrying the diagnosis of Schizophrenia will be reviewed to insure that a care plan and behavior tracker has been completed. Please see Exhibit B. System changes will be completed by April 5th 2013.</p>	

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	<p>appears to have some short term memory issues. She wears glasses and upper and lower dentures. She is long term placement at the facility." This problem originated 6/6/12. Approaches to this problem included, but were not limited to, "Monitor for changes in mood related to recent relocation, new roommate, and discharge plan changing to long term."</p> <p>Resident #104's clinical record lacked any documentation of behavior monitoring.</p> <p>During a 3/12/12, 4:p.m., interview the SSD/BSW indicated "In October we stopped doing behavior monitoring and tracking for residents with Schizophrenia. This was my error. I was confused. I knew GDRs [gradual dose reductions] were not required and thought tracking was not either. All residents with a diagnoses of schizophrenia were dropped off the behavior tracking system."</p> <p>An untitled, undated, document, which was provided by the SSD/BSW on 3/13/13 at 9:00 a.m., indicated 4 residents who had a diagnoses of Schizophrenia and received psychoactive medications, had not had behavior tracking from October,</p>						

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	<p>2012 through March 12, 2013. Review of a current, facility policy titled "BEHAVIOR ASSESSMENT & MANAGEMENT". received from the Social Service Director on 3/13/13 at 12:30 p.m., indicated the following: " Purpose : To provide a systematic method for identification of specific behaviors that may impact the resident's quality of life or cause concern to the resident. Target behaviors are a concern as they may present a danger to the resident or others, interfere with activities of daily living, and/cause the resident distress. The facility will document observation of these behaviors in the clinical record and gather evidence that other possible reasons for the distress or behaviors have been considered. To ensure staff respond to residents who exhibit behavioral, mental, physical, or psychosocial symptoms in a dignified manner; and maintain resident quality of life and the safety of the resident and others.... I. Effectiveness of the interventions will be reviewed quarterly and PRN [as needed] by the IDT [interdisciplinary team]. If no behaviors are noted for 90 days the behavior monitoring record and care plan may be discontinued if the resident is not receiving medication to manage behaviors."</p>						

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	3.1-34(a)			

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F000309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>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 ensure bowel monitoring was completed to prevent constipation for 1 of 10 residents reviewed for unnecessary medications. (Resident #173)</p> <p>Findings include:</p> <p>The clinical record for Resident #173 was reviewed on 3/11/13 at 12:52 p.m.</p> <p>Diagnoses for Resident #173 included, but were not limited to, depressive disorder, constipation, dementia with behaviors, and hypertension.</p> <p>A quarterly Minimum Data Set (MDS) assessment, dated 1/26/13, indicated Resident #173 was severely cognitively impaired.</p> <p>A health care plan problem, dated 11/9/12, indicated Resident #173 had a potential for constipation related to</p>	F000309	<p>It is the policy of Millers Merry Manor that all residents will be provided care and services for highest well being. All residents had the potential to be affected by the same deficient practice. 100% audit was done daily by DON or Designee of BM records upon knowledge of the deficient practice. This daily audit was started immediately and continued through March 22, 2013. March 22nd all nursing staff were inserviced on Bowel elimination policy (Exhibit C). DON or Designee will continue to monitor BM records for any issues or concerns if any are found and will be corrected at that time. DON reviewed with RNs, LPNs, QMAs, and CNAs the Bowel Elimination policy and procedure. This was completed on March 22, 2013 during an all staff meeting. Please see (Exhibit C). A Quality Assurance Tool titled Quality Assessment/Improvement Program (Exhibit D) BM Monitoring will be completed by DON or Designee weekly for eight weeks and then</p>	04/05/2013	

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	<p>decreased mobility. One of the goals for this problem indicated the resident would have a comfortable and regular bowel movement every one to three days. Interventions for this problem included monitor for signs and symptoms of constipation, monitor bowel sounds, and administer medication as ordered.</p> <p>A recapitulation of physician's orders, dated 1/7/13, indicated Resident #173 had the following bowel related order:</p> <p>Bisacodyl (laxative) 5 milligrams (mg) tablet, 1 tablet by mouth two times day. The original date of this order was 11/15/12.</p> <p>The bowel movement records for January and March 2013 indicated the resident did not have a bowel movement for the following time periods:</p> <p>January 21, 22, 23, and 24, 2013- all zeros recorded. A time period of 4 days without a recorded bowel movement.</p> <p>March 4, 5, and 6, 2013- all zeros recorded. A time period of 3 days without a recorded bowel movement.</p> <p>March 10, 11, and 12, 2013- all zeros</p>		monthly thereafter. All systemic changes will be completed by April 5th, 2013		

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	<p>recorded. A time period of 3 days without a recorded bowel movement.</p> <p>The nursing notes lacked any information related to any further interventions having been given or tried during these time periods.</p> <p>During an interview with the Director of Nursing (DoN), on 3/13/13 at 11:05 a.m., additional information was requested related to the lack of bowel monitoring and interventions having been completed for the time periods noted above.</p> <p>During an interview with the Assistant Director of Nursing on 3/13/13 at 3:08 p.m., she indicated the resident did not have any as needed medications for constipation ordered by the physician.</p> <p>A facility policy, dated 3/1/2001, titled "Bowel Elimination," provided by the DoN on 3/13/13 at 1:09 p.m., included, but was not limited to, the following:</p> <p>"...3. Bowel Elimination:</p> <p>A. PURPOSE:</p> <p>1. To ensure that each resident maintains a safe and healthy bowel</p>				

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	<p>elimination pattern.</p> <p>B. PROCEDURE:...</p> <p>...2. If resident complains of constipation, or at least on the 3rd day with</p> <p>no bowel movement, an ordered bowel aide or stool softner will be</p> <p>administered...."</p> <p>3.1-37(a)</p>			