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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>155576 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING _____ | X3) DATE SURVEY COMPLETED<br><br>04/02/2012 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>MILLER'S MERRY MANOR | STREET ADDRESS, CITY, STATE, ZIP CODE<br>0548 S 100 W<br>HARTFORD CITY, IN 47348 |
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| F0000              | <p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: March 27, 28, 29, 30, April 2, 2012</p> <p>Facility number: 000289<br/>Provider number: 155576<br/>AIM number: 100289460</p> <p>Survey team:<br/>Ginger McNamee, RN, TC<br/>Delinda Easterly, RN<br/>Karen Lewis, RN</p> <p>Census bed type:<br/>SNF: 2<br/>SNF/NF: 57<br/>Total: 59</p> <p>Census payor type:<br/>Medicare: 7<br/>Medicaid: 43<br/>Other: 9<br/>Total: 59</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 4/3/12<br/>Cathy Emswiller RN</p> | F0000         |   |                      |

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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| F0156<br>SS=B  | <p>483.10(b)(5) - (10), 483.10(b)(1)<br/>NOTICE OF RIGHTS, RULES, SERVICES, 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:</p> |   |   |  |  |   |  |

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|                    | <p>A description of the manner of protecting personal funds, under paragraph (c) of this 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 comply with the requirements specified in subpart I of part 489 of this chapter related to maintaining written policies and procedures regarding advance directives. These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the</p> |               |   |                      |

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|                    | <p>individual's option, formulate an advance directive. This includes a written description of the facility's policies to implement advance directives and applicable State law.</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> <p>Based on record review and interview, the facility failed to ensure residents were informed of possible charges that could be incurred as a result of the lack of Medicare coverage benefits for 3 of 3 residents reviewed who had received notification of Medicare non-coverage. (Resident #'s 17, 47 and 55)</p> <p>Findings include:</p> <p>Review of the "Notice of Medicare Provider Non-Coverage" letters for Resident #'s 17, 47 and 55 on 3/30/12 at 1:30 p.m., indicated the letters lacked information related to a list of items and services with charges for non-Medicare residents and what the resident's daily/monthly rate</p> | F0156         | <p>Please accept this as our credible plan of correction. We are requesting paper compliance for both of these minor deficiencies.F156- ss=B Notice of Rights, Rules, Services, Charges Beginning 4-9-12, a form letter (Attachment A), was developed to include with the CMS Medicare denial letter. This form letter contains an area to put the daily and monthly rates the resident would pay once they are discharged from Medicare A. Because this deficiency has the potential to affect all of our residents, we will include this form letter in all future Medicare A discharges. This will allow residents and families receiving the CMS Medicare denial letters to know the daily and monthly rate of the room they occupy at the time. The Administrator will be responsible to audit weekly for 4 weeks, that the form letter is</p> | 04/15/2012           |

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|  | <p>would be when Medicare services were discontinued.</p> <p>During an interview on 3/30/12 at 2:30 p.m., the Administrator indicated she was not aware it was necessary to have this information listed on the non-coverage letters and would implement this procedure on future letters.</p> <p>3.1-4(a)<br/>3.1-4(f)(3)</p> |   | <p>included with CMS notices. The Office Manager will then monitor 1 time a month for 5 additional months with her Q.A. using the same attachment (See attachment B). All audits and plans of action will be reviewed monthly in the facility Q.A. meeting.</p> |                      |   |

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| F0246<br>SS=D  | <p>483.15(e)(1)<br/>REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES</p> <p>A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered.</p> <p>Based on observation, record review and interview the facility failed to ensure a resident's preferences were honored related to when to get up in the morning, when to go to bed at night and what clothing to wear on a daily basis for 1 of 33 residents interviewed related to preferences. (Resident #51)</p> <p>Findings include:</p> <p>The clinical record for Resident #51 was reviewed on 3/29/12 at 12:44 p.m..</p> <p>Resident #51's current diagnoses included, but were not limited to, congestive heart failure and chronic kidney disease.</p> <p>Resident #51 had a healthcare plan, dated 1/3/12, which indicated the resident had a focus problem as, "resident name" wants to choose her own clothing daily . The goal was for the resident to choose clothing daily.</p> | F0246   | <p>F246 SS=D Reasonable Accommodation of Needs/Preferences Resident #51 was asked to use call light to let staff know when she wishes to be gotten up from bed or be helped to bed, since those times change depending on how she feels. The staff now offers two choices of outfits, on a daily basis, for resident #51 to choose from. On 4-6-12, staff was inserviced on the right of each resident to have a preference of when to get up, their bed time and choice of clothing. (See attachments C,D,E). This in-service was to correct resident #51's concerns and all the other residents that this deficiency has the potential to affect. The Social Service Director(SSD) began interviewing resident #51 on 4-9-12. SSD will be responsible to interview resident #51 and 5 additional residents 1 time per week for a total of 4 weeks. (See attachment F). Then SSD will be responsible to interview resident #51 monthly for 5 additional months. (See attachment G). Facility uses same attachment to interview all</p> | 04/15/2012   |  |   |  |

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|  | <p>An intervention for this focus problem was for the nursing staff to offer choices of clothing daily.</p> <p>Resident #51 had a healthcare plan, dated 1/3/12, which indicated the resident had a focus problem listed as, it is very important to choose bedtime, resident prefers to go to bed when she asks. The goal for this focus problem was, resident to choose when she goes to bed daily . Interventions for this focus problem included, assist resident to dress for bed then assist her to bed when she requests to lay down. If resident is sleeping in recliner ask resident if she would like to lay down in bed.</p> <p>A quarterly Minimum Data Set Assessment, dated 1/9/12, indicated the resident needed extensive assistance from the staff with bed mobility, transfers, toileting, bathing, grooming, dressing, and personal hygiene needs.</p> <p>A quarterly Minimum Data Set Assessment, dated 1/9/12, indicated the resident's short term and long term memory were intact, and the resident was able to make decisions regarding tasks of daily life.</p> <p>An admission Minimum Data Set</p> |   | <p>residents regarding preferences for Q.A. and at care plan meetings. Any concerns will be immediately addressed. All audits and plans of action will be reviewed monthly at the facility Q.A. meeting.</p> |  |  |   |  |

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|                    | <p>Assessment, dated 4/19/11, indicated it was somewhat important for the resident to choose the clothes she wanted to wear and it was very important for the resident to choose her own bedtime.</p> <p>During an interview with Resident #51 on 3/27/12 at 3:15 p.m., the resident had the following concerns:</p> <p>A. She indicated staff did not allow her a choice on when she got up in the morning. She indicated staff came into her room and told her it was time to get up. The resident indicated she would prefer to stay in bed a little longer in the morning. The resident indicated they got her up "pretty early" each morning.</p> <p>B. The resident indicated she would like to stay up longer at night. She indicated the staff come into her room and tell her it is time to go to bed. She indicated she slept better if she stayed up longer in the evening. The resident indicated she was unsure of the time she went to bed, but she thought is was not too long after supper.</p> <p>C. The resident indicated the staff did not ask her what she wanted to wear in the mornings when they got her</p> |               |   |                      |

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|                    | <p>dressed.</p> <p>During an interview with CNA #1 on 3/30/12 at 9:00 a.m., she indicated she was taking care of the resident and she had taken care of the resident many times in the past. She indicated she came into work at 5:00 a.m. She indicated she normally got Resident #51 up out of her bed at 6:00 a.m. The CNA indicated she went to the resident's closet daily and usually picked out the clothing for her to wear.</p> <p><b>During an interview with the Administrator on 3/30/12 at 2:45 p.m., she indicated she was unaware of Resident #51 having made any complaints related to the above concerns. She further indicated the staff would be inserviced as soon as possible related to Resident #51's preferences related to when she wanted to get up in the a.m., clothing she would like to wear on a daily basis and what time she wanted to go to bed at night.</b></p> <p><b>3.1-3(v)(1)</b></p> |               |   |                      |