

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 06/02/2015
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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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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00174298.</p> <p>Complaint IN00174298-Substantiated. Federal/State deficiency related to the allegations is cited at F314.</p> <p>Survey dates: June 1 & 2, 2015</p> <p>Facility number: 000154 Provider number: 155251 AIM number: 100289680</p> <p>Census by bed type: SNF: 15 SNF/NF: 68 Total: 83</p> <p>Census payor type: Medicare: 15 Medicaid: 52 Other: 16 Total: 83</p> <p>Sample: 6</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000		
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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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F 0314 SS=D Bldg. 00	<p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident with a pressure ulcer received necessary treatment and services to promote healing, related to a pressure</p>	F 0314	<p>F-Tag 314 Treatment/Services to Prevent Pressure Sores: It is the policy of Miller's Merry Manor, Hobart that services provided or arranged by the facility be provided by qualified persons in</p>	06/23/2015

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	<p>area observed without a dressing applied as ordered by the resident's Physician for 1 of 3 resident's with pressure ulcers, in a total sample of 3. (Resident #D)</p> <p>Finding includes:</p> <p>During an observation with LPN #1, on 06/01/15 at 9:32 a.m., Resident #D was laying on her right side. LPN #1 pulled the covers back from the resident and blood was observed to have soaked through the side of the resident's incontinent brief onto the sheet under the resident. LPN #1 removed the brief from the resident's left hip. There was a deep pressure area with red drainage observed on the resident's left hip. There was no dressing on the left hip pressure area. LPN #1 indicated she was unaware the dressing had come off the resident's hip. LPN #1 indicated the dressing may have come off during care and the CNA's should have informed her.</p> <p>During an interview on 06/01/15 at 9:40 a.m., CNA #1 and CNA #2 indicated they had transferred the resident from the geri-chair (reclining chair) into the bed approximately 20-30 minutes prior to the observation and the had informed LPN #1 the dressing was no longer on the left hip.</p>		<p>accordance with each resident's written plan of care related to pain management, treatments, and assessments. Resident # D: Treatment to left hip was completed per physician order. <i>All residents are at risk to be affected by the deficient practice.</i> All residents with wounds were checked to ensure dressings were in place. All licensed & non-licensed nursing staff will be in-serviced by 06/22/2015 to review the facility policy pressure ulcers. The Wound Nurse or other designee will be responsible to make random walking rounds on all residents with pressure ulcers, using (Attachment A) on all shifts to monitor for continued compliance for residents with wounds to ensure treatment has been done and dressings are in place to pressure ulcers daily x1 week, then 3x weekly x 4 weeks, then weekly x4 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 facility QA meeting.</p>				

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	<p>During an interview on 06/01/15 at 10:01 a.m., CNA #3 indicated she had been in the room to assist CNA #2 with the transfer. CNA #3 indicated the dressing was not on the resident's left hip when they transferred her to bed. CNA #3 indicated the dressing may have come off when the resident was transferred out of the bed to the chair before breakfast.</p> <p>During an interview on 06/01/15 at 10:10 a.m., CNA #2 indicated the dressing was on the left hip when the resident was transferred from the bed to the chair before breakfast. CNA #2 indicated the dressing came off with the transfer from the chair to the bed and was in the lift pad. CNA #2 indicated she had thrown away the dressing.</p> <p>Resident #D's record was reviewed on 06/02/15 at 8:32 a.m. The resident's diagnoses included, but were not limited to, pressure ulcer and stroke.</p> <p>A care plan, dated 05/21/15, indicated the resident had a pressure ulcer on the left hip. The interventions included, but not limited to, administer treatment as ordered.</p> <p>A Physician's order, dated 05/21/15, indicated to cleanse the left hip with normal saline, and pack the wound bed</p>			

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	<p>and undermining with Aquacel rope (debridement agent) and cover with a dry dressing daily and as needed.</p> <p>The Medication Administration Record, dated 05/15, indicated by initials, the treatment for the left hip had last been completed on 05/31/15 on the day shift.</p> <p>This Federal Tag relates to Complaint IN00174298.</p> <p>3.1-40(a)(2)</p>				