

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155557	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/05/2015
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NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 1651 N CAMPBELL ST INDIANAPOLIS, IN 46218
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F 000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00173646</p> <p>Complaint IN00173646- Substantiated. Deficiencies related to the allegations are cited at F250 and F279.</p> <p>Survey date: June 3, 4, and 5, 2015</p> <p>Facility number: 000500 Provider number: 155557 AIM number: 100266220</p> <p>Census bed type: SNF: 10 SNF/ NF: 56 Total: 66</p> <p>Census payor type: Medicare: 19 Medicaid: 44 Other: 3 Total: 66</p> <p>Sample: 3</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.3-1.</p>	F 000	<p>Please accept the enclosed plan of correction as credible allegation of compliance to the deficiencies cited during our most recent Indiana State Department of Health Survey. Hopefully, you will find that our remedies are both sufficient and thoroughly explained in providing you a clear picture of how we corrected these concerns. With this submission of these remedies, we are requesting a desk review for paper compliance.</p> <p>If, after reviewing our plan of correction, you have any questions or require further information, please do not hesitate to contact me at your convenience at (317) 357-8040.</p>	
F 250	483.15(g)(1)			

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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SS=D Bldg. 00	<p>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. Based on record review and interview, the facility failed to ensure medically related social services to attain or maintain a resident's highest practicable physical, mental, and psychosocial well-being were provided, by not implementing a plan of behavior monitoring, by not monitoring and documenting the effectiveness of behavior interventions, and by not reviewing and updating behavior care plans for a resident with a documented history of behaviors (Resident #B). 1 resident of 3 reviewed for behavior care plans.</p> <p>Findings include:</p> <p>The record of Resident #B was reviewed on 6/04/15 at 9:00 A.M. Diagnoses included, but were not limited to, Downs Syndrome, dementia, psychosis, epilepsy, cerebrovascular disease, hypertension, gastro esophageal reflux disease, and anemia.</p> <p>A quarterly Minimum Data Set (MDS) assessment dated 3/16/15 indicated Resident #B was unable to complete the</p>	F 250	<p>F-250 It is the facility's practice to provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practices?</p> <p>Resident B no longer resides in the facility. Behavior monitoring/tracking was implemented 5/19/2015 by the Social Service Director.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;</p> <p>A facility audit of all residents that display behavior symptoms will be conducted to ensure appropriate monitoring and documentation of interventions. Findings will be documented in the resident's plan of care.</p> <p>What measures will be put into</p>	06/15/2015
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	<p>Brief Interview for Mental Status due to communication deficit and dementia, required extensive staff assistance for all activities of daily living, ambulated only with assistance of staff, was incontinent of bowel and bladder, and during the assessment period displayed behavioral symptoms including verbal/vocal symptoms like screaming and disruptive sounds.</p> <p>A hospital Discharge and Transfer note dated 2/09/15, the day before Resident #B's admission to the facility, indicated "...Agitation. The patient frequently makes snorting type noises and seems to obstruct with his tongue..."</p> <p>Health care plans for Resident #B, initiated 2/10/15, included a care plan initiated by Social Worker #1 on 2/19/15, which indicated: "Behavior: Resident displays mood issues as exhibited by: Yelling out, disruptive noises. Goals: Inappropriate yelling out will decrease. Resident will accept gentle reminders without incidents. Anxiety will not cause stress as as exhibited by eating, attending activities, socializing with others. Interventions/Tasks: Listen and follow up on these promptly as needed (NRS, SS) (nursing and social services). SS to visit PRN (as needed) (SS). Psych (psychological) services to follow</p>		<p>place or what systemic changes will be made to ensure that the deficient practice does not recur;</p> <p>Upon completion of the Social Service initial assessment based on the results of the assessment a plan of care will be initiated to include monitoring the frequency of behaviors and document the effectiveness of interventions attempted to manage behaviors. The behavior care plan will include new and/or worsening behaviors with appropriate interventions and tracking.</p> <p>The Administrator will provide education to the Social Service Director and Social Service Assistant related to the facility's policy titled Behavior Assessment and Management 06/12/2015.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place;</p> <p>The QA tool titled Behavior Review will be completed by the Social Service Director and/or designee daily Monday – Friday x 4 weeks, then weekly x4 weeks, then monthly x3, the quarterly thereafter. Findings will be reported to the QA committee for review and follow up.</p>	

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	<p>resident as needed (SS, NRS)."</p> <p>Social Worker #1 was interviewed on 6/04/15 at 2:00 P.M. She indicated she had created the original behavior plan for Resident #B on 2/19/15 addressing the issues of yelling out and inappropriate noises based on her review of admission records and her observation of Resident #B exhibiting these behaviors during her interaction with him.</p> <p>An addendum to the above care plan was added 5/19/15 by the Social Services Director, and indicated:</p> <p>"Document mood behavior #1: Resident displays mood issues as exhibited by: Yelling out, disruptive noises. Interventions: 1. Provide resident music and headphones, resident enjoys listening to music. 2. Offer snack according to diet order. 3. Provide comfort and reassurance. 4. Call resident's sister as needed (Behavioral staff, CNA.). This task and associated interventions were accompanied by a symbol indicating "This task requires documentation."</p> <p>The Social Services Director was interviewed on 6/04/14 at 11:20 A.M. She indicated she updated Resident #B's care plan for behaviors of yelling out and disruptive noises on 5/19/15 due to an</p>		By what date the systemic changes will be completed. 06/15/2015.	

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	<p>escalation of these behaviors.</p> <p>An undated "Home Discharge Planning and Teaching Tool" included the following documentation:</p> <p>"Discharge communication notes continued:</p> <p>3/16/2015:...SS (Social Services) spoke with...resident's case manager...explained resident's multiple behaviors... that small dementia unit may be an appropriate discharge option, as resident can become overstimulated and behavior escalates...</p> <p>4/27/2015: Care plan meeting held...resident has multiple behaviors which seem to come from overstimulation..."</p> <p>The MDS Director was interviewed on 6/05/14 at 11:30 A.M. She indicated that for care plan interventions to be implemented, and use of interventions tracked, recorded, and effectiveness monitored, a "task" would have to be created for each concern, which would then populate the CNA assignment sheets with directions for documenting behaviors, interventions employed, and the effectiveness of interventions. The CNA documentation would then inform the Electronic Medical Records system,</p>			

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	<p>and staff, including the Interdisciplinary Team, could assess the frequency of the behaviors and effectiveness of interventions and make appropriate changes in the behavior plan. The MDS Director indicated that on review, it appeared no tasks had been created related to Resident #B's behavior care plan created 2/19/15, and no documentation of any frequency or severity of behaviors, or implementation and effectiveness of interventions were recorded, until the addition to the care plan on 5/19/15.</p> <p>The Administrator was interviewed on 6/05/15 at 10:15 A.M. He indicated Resident #B's record contained no documentation of behavior monitoring, or employment and tracking of interventions for Resident #B's behavior of yelling out and making inappropriate noises as noted in the care plan of 2/19/15, from that date through 5/20/15, when documentation began being recorded in response to the tasks created with the care plan modification of 5/19/15.</p> <p>A facility policy titled "Behavior Assessment and Management" dated 10/27/2014 and received from the Administrator on 6/04/15 at 11:25 A.M., indicated:</p>			

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F 279 SS=D Bldg. 00	<p>"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...The facility will document observation of these behaviors in the clinical record and gather evidence that other possible reasons for the distress or behavior have been considered...</p> <p>Existing Behavior Assessment Procedure:</p> <p>Trackers will be reviewed and updated with new interventions when unchanged behavior occurs, through assessments and alerts.</p> <p>As identified, through unchanged behaviors and review of documentation, ongoing education of staff on approaches, utilizing effective interventions,etc. should be provided..."</p> <p>This Federal tag relates to complaint IN00173646.</p> <p>3.1-34(a)</p> <p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise</p>			

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	<p>the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on record review and interview, the facility failed to ensure comprehensive care plans were fully developed, implemented, monitored, and updated for a resident with a documented history of behaviors (Resident #B). 1 resident of 3 reviewed for behavior care plans.</p> <p>Findings include:</p> <p>The record of Resident #B was reviewed on 6/04/15 at 9:00 A.M. Diagnoses included, but were not limited to, Downs Syndrome, dementia, psychosis, epilepsy, cerebrovascular disease, hypertension, gastro esophageal reflux disease, and anemia.</p>	F 279	<p>F – 279 It is this facility's policy to use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practices? Resident B no longer resides in the facility. Behavior monitoring/tracking was implemented 5/19/2015 by the Social Service Director. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken; A facility audit of all residents that display behavior symptoms will be conducted to ensure appropriate monitoring and documentation of</p>	06/15/2015

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	<p>A quarterly Minimum Data Set (MD.) assessment dated 3/16/15 indicated Resident #B was unable to complete the Brief Interview for Mental Status due to communication deficit and dementia, required extensive staff assistance for all activities of daily living, ambulated only with assistance of staff, was incontinent of bowel and bladder, and during the assessment period displayed behavioral symptoms including verbal/vocal symptoms like screaming and disruptive sounds.</p> <p>A hospital Discharge and Transfer note dated 2/09/15, the day before Resident #B's admission to the facility, indicated "...Agitation. The patient frequently makes snorting type noises and seems to obstruct with his tongue..."</p> <p>Health care plans for Resident #B, initiated 2/10/15, included a care plan initiated by Social Worker #1 on 2/19/15, which indicated:</p> <p>"Behavior: Resident displays mood issues as exhibited by: Yelling out, disruptive noises. Goals: Inappropriate yelling out will decrease. Resident will accept gentle reminders without incidents. Anxiety will not cause stress as as exhibited by eating, attending activities, socializing with others. Interventions/Tasks: Listen and</p>		<p>interventions. Findings will be documented in the resident's plan of care. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur; Upon completion of the Social Service initial assessment based on the results of the assessment a plan of care will be initiated to include monitoring the frequency of behaviors and document the effectiveness of interventions attempted to manage behaviors. The behavior care plan will include new and/or worsening behaviors with appropriate interventions and tracking. The Administrator will provide education to the Social Service Director and Social Service Assistant related to the facility's policy titled Behavior Assessment and Management 06/12/2015. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; The QA tool titled Behavior Review will be completed by the Social Service Director and/or designee daily Monday – Friday x 4 weeks, then weekly x4 weeks, then monthly x3, the quarterly thereafter. Findings will be reported to the QA committee for review and follow up. By what date the systemic changes will be completed. 06/15/2015.</p>	

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	<p>follow up on these promptly as needed (NRS, SS) (nursing and social services). SS to visit PRN (as needed) (SS). Psych (psychological) services to follow resident as needed (SS, NRS)."</p> <p>Social Worker #1 was interviewed on 6/04/15 at 2:00 P.M. She indicated she had created the original behavior plan for Resident #B on 2/19/15 addressing the issues of yelling out and inappropriate noises based on her review of admission records and her observation of Resident #B exhibiting these behaviors during her interaction with him.</p> <p>An addendum to the above care plan was added 5/19/15 by the Social Services Director, and indicated:</p> <p>"Document mood behavior #1: Resident displays mood issues as exhibited by: Yelling out, disruptive noises. Interventions: 1. Provide resident music and headphones, resident enjoys listening to music. 2. Offer snack according to diet order. 3. Provide comfort and reassurance. 4. Call resident's sister as needed (Behavioral staff, CNA.). This task and associated interventions were accompanied by a symbol indicating "This task requires documentation."</p> <p>The Social Services Director was</p>			

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	<p>interviewed on 6/04/14 at 11:20 A.M. She indicated she updated Resident #B's care plan for behaviors of yelling out at disruptive noises due to an escalation of these behaviors.</p> <p>The MDS Director was interviewed on 6/05/14 at 11:30 A.M. She indicated that for care plan interventions to be implemented, and use of interventions tracked, recorded, and effectiveness monitored, a "task" would have to be created for each concern, which would then populate the CNA assignment sheets with directions for documenting behaviors, interventions employed, and the effectiveness of interventions. The CNA documentation would then inform the Electronic Medical Records system, and staff, including the Interdisciplinary Team, could assess the frequency of the behaviors and effectiveness of interventions and make appropriate changes in the behavior plan. The M.D.S. Director indicated that on review, it appeared no tasks had been created related to Resident #B's behavior care plan created 2/19/15, and no documentation of any frequency or severity of behaviors, or implementation and effectiveness of interventions were recorded, until the addition to the care plan on 5/19/15.</p>			

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	<p>The Administrator was interviewed on 6/05/15 at 10:15 A.M. He indicated Resident #B's record contained no documentation of behavior monitoring, or employment and tracking of interventions for Resident B's behavior of yelling out and making inappropriate noises as noted in the care plan of 2/19/15, from that date through 5/20/15, when documentation began being recorded in response to the tasks created with the care plan modification of 5/19/15.</p> <p>A facility policy titled "Care Plan Review and Development" dated 2/14/2014 and received from the Administrator on 6/04/15 at 11:25 A.M., indicated:</p> <p>"Purpose: To assure that a comprehensive care plan for each resident includes measurable objectives and timetables to meet the resident's medical, nursing, mental and psychosocial needs...</p> <p>C. The comprehensive care plan is designed to...</p> <p>IX. Show evidence that treatment or services provided are to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being..."</p>			

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