STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155262	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 01/24/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLER'S MERRY MANOR	505 W WOLFE ST SULLIVAN, IN 47882

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F000000	This visit was for a Recertification and State Licensure Survey. Survey dates: January 21, 22, 23, and 24, 2014 Facility number: 000163 Provider number: 155262 AIM number: 100291380 Survey team: Teresa Buske RN-TC Karen Hartman RN Mary Weyls RN Joyce Hofmann RN January 23, and 24, 2014 Census bed type: SNF: 6 SNF/NF: 65 Total: 71 Census payor type: Medicare: 13 Medicaid: 49 Other: 9 Total: 71 These deficiencies reflect state findings cited in accordance with 410 IAC 16.2. Quality review completed	F000000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	01/28/2014 by Brenda Marshall, RN.			
F000323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Based on observation, record review, and interview the facility failed to ensure each resident received adequate supervision to prevent falls for 2 of 3 residents that met the criteria for accidents. (Resident # 83, Resident #126). Findings include: 1. Upon interview of RN #1 on 1/24/14 at 10:15 a.m., the RN indicated Resident #83 fell on 1/1/14 and 9/26/13. The RN stated that CNA #2 assisted the resident to the shower chair, and the shower chair rolled due to not being locked. The RN stated the resident was lowered to floor and no injury occurred. The RN indicated the shower chair should have been locked. The RN also indicated the CNA was re-inserviced to lock shower chair before transfers. Upon review of the resident's clinical	F000323	F 323 Free of Accident Hazards/Supervision/Devices The facility respectfully submits the following plan of correction as credible allegation of compliance to the above mentioned regulation, prefix F 323. I. It is the policy of Miller's Merry Manor to assess all residents for risk factors that may contribute to falling and to provide planned interventions identified by the team as appropriate for resident use in maintaining or returning to the highest level of physical, social, and psychosocial functioning as possible. II. All residents at risk for falls have the potential to be affected by this deficient practice. III. The facility has made systemic changes to ensure that the deficient practice does not recur by the following: 1) All staff will be in-serviced on safe transfer techniques and proper use of equipment including locking the wheels on shower chairs prior to transfers. New staff will be educated during orientation. Staff education completion date 2/7/14. 2) All	02/07/2014

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	record on 1/24/14 at 12 p.m., documentation was noted of the resident falling on 9/26/13 at 7:15 p.m. The summary of the occurrence indicated the resident was in the bathroom, attempted to sit down on the shower chair, and the unlocked shower chair rolled backwards and moved out from underneath the resident causing the resident to fall on the floor. The root cause of the fall was noted as shower chair wheels not locked. The quarterly Minimum Data Set (MDS) assessment dated 9/24/13 identified the resident with limited assist with one person physical assist for transfers; limited assist with one person physical assist for toilet use; and moving from seated to standing position not steady, but able to stabilize without staff assistance. The resident's current plan of care addressed the problem of "fall risk characterized by risk factors as listed on the fall risk assessment. Risk: balance problems during transfers and history of falls" dated 7/22/11 and revised on 10/2/13. The approaches included, but were not limited to assist with all transfers/ambulation as needed.		staff will be in-serviced on the Fall Management Procedure – (Attachment A) by 2/7/14. Staff education initiated on 1/24/14 and completed on 2/7/14. 3) All residents at risk for falls will be reviewed for appropriate interventions in place and changes made as needed. IV. The corrective action will be monitored to ensure the deficient practice will not recur by the DON or designee completing the QA Tool titled Fall Risk Management Review – (Attachment B Pages 1 and 2). This will be completed on all new admissions and other randomly selected residents weekly for 4 weeks, then monthly thereafter. Any issues identified will be corrected immediately and placed on a QA summary log to be reviewed by the QA Committee at the monthly meeting. V. Corrective actions will be completed by 2/7/2014. (In-service Education Sign In Sheets Attachment C Pages 1-3)	

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	2. Upon review of the clinical record of Resident #126 on 1/24/14 at 2 p.m., the resident's admission date was noted of 1/11/14. The fall risk assessment dated 1/11/14 identified the resident with confusion/forgetfulness; weakness; uses assistive device for mobility; unsteady gait with or without assistive device; impaired balance with transfers with or without assistive device; and requires staff physical support for transfer. The record indicated Resident #126 was unattended in the bathroom and fell on 1/12/14 at 10 a.m. The resident's current plan of care addressed the problem of "fall risk characterized by risk factors, kyphoplasty, sciatic pain, forgetfulness, weakness, and unsteady gait" dated 1/11/14. The approaches included, but were not limited to reinforce need to call for assistance and keep call light within reach. The approach of resident will not be left alone in the bathroom unattended was added on 1/12/14. Upon interview of RN #1 on 1/24/14 at 11 a.m., RN #1 indicated Resident #126 fell in the bathroom			

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	on 1/12/14 at 10 a.m. The RN also indicated the resident had been left alone in the bathroom by staff. Upon interview of the Director of Nursing (DON) on 1/24/14 at 4:45 p.m., the DON indicated the staff should have stayed with the resident in the bathroom. 3.1-45(a)(2)			