

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/09/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155576	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/03/2011
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NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 0548 S 100 W HARTFORD CITY, IN 47348
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F 000	<p>INITIAL COMMENTS</p> <p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: January 30, 31, and February 3, 2011</p> <p>Facility number: 000289 Provider number: 155576 AIM number: 100289460</p> <p>Survey team: Ginger McNamee, RN, TC Betty Retherford, RN Karen Lewis, RN [1/31, 2/3/11]</p> <p>Census bed type: SNF: 4 SNF/NF: 51 Total: 55</p> <p>Census payor type: Medicare: 10 Medicaid: 37 Other: 8 Total: 55</p> <p>Sample: 14</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on February 8, 2011 by Bev Faulkner, RN</p> <p>F 465 483.70(h) SS=C SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON</p> <p>The facility must provide a safe, functional,</p>	F 000	<p>RECEIVED</p> <p>FEB 23 2011</p> <p>LONG TERM CARE DIVISION INDIANA STATE DEPARTMENT OF HEALTH</p>	
F 465 SS=C	<p>The facility must provide a safe, functional,</p>	F 465		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Bonnie R. Newkirk</i>	TITLE <i>Health Facility Admin.</i>	(X6) DATE <i>2-28-11</i>
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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 465	<p>Continued From page 1 sanitary, and comfortable environment for residents, staff and the public.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure the floors in the kitchen and mop room were maintained in a clean and sanitary manner and equipment and vents were clean and free of dust and debris as observed during 1 of 1 initial kitchen tour. These deficient practices had the potential to affect dietary staff and 55 of 55 residents residing in the building who consumed meals prepared in the facility kitchen.</p> <p>Findings include:</p> <p>During the initial kitchen tour on 1/30/11 at 1:20 p.m., conducted with the Dietary Manager, the following concerns were noted:</p> <ol style="list-style-type: none"> 1. The floor around the following door frames had an accumulation of a black, gritty substance around the lower door frame: <ol style="list-style-type: none"> a.) the door frame leading from the kitchen to the hall. b.) the door frame leading from the dry storage area to the outside. c.) the door frame leading from the kitchen into the dry storage area. d.) the door frame opening into the mop room. 2. The entire floor of the mop room and the drain area of the mop room were dark, discolored and 	F 465	<p>The areas of concern were corrected the day discovered, but will be corrected in the future in the following manner.</p> <p>The Dietary Manager has assigned zones for cleaning to all dietary personnel. Each piece of equipment and areas of flooring near door frames has been assigned. The Dietary manager is responsible to clean ceiling vents smoke detector. See attachment A.</p> <p>Dietary manager or her designee will check for cleanliness three times per week for one month, weekly for two months and monthly thereafter. See attachments B.</p> <p>The janitor closet (mop room) flooring has been replaced. Dietary manager is responsible to clean and/or inspect mop room weekly. Dietary staff is to maintain area in between weekly inspections and deep cleaning.</p> <p>Systematic changes will be completed by March 5, 2011.</p>	

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F 465	Continued From page 2 soiled in appearance. 3. There was an accumulation of a black gritty substance on top of the dishwasher and various dried drips on the front and both sides of the dishwasher. 4. Their was an accumulation of dust and debris on top of the ovens. 5. A ceiling vent, located above the food prep area, had a heavy accumulation of dust which covered the entire surface of the vent grates. 6. A smoke detector, located on the ceiling above the food prep area, had an accumulation of dust on the surface of the detector. During an interview with the Dietary Manager on 1/30/11 at 1:30 p.m., she indicated the floors did need to be cleaned and the dust needed to be cleaned from the vent and the smoke detector.	F 465			
F 514 SS=E	3.1-19(f) 483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State;	F 514			

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F 514	<p>Continued From page 3 and progress notes.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure resident clinical records were complete and accurately documented in regards to physician notification, bowel monitoring, insulin administration, and/or laxative administration for 5 of 12 residents reviewed for complete and accurate clinical records in a sample of 14. (Resident #'s 18, 2, 16, 28, and 3)</p> <p>Findings include:</p> <p>1. A.) The clinical record for Resident #18 was reviewed on 1/31/11 at 9:00 a.m.</p> <p>Diagnoses for Resident #18 included, but were not limited to, diabetes mellitus and constipation.</p> <p>Resident #18 had a current physician order for Milk of Magnesia (a laxative) 30 milliliters every night as needed for constipation.</p> <p>The Medication Administration Records (MAR) and nursing notes for these time periods lacked any information related to Milk of Magnesia having been given or offered related to the resident's lack of bowel movements.</p> <p>The bowel monitoring records for Resident #18 lacked documentation of Resident #18 having had a bowel movement during the following time periods:</p> <p>November 23-25, 2010 December 25-28, 2010</p>	F 514	<p>Policies and Procedures have been reviewed by DON, related to bowel protocol. See attachment C.</p> <p>All current resident records were reviewed. No other resident were affected by this deficient practice.</p> <p>The bowel and laxative form was revised to match our bowel protocol, with specific duties assigned to each shift. See attachment D.</p> <p>A mandatory in-service will be conducted on 2-23-11 for all nursing staff. Bowel protocol will be addressed, so all nursing staff is aware that bowel movements or lack thereof must be documented in the medical record. The correct procedure for follow up on residents who do not have results from the bowel aide or laxative or residents who refuse the bowel aide or laxative will also be discussed. See attachment E.</p> <p>DON or her designee will monitor bowel documentation weekly for four weeks and monthly for five additional months, then quarterly thereafter. See bottom of attachment D.</p>	
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F 514	<p>Continued From page 4</p> <p>During an interview with the Director of Nursing (DoN) on 1/31/11 at 2:45 p.m., additional information was requested related to the lack of bowel movements for Resident #18 as noted above.</p> <p>During an interview with the DoN on 2/3/11 at 10:00 a.m., the following was indicated:</p> <p>The DoN provided a copy of a "Daily Laxative List", (used to record the names of any residents who might require the need for a laxative on that date), dated 11/25/10, which indicated Resident #18 had been offered and refused a laxative on that date. The DoN indicated the "Daily Laxative Lists" were not part of the resident's clinical records. The MAR and nursing notes for 11/25/10 lacked any information related to the resident having been offered and refusing the laxative. The refusal of the laxative was not part of the clinical record.</p> <p>The DoN provided a copy of a "Daily Laxative List", dated 12/27/10, which indicated Resident #18 had been offered and refused a laxative on that date. The MAR and nursing notes for 12/27/10 lacked any information related to the resident having been offered and refusing the laxative. The refusal of the laxative was not part of the clinical record.</p> <p>The DoN provided a copy of a "Daily Laxative List", dated 12/28/10, which indicated Resident #18 had been offered and refused a laxative on that date. The MAR and nursing notes for 12/28/10 lacked any information related to the resident having been offered and refusing the laxative. The list also indicated the resident had a</p>	F 514	<p>Records reviewed for insulin dependent diabetics and no other residents were affected by this deficient practice.</p> <p>Policies and Procedures will be reviewed with all licensed nursing staff regarding insulin administration, documentation and MD notification on 2-23-11 at a mandatory in-service. See attachment E.</p> <p>All nurses will be given a post test with a variety of scenarios by the In-Service Director or her designee to ensure the nurses understand correct policies and procedures regarding insulin. See attachments F G, H, I, and J.</p> <p>MARS will be reviewed weekly for four weeks, then monthly for 5 months, and quarterly thereafter. See attachment K, items that are asterisked.</p> <p>All systematic changes will be in place by 3-5-11.</p> <p>Please accept this as our credible plan of correction.</p>	

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F 514	<p>Continued From page 5</p> <p>large bowel movement on that date 12/28/10. The refusal of the laxative and the documentation of the bowel movement on 12/28/10 was not part of the clinical record.</p> <p>1. B.) The current physician's orders indicated Resident #18 had an order for the physician to be contacted if the resident's blood sugar was above 350 when any Accucheck (fingerstick blood glucose test) was taken.</p> <p>The November 1st MAR indicated the resident's blood sugar was 358 when the 4 p.m. Accucheck was taken. The nursing notes lacked any information related to the physician having been called regarding the blood sugar reading above 350.</p> <p>During an interview with the Director of Nursing (DoN) on 1/31/11 at 2:45 p.m., additional information was requested related to the lack of physician notification of the resident's blood sugar above 350.</p> <p>During an interview on 2/3/11 at 10:00 a.m., the DoN indicated she had talked with the nurse on duty when the Accucheck of 358 was taken on 11/1/10 at 4:00 p.m. She indicated the nurse told her she had called the physician on that date and he did not have any new orders since the resident was not having any symptoms at that time and sliding scale insulin had already been given. The nurse told the DoN she had forgotten to document this information in the resident's clinical record.</p> <p>1. C.) A recapitulation of physician's orders, dated 1/5/11, indicated Resident #18 had the following orders for Lantus insulin daily at bedtime:</p>	F 514		

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F 514	<p>Continued From page 6</p> <p>Lantus 10 units subcutaneously (SUBQ) at bedtime daily with an original order date of 7/29/10. Lantus 16 units SUBQ at bedtime daily with an original order date of 9/30/10.</p> <p>During a telephone interview with the DoN on 2/1/11 at 11:40 a.m., additional information was requested related to Resident #18 having two orders for Lantus insulin at bedtime.</p> <p>During an interview on 2/3/11 at 10:00 a.m., the DoN indicated the order for Lantus 10 units at bedtime noted above should have been discontinued when the amount was increased to 16 units at bedtime daily on 9/30/10. She indicated both orders for the Lantus insulin should not be on the current recapitulation of physician's orders as noted above.</p> <p>2.) The clinical record for Resident #16 was reviewed on 1/30/11 at 3:10 p.m.</p> <p>Diagnoses for Resident #16 included, but were not limited to, multiple sclerosis and constipation.</p> <p>The bowel monitoring records for Resident #16 lacked documentation of Resident #16 having had a bowel movement from November 28, 2010 through December 3, 2010.</p> <p>During an interview with the Director of Nursing (DoN) on 1/31/11 at 2:45 p.m., additional information was requested related to the lack of bowel movements for Resident #16 as noted above.</p> <p>During an interview with the DoN on 2/3/11 at</p>	F 514			

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F 514	<p>Continued From page 7</p> <p>10:00 a.m., the following was indicated:</p> <p>The DoN provided a copy of a "Daily Laxative List", (used to record the names of any residents who might require the need for a laxative on that date), dated 11/30/10, which indicated Resident #16 had been offered and refused a laxative on that date. The MAR and nursing notes for 11/30/10 lacked any information related to the resident having been offered and refusing the laxative. The refusal of the laxative was not part of the clinical record.</p> <p>3.) The clinical record for Resident #2 was reviewed on 1/31/11 at 3:40 p.m.</p> <p>Diagnoses for Resident #2 included, but was not limited to, diabetes mellitus type 2.</p> <p>Resident #2 had a current physician's order for Novolog insulin 8 units to be given subcutaneously for an Accucheck reading from 301-350.</p> <p>The medication administration record (MAR) indicated the resident's Accucheck reading was 349 on 11/23/10 at 11:00 a.m. The MAR indicated 4 units of Novolog insulin were given related to the accucheck reading of 349.</p> <p>During an interview with the DoN on 1/31/11 at 5:35 p.m., additional information was requested related to the documentation of 4 units of Novolog insulin having been given instead of the ordered 8 units for a blood sugar reading of 349.</p> <p>During a telephone interview on 2/1/11 at 11:40 a.m., the DoN indicated she had talked with the nurse who worked on 11/23/10 and administered</p>	F 514			

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F 514	<p>Continued From page 8</p> <p>the 11:00 a.m. insulin to Resident #2. The nurse indicated she was sure she gave 8 units and did not know why 4 units had been charted. The DoN indicated the nursing staff should correctly chart the amount of insulin coverage given.</p> <p>4.) Resident #28's clinical record was reviewed on 1/31/11 at 3:10 p.m. The resident's diagnoses included, but were not limited to, constipation.</p> <p>Resident #28's physician's orders were signed and dated 1/13/11. The resident had the following routine orders for bowel evacuation:</p> <ol style="list-style-type: none"> 1. Docusate sodium liquid 50 mg[milligram]/5 ml[milliliter]: give 10 ml [100 mg] by mouth two times daily. 2. Lactulose solution: give 30 ml by mouth two times a day. 3. Miralax: dissolve 17 gm [gram] mix with water and give by mouth at 8:00 a.m. daily. 4. Soap suds enema: insert 1 enema rectally every three days to prevent constipation. <p>The resident had the following prn [as needed] physician's orders for bowel evacuation:</p> <ol style="list-style-type: none"> 1. Bisacodyl evacuation suppository 10 mg - prn: insert one suppository rectally daily as needed for constipation. 2. Enema disposable - prn: insert one enema rectally as needed for constipation. 3. Milk of Magnesia - prn: give 30 ml by mouth daily constipation. <p>The bowel tracking log for Resident #28 was provided by the Director of nursing on 1/31/11 at 5:00 p.m. The log lacked any indication of the resident having a bowel movement on 11/20/10, 11/26/10, 11/30/10, 12/1/10, 12/15/10, and 1/6/11.</p>	F 514			

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F 514	<p>Continued From page 9</p> <p>During an interview with the Director of Nursing on 2/3/11 at 9:00 a.m., additional information was requested related to the lack of bowel movements for Resident #18 as noted above.</p> <p>The daily laxative lists were provided by the Director of Nursing on 2/3/11 at 1:05 p.m. She indicated the laxative lists were not part of the clinical record. The lists indicated the resident had a bowel movement on the following days: 11/20/10 - a medium bowel movement. 11/26/10 - a medium bowel movement. 11/30/10 - a small bowel movement. 12/1/10 - a large bowel movement. 12/15/10 - a large bowel movement. 1/6/11 - a medium bowel movement.</p> <p>5.) The clinical record for Resident #3 was reviewed on 2/3/11 at 9:00 a.m. The bowel monitoring records for Resident # 3 lacked documentation of the resident having had a bowel movement from 11/3/10 to 11/6/10.</p> <p>During an interview with the DoN on 2/3/11 at 10:55 a.m., additional information was requested related to the lack of bowel movements for Resident # 3 as noted above.</p> <p>During an interview with the DoN on 2/3/11 at 2:25 p.m., the following was indicated:</p> <p>The DoN provided a copy of a "Daily Laxative List," dated 11/6/10, which indicated Resident #3 had a medium bowel movement on both 11/5/10 and 11/6/10. These bowel movements were not documented as part of the clinical record.</p> <p>6.) Review of a current facility policy, dated 2/11/10, provided by Director of Nursing, on</p>	F 514		

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F 514	<p>Continued From page 10 2/3/11 at 2:25 p.m., titled Charting Procedure, included but was not limited to the following:</p> <p>"1. PURPOSE:</p> <p>A. To accurately document in an organized manner all pertinent information related to the resident in the medical record....</p> <p>...2. PERTINENT CHARTING:</p> <p>Documentation will be completed for all pertinent issues either in progress notes or in the assessment module of the EMR (Electronic Medical Records). Includes, but is not limited to the following:...</p> <p>...IV. Any communication with a physician or family....</p> <p>...D. CHARTING AND ASSESSMENT PRINCIPLES:</p> <p>I. The following guidelines should assist the nurse in appropriate documentation for charting:</p> <p>a. Be complete, concise and factual...."</p> <p>3.1-50 (a)(1) 3.1-50 (a)(2)</p>	F 514		