

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155299	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/27/2014
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NAME OF PROVIDER OR SUPPLIER  MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 5909 LUTE RD PORTAGE, IN 46368
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: January 21, 22, 23, 24, and 27, 2014</p> <p>Facility number: 000196 Provider number: 155299 AIM number: 100267390</p> <p>Survey team: Lara Richards, RN-TC Cynthia Stramel, RN Yolanda Love, RN (1/21, 1/22, 1/24, and 1/27/14)</p> <p>Census bed type: SNF: 2 SNF/NF: 58 Total: 60</p> <p>Census payor type: Medicare: 19 Medicaid: 26 Other: 15 Total 60</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on January 30, 2014, by Janelyn Kulik,</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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F000164 SS=D	<p><b>RN.</b></p> <p>483.10(e), 483.75(l)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS</p> <p>The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.</p> <p>Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.</p> <p>Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility.</p> <p>The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law.</p> <p>The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident.</p> <p>Based on observation, record review, and interview, the facility failed to ensure privacy was provided while performing a glucometer and administering gastrostomy tube medications for 1</p>	F000164	F-Tag 164: Personal Privacy It is the policy of Miller's Merry Manor, Portage that residents have the right to personal privacy and confidentiality or his or her personal and clinical records. Resident # 62 and # 75.: LPN # 1	02/26/2014	

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	<p>of 1 glucometers observed and for 1 of 1 gastrostomy tube medications observed. (Residents #62 and #75)</p> <p>Findings include:</p> <p>1. On 1/23/14 at 11:04 a.m., Resident #75 was observed seated in a recliner chair in the 300 pod (lounge in the middle of the Unit). Other residents were in the area at this time participating in an activity. LPN #1 was gathering supplies to perform a glucometer (a test to check the resident's blood sugar) for Resident #75. The LPN indicated at the time, that she would perform the glucometer in the lounge due to it being too difficult to transfer the resident back to his room. The LPN did not ask the resident if he wanted to go back to his room nor did she ask him if it was okay to perform the glucometer in the lounge.</p> <p>The record for Resident #75 was reviewed on 1/23/14 at 10:10 a.m. The resident's diagnosis included, but was not limited, diabetes.</p> <p>Review of the Significant change Minimum Data Set (MDS) Assessment dated 11/20/13, indicated the resident's Brief Interview for Mental Status (BIMS)</p>		<p>was re-educated on the procedure for maintaining resident privacy during glucometer testing on 1/24/14 by facility in-service director. RN # 1 was re-educated on 1/24/14 by in-service director regarding the necessity to provide privacy during medication administration via gastrostomy tube. All residents are at risk to be affected by the deficient practice. All nursing staff will be in-serviced on a resident's right to "Privacy" on or before 2/26/14. Charge nurses will be instructed on maintaining residents privacy during invasive medication/treatment procedures by ensuring residents are assisted to there rooms, pulling privacy curtains, and closing the door to the room. The nurse managers will participate in routine walking rounds on various shifts at medication administration times to monitor that nurses are maintaining privacy. The corrective action will be monitored utilizing the QA tool "Quality Care Review" (Attachment A). Tool will be completed daily for 1 week, then 3x weekly for (3) weeks, then weekly for (4) weeks, then monthly by the DON or other designee. Any concerns identified will be documented on quality assurance tracking log and corrected upon discovery. All QA tools and any findings will be reviewed monthly in the facility</p>		

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	<p>score was an "11" indicating the resident was cognitively intact.</p> <p>Interview with the Inservice Director on 1/24/14 at 2:30 p.m., indicated the LPN should have asked the resident to go back to his room or asked him if it was okay to do his glucometer in the lounge area.</p> <p>Interview with the Director of Nursing on 1/27/14 at 9:42 a.m., indicated the LPN should have asked the resident to go back to his room prior to performing the glucometer. She indicated a care plan related to performing the glucometer in the lounge area was initiated on 1/24/14 after the issue was brought to her attention.</p> <p>2. On 1/24/14 at 10:08 a.m., RN #1 was observed preparing medications for Resident #62. The resident was going to receive his medications through his gastrostomy (a tube inserted into the stomach) tube. The RN proceeded to enter the resident's room. She did not close the door and she did not pull the privacy curtain between the resident and his roommate while she administered the medications.</p> <p>Interview with RN #1 at 10:35 a.m.,</p>		Quality Assurance meeting to ensure ongoing compliance.				

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	<p>indicated that she didn't pull the privacy curtain between the two residents because they usually communicate with each other while she gives Resident #62 his medications. She did indicate that she should have at least pulled the door to the room closed.</p> <p>Review of the record for Resident #62 on 1/24/14 at 11:00 a.m., indicated a Significant change Minimum Data Set (MDS) assessment was completed on 12/17/13. The resident was identified as being severely impaired for daily decision making.</p> <p>Interview with the Inservice Director on 1/24/14 at 2:30 p.m., indicated the RN should have closed the door and/or pulled the privacy curtain around the resident when administering the gastrostomy tube medications.</p> <p>3.1-3(p)(2)</p>				

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F000282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on record review and interview, the facility failed to ensure each resident's physician's orders were followed related to monitoring sliding scale insulin coverage for 1 of 5 residents reviewed for unnecessary medications. This had the potential to affect the four insulin dependent diabetics who resided on the 300 pod (lounge in middle of Unit). (Resident #75)</p> <p>Findings include:</p> <p>The record for Resident #75 was reviewed on 1/23/14 at 10:10 a.m. The resident's diagnosis included, but was not limited to, diabetes.</p> <p>A Physician's order dated 10/31/13, and listed on the January 2014 Physician's Order Summary (POS), indicated the resident's blood sugar was to be checked at 6:00 a.m., 11:00 a.m., 4:00 p.m., and 9:00 p.m. The resident was to receive the following Novolog (insulin) sliding scale insulin dose based on his blood sugar:</p>	F000282	<p>F-Tag 282 Services by Qualified Persons/Per Care Plan: It is the policy of Miller's Merry Manor, Portage that services provided or arranged by the facility be provided or arranged by the facility be provided by qualified persons in accordance with each residents written plan of care. Resident #75: The facility notified physician on 1/27/14 of insulin given in error. Licensed nurses will follow the resident specific orders for insulin coverage. All residents receiving insulin coverage are at risk to be affected by the deficient practice. All resident specific physician orders for insulin coverage will be reviewed by the nurse management team by 2/26/2014. An in-service for all licensed nurses will be held on or before 2/26/14 to review the procedure for administering insulin and importance of ensuring that insulin coverage doses are administered as specifically ordered by physician. Charge nurses will be responsible to check the dose of coverage with another licensed nurse prior to administering for the next 7 days. The DON or other designee will be responsible to complete the</p>	02/26/2014

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	<p>150-200=2 units 201-250=4 units 251-300=6 units 301-350=8 units 351-400=10 units</p> <p>Review of the November 2013 Medication Administration Record (MAR), indicated on 11/19/13 at 6:00 a.m., the resident's blood sugar was 150, there was no insulin given.</p> <p>On 11/20/13 at 9:00 p.m., the resident's blood sugar was 341, the resident received 10 units of insulin rather than 8.</p> <p>Review of the December 2013 MAR, indicated on 12/8/13 at 4:00 p.m., the resident's blood sugar was 249. The resident received 6 units of insulin rather than 4.</p> <p>Review of the January 2014 MAR, indicated on 1/13/14 at 4:00 p.m., the resident's blood sugar was 203. The resident received 2 units of insulin rather than 4.</p> <p>Interview with the Director of Nursing on 1/27/14 at 9:45 a.m., indicated the resident had received the wrong dose of sliding scale insulin coverage.</p>		<p>QA tool titled " Insulin Coverage Review" (Attachment B ) daily x1 week, then 3x weekly x4 weeks, then weekly x4 weeks, and monthly thereafter to monitor for ongoing compliance. Any identified trends will be corrected upon discovery and documented on QA tracking log. QA tracking logs are reviewed monthly during the facility QA meeting to monitor for compliance.</p>		

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F000329 SS=D	<p>3.1-35(g)(2)</p> <p>483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>Based on record review and interview, the facility failed to ensure each resident's drug regimen was free from unnecessary drugs related to monitoring sliding scale insulin coverage for 1 of 5 residents reviewed for unnecessary medications. This had the potential to affect the four insulin dependent</p>	F000329	F-Tag 329 Unnecessary Medications: It is the policy of Miller's Merry Manor, Portage that residents be free from unnecessary medications such as insulin coverage. Resident #75: The facility notified physician on 1/27/14 of insulin given in error. Licensed nurses will follow the resident specific orders for insulin coverage. All residents receiving	02/26/2014
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	<p>diabetics who resided on the 300 pod (lounge in middle of Unit). (Resident #75)</p> <p>Findings include:</p> <p>The record for Resident #75 was reviewed on 1/23/14 at 10:10 a.m. The resident's diagnosis included, but was not limited to, diabetes.</p> <p>A Physician's order dated 10/31/13, and listed on the January 2014 Physician's Order Summary (POS), indicated the resident's blood sugar was to be checked at 6:00 a.m., 11:00 a.m., 4:00 p.m., and 9:00 p.m. The resident was to receive the following Novolog (insulin) sliding scale insulin dose based on his blood sugar:</p> <p>150-200=2 units 201-250=4 units 251-300=6 units 301-350=8 units 351-400=10 units</p> <p>Review of the November 2013 Medication Administration Record (MAR), indicated on 11/19/13 at 6:00 a.m., the resident's blood sugar was 150, there was no insulin given.</p> <p>On 11/20/13 at 9:00 p.m., the</p>		<p>insulin coverage are at risk to be affected by the deficient practice. The nurse managers will complete chart audits for all active residents receiving insulin coverage to ensure each resident is free from unnecessary units of insulin without proper indication or physicians order for use on or before 2/26/14. An in-service for all licensed nurses will be held on or before 2/26/14 to review the procedure for administering insulin and importance of ensuring that insulin coverage doses are administered as specifically ordered by physician. Charge nurses will be responsible to check the dose of coverage with another licensed nurse prior to administering for the next 7 days. The DON or other designee will be responsible to complete the QA tool titled "Insulin Coverage Review" (Attachment B ) daily x1 week, then 3x weekly x4 weeks, then weekly x4 weeks, and monthly thereafter to monitor for ongoing compliance. Any identified trends will be corrected upon discovery and documented on QA tracking log. QA tracking logs are reviewed monthly during the facility QA meeting to monitor for compliance.</p>		

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	<p>resident's blood sugar was 341, the resident received 10 units of insulin rather than 8.</p> <p>Review of the December 2013 MAR, indicated on 12/8/13 at 4:00 p.m., the resident's blood sugar was 249. The resident received 6 units of insulin rather than 4.</p> <p>Review of the January 2014 MAR, indicated on 1/13/14 at 4:00 p.m., the resident's blood sugar was 203. The resident received 2 units of insulin rather than 4.</p> <p>Interview with the Director of Nursing on 1/27/14 at 9:45 a.m., indicated the resident had received the wrong dose of sliding scale insulin coverage.</p> <p>3.1-48(a)(3)</p>				

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F000441 SS=E	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>Based on observation, record review and interview, the facility failed to</p>	F000441	F-Tag 441 Infection Control: It is the policy of Miller's Merry Manor,	02/26/2014	

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	<p>ensure an infection control program was maintained related to emptying bed pans, and leaving soiled linen on the floor for 2 residents observed on the 200 pod (lounge in the middle of the Unit). The facility also failed to ensure the glucometer was disinfected per facility policy for 1 of 1 glucometers observed on the 300 pod. This had the potential to affect the four insulin dependent diabetics residing on the 300 pod. (Residents #7, #25, and #75)</p> <p>Findings include:</p> <p>1. On 1/21/14 at 10:31 a.m., a fracture bed pan was observed on the shelf of Resident #25's television stand. There was urine in the bed pan, and the bed pan was not covered.</p> <p>Interview with the Director of Nursing on 1/27/14 at 11:00 a.m., indicated the bed pan should have been emptied immediately after use.</p> <p>2. On 1/22/14 at 8:51 a.m., a soiled hospital gown was on the floor next to the bed in Resident #7's room. There was also a plastic bag of garbage on the floor as well.</p>		<p>Portage to establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection. LPN # 4 was retrained on 1/24/14 at 3:00pm and required to perform a return demonstration on the proper procedure for disinfecting a glucometer after use to ensure that disease/infection are not transmitted via use of glucometers. Nursing staff will follow facility policy/procedures for handling soiled linens and used bedpans to ensure proper infection control measures. All residents are at risk to be affected by the deficient practice.</p> <p>An all nursing staff in-service will be held on or before 2/26/14 to review basics of infection control, preventing the spread of infection by following facility policy for soiled linens and used bedpans. Nursing staff will be instructed to place soiled laundry in a bag and to immediately remove from room to the soiled linen barrel. Clean bedpans will be bagged and stored. Nursing staff will be instructed to empty bedpans promptly after use, cover the bedpan and take it to the soiled utility room to be sanitized. All charge nurses and QMA's who participate in blood glucose monitoring will be in-serviced by 2/26/14 on the facility policy and</p>		

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	<p>Interview with the Director of Nursing on 1/27/14 at 11:00 a.m., indicated the soiled linen and the bag of garbage should have been removed from the resident's room after care was provided.</p> <p>3. On 1/23/14 at 11:04 a.m., LPN #1 checked Resident #75's blood sugar using a glucometer. After completing the glucometer, the LPN wiped the glucometer down with a disinfecting wipe and placed the glucometer back in the case.</p> <p>Review of the facility policy titled "Cleaning of Glucometer" dated 4/23/13 and provided by the Nurse Consultant on 1/24/14 at 1:39 p.m., and identified as current, indicated the following: "follow manufacturer's instructions related to length of time to disinfect before reusing. Air dry time is typically around 30 seconds, so you must re-wet the meter or wrap the wet wipe around the meter after wiping it down to ensure the proper contact time is achieved as directed by the manufacturer. Place wrapped glucometer in covered container and set timer for manufacturer's contact kill time. Once contact kill time has expired, wait and allow to air dry before re-using the glucometer."</p>		<p>procedure for glucometer use. Each nurse/QMA will be required to complete a return demonstration of proper glucometer disinfecting and glucometer monitoring procedure by 2/26/14. All newly hired charge nurses or QMA's participate in an orientation process which includes the policy for use of and disinfection process for glucometers. New hires will not participate in blood sugar monitoring until the employee has successfully completed the required job specific orientation skill blood glucose monitoring and disinfecting glucometers. A laminated copy of the facility policy/procedure for glucometers disinfecting will be placed in all diabetic unit books. The corrective action will be monitored utilizing the QA tool "Quality Care Review" (Attachment A). Tool will be completed daily for 1 week, then 3x weekly for (3) weeks, then weekly for (4) weeks, then monthly by the DON or other designee. Any concerns identified will be documented on quality assurance tracking log and corrected upon discovery. All QA tools and any findings will be reviewed monthly in the facility Quality Assurance meeting to ensure ongoing compliance.</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155299	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/27/2014
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F000465 SS=B	<p>Interview with the Inservice Director on 1/24/13 at 2:30 p.m., indicated the glucometer was supposed to be wiped down with the disinfecting wipe after the glucometer was completed, then the glucometer was to be wrapped in the wipe and placed in the container for 2 minutes.</p> <p>3.1-18(b)(4)</p> <p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. Based on observation and interview, the facility failed to provide a functional and comfortable environment related to marred walls, marred doors and door frames, a cracked toilet tank, and loose door handles on 3 of 3 pods throughout the facility. (The 100, 200, and 300 pods)</p> <p>Findings include:</p> <p>During the environmental tour on 1/27/14 at 9:45 a.m., with the</p>	F000465	<p>F-Tag 465: Safe/Functional/Sanitary/Comfortable Environment: It is the policy of Millers Merry Manor, Portage to provide a safe and sanitary environment. All issues identified during the environmental tour were corrected on or before 1/28/14. Maintenance director replaced cracked toilet and inspected all other toilets. All other areas of concerns were repaired on 1/28/14. All residents are at risk to be affected by the deficient practice. An environmental walk through audit was completed to address</p>	02/26/2014

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	<p>Maintenance Supervisor, the following was observed:</p> <ol style="list-style-type: none"> <li>1. In Room 109, the toilet tank was observed to be cracked. Two residents resided in this room.</li> <li>2. The bathroom door in Room 203 was scratched and marred. The white caulk around the bathroom sink was cracked and peeling in sections. Two residents resided in this room.</li> <li>3. The door to Room 204 was observed to be scratched and marred. Two residents resided in this room.</li> <li>4. The wood trim behind the head of bed 1 in Room 205 was scratched and marred. Two residents resided in this room.</li> <li>5. The door handle inside the bathroom door of Room 305 was loose. Two residents resided in this room.</li> <li>6. The wall trim around the bathroom door frames in Room 307 and Room 308 were loose and pulling away from the wall. Two residents resided in Room 307 and 1 resident resided in Room 308.</li> </ol>		<p>any other areas that have the potential to affect residents on 1/28/14. To ensure that this does not re-occur Maintenance supervisor and or designee will conduct daily rounds using the" Room Preparation Checklist"( Attachment C ) three rooms per unit daily for four weeks then two rooms, per unit weekly thereafter. Maintenance and Housekeeping staff will be re-inserviced on the Room Preparation Checklist (attachment C) procedures and identifying safety concerns in resident areas by 2/26/14. Monitoring of effectiveness of the system will be done weekly for four weeks and then monthly thereafter by the administrator or other designee using the "General Observations Audit Tool" Completing date 2/26/14.</p>		

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	<p>7. The bathroom door in Room 309 was observed to be off of the track and would not fully close. Two residents resided in this room.</p> <p>Interview with the Maintenance Supervisor at the time, indicated the above areas were in need of repair.</p> <p>3.1-19(f)</p>			