

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155251	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/12/2014
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NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 2901 W 37TH AVE HOBART, IN 46342
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F000000	<p>This visit was for the Investigation of Complaint IN00154143.</p> <p>Complaint IN00154143-Substantiated. Federal/State deficiency related to the allegations were cited at F282.</p> <p>Survey date: August 12, 2014</p> <p>Facility number: 000154 Provider number: 155251 AIM number: 100289680</p> <p>Survey team: Regina Sanders, RN-TC</p> <p>Census by bed type: SNF: 9 SNF/NF: 66 Total: 75</p> <p>Census payor type: Medicare: 12 Medicaid: 54 Other: 9 Total: 75</p> <p>Sample: 4</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC</p>	F000000		
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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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F000282 SS=D	16.2-3.1. Quality review completed on August 13, 2014, by Janelyn Kulik, RN. 483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. Based on observation, record review, and interview, the facility failed to follow a	F000282	F-Tag 282 Services by Qualified Persons/Per Care	08/22/2014	

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	<p>resident's plan of care and facility policy, related to transferring a resident from the bed to the chair and from the chair to the bed with a mechanical lift, for 1 of 3 observations of a transfer, for 1 of 4 residents reviewed for mechanical lift transfers in a total sample of 4. (Resident #B)</p> <p>Findings include:</p> <p>Resident #B's record was reviewed on 08/12/14 at 10:06 a.m. The resident's diagnoses included, but were not limited to, dementia and diabetes mellitus.</p> <p>An Annual Minimum Data Set Assessment, dated 07/08/14, indicated the resident's cognition was impaired and required extensive assistance of 2 or more staff for transfers.</p> <p>A care plan, dated 01/04/13, indicated the resident was a fall risk and a mechanical lift was needed to assist the resident with transfers. The interventions included, 07/25/14 to ensure the resident had protective footwear on during transfers.</p> <p>An "Incident Investigation", dated 07/25/14 at 4 a.m., indicated the resident had an open area on his left great toe, which could have been caused by the mechanical lift because his feet</p>		<p>Plan: It is the policy of Miller's Merry Manor, Hobart that services provided or arranged by the facility be provided by qualified persons in accordance with each resident's written plan of care related to pain management, treatments, and assessments. Resident # 76: Resident B was assessed and no concerns were noted due to transfer. <i>All residents are at risk to be affected by the deficient practice.</i> All residents HCP's were reviewed no issues were noted. All licensed & non-licensed nursing staff will be in-serviced by 08/22/2014 to review the facility policy on care plans and following residents care cards to ensure that care is done as indicated in residents individual HCP. All licensed & non-licensed nursing will also be checked off on the use of the hoyer lift transfers. The DON or other designee will be responsible to make random walking rounds, using the Room Round Checklist (Attachment A), on all shifts (3 per shift) to monitor for continued compliance with residents HCP, care and use of hoyer lift transfers daily x1 week, then 3x weekly x 4 weeks, then weekly x 4 weeks, and monthly thereafter to monitor for ongoing compliance. Any identified trends will be corrected upon discovery and documented on facility QA tracking log. QA tracking logs are reviewed monthly during the</p>		

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	<p>sometimes touch the lift as the staff raise or lowering the lift. The actions to prevent a reoccurrence indicated to ensure the resident had protective footwear on during the mechanical lift transfers.</p> <p>During an observation on 08/12/14 at 11:30 a.m., CNA #1 and LPN #2 were transferring Resident #B from the bed to the wheelchair. The resident was in bed, a mechanical lift pad was under the resident, the resident had plain white socks on his feet. CNA #1 and LPN #2 attached the lift pad to the mechanical lift and raised the resident from the bed. LPN #2 then walked away from the resident and stood behind the wheelchair. CNA #1 lifted the resident's legs from the bed and started to move the resident's lower extremities away from the bed and the resident's right foot hit the bed frame. Resident #B stated, "Oh". CNA #1 then lifted the resident's feet above the bed frame and maneuvered the resident in the mechanical lift sling to the wheelchair, which was away from the bed, while LPN #2 stood behind the chair. The resident was in a sitting position in the sling. CNA #1 then lowered the resident into the wheelchair while LPN #2 guided the resident into the chair. CNA #1 then placed Resident #B's shoes on his feet.</p>		<p>facility QA meeting. Date of Compliance: 8/22/14</p>		

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	<p>During an observation on 08/12/14 at 1:30 p.m., CNA #1 and CNA #3 were transferring Resident #B from his wheelchair to his bed. Resident #B's shoes were removed, the lift was attached to the lift pad and the resident was lifted out of the chair and remained in a sitting position in the sling until lowered onto the bed. CNA #1 and CNA #3 both assisted in guiding the resident in the sling on the mechanical lift to the bed and lowered the resident into the bed. Resident #B did not have his shoes on during the transfer.</p> <p>During an interview on 08/12/14 at 1:35 p.m., CNA #3 indicated the resident was not suppose to have his shoes on with the transfer. CNA #1 indicated she was not sure if the care plan said to transfer the resident with his shoes on. She indicated she had not been transferring the resident with his shoes on.</p> <p>During an interview on 08/12/14 at 1:44 p.m., the Director of Nursing, indicated the resident should have had his shoes on when being transferred with the mechanical lift. She indicated the CNA's had been educated on leaving the resident's shoes on.</p> <p>During an interview with Resident #B's Son on 08/12/14 at 1:52 p.m., who was</p>			

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	<p>visiting in the room at the time the resident was being transferred both times, he indicated he had requested the facility use the shoes during the transfers with the mechanical lift because the resident had sores on his toes from the mechanical lift.</p> <p>During an interview on 08/12/14 at 1:56 p.m., the Director of Nursing indicated CNA #3 had informed her the resident's son did not want the shoes on during the transfers with the mechanical lift.</p> <p>A facility policy, dated 03/01, received as current from the Administrator, and titled, "Mechanical Lift Transfers", indicated, "...12. One staff should be guiding the lift and the other should be holding to the resident to support and steady the move..."</p> <p>During an interview on 08/12/14 at 3:35 p.m., the Director of Nursing indicated LPN #2 informed her the resident stiffens up during the transfers so she stood behind the wheelchair to support the chair with the transfer.</p> <p>This Federal tag relates to complaint IN00154143.</p> <p>3.1-35(g)(2)</p>				

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

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