

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155579	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  05/20/2015
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NAME OF PROVIDER OR SUPPLIER  MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 7440 N 825 E HOPE, IN 47246
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F 000  Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: May 14, 15, 18, 19, and 20, 2015.</p> <p>Facility number: 000286 Provider number: 155579 AIM number: 100291000</p> <p>Census bed type: SNF/NF: 65 Total: 65</p> <p>Census payor type: Medicare: 11 Medicaid: 47 Other: 7 Total: 65</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 000		
F 282 SS=D Bldg. 00	<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 observation, interview and</p>	F 282		06/18/2015

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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	<p>record review, the facility failed to ensure the plan of care was followed as written, related to postural support during all waking hours for 1 of 3 residents reviewed for rehabilitation of the 11 residents who met the criteria for rehabilitation. (Resident # 30)</p> <p>Findings include:</p> <p>The clinical record of Resident #30 was reviewed on 05/08/2015 at 2:28 P.M. The resident's diagnoses included, but were not limited to, hip fracture and anemia. The most recent Minimum Data Set (MDS) assessment, dated 04/30/2015, indicated Resident #30 was alert and oriented with a Brief Interview for Mental Status (BIMS) score of 15. The resident's functional status was indicated as requiring extensive assistance from staff for dressing, toileting, bed mobility, and transfer and indicated total dependence for locomotion and personal hygiene.</p> <p>Resident #30's care plan for "Compression Fracture of Lumbar Spine", dated 04/08/2015, indicated the resident was at risk for complications due to a left hip fracture. The care plan indicated the resident required assistance with positioning. Care plan interventions included, but were not limited to,</p>		<p><b>F282</b></p> <p>What corrective action will be accomplished for those affected?</p> <p>Resident #30 is presently on Occupational therapy caseload for wheelchair positioning. Resident #30 is now utilizing a stop and drop to keep bilateral feet in place as per plan of care.</p> <p>How will other residents be identified?</p> <p>Review of all resident's care-plans to determine what interventions are in place for positioning, seating, and any other devices. All residents will be directly observed to ensure that all interventions are in place as per care-plan. Health care-plan will be updated with any changes.</p> <p>What measures put in place or system changes made to prevent recurrence?</p> <p>Therapy will in-service on proper positioning and following care-plan interventions. Nursing will implement a positioning review log with current interventions and changes for the residents that will be communicated to all nursing staff every shift on a daily basis.</p> <p>How corrective measures monitored?</p>		

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	<p>postural support provided during all waking hours.</p> <p>On 05/15/2015 at 9:45 A.M., Resident #30 was observed sitting in a wheelchair. The resident was slumped over with the right shoulder resting on the right arm of the wheelchair. The left leg was hanging lower than the right leg and the left foot was resting on the floor between the foot pedals.</p> <p>On 05/19/2015 at 9:34 A.M., Resident #30 was observed sitting in a wheelchair. The resident was leaning to the right side, the left leg was hanging lower than the right leg and the left foot was resting on the floor between the foot pedals.</p> <p>During an interview, on 5/19/2015 at 9:00 A.M., Occupational Therapist (OT) #8 indicated proper positioning for Resident #30 included, shoulder and hips centered without lateral (sideways) lean and feet resting on the foot rests.</p> <p>3.1-35(g)(2)</p>		<p>DON or designee will utilize the "Positioning Careplan review" QA tool (attachment #1) will be completed 5 times a week for 4 weeks, then weekly for 3 months, then monthly thereafter.</p> <p>The Quality Assurance Committee will review the results of the audits monthly and recommendations will be followed.</p> <p>When completed? June 18, 2015</p>		

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F 311 SS=D Bldg. 00	<p>483.25(a)(2) TREATMENT/SERVICES TO IMPROVE/MAINTAIN ADLS A resident is given the appropriate treatment and services to maintain or improve his or her abilities specified in paragraph (a)(1) of this section.</p> <p>Based on observation, record review and interview, the facility failed to ensure a resident received the necessary treatment and services to maintain optimal positioning and prevent contracture related to Restorative Nursing Program therapy for 1 of 3 residents reviewed for rehabilitation of 11 residents that met the criteria for rehabilitation. (Resident #30)</p> <p>Findings include:</p> <p>The clinical record of Resident #30 was reviewed on 05/08/2015 at 2:28 P.M. The resident's diagnoses included, but were not limited to, hip fracture and anemia. The most recent Minimum Data Set (MDS) assessment, dated 04/30/2015, indicated Resident #30 was alert and oriented with a Brief Interview for Mental Status (BIMS) score of 15. The resident's functional status was indicated as requiring extensive assistance from staff for dressing, toileting, bed mobility, and transfer and indicated total dependence for locomotion and personal hygiene.</p>	F 311	<p><b>F311</b> What corrective action will be accomplished for those affected? Resident #30 is presently on Occupational Therapy caseload for wheelchair positioning. Resident #30 is now utilizing a stop and drop to keep bilateral feet in place as per plan of care How will other residents be identified? All residents that are currently on a restorative program will be screened by therapy to assure that restorative programs are still appropriate. If any are found not to be appropriate, they will be re-evaluated. All residents will be screened upon admission, quarterly, and as needed. What measures put in place or system changes made to prevent recurrence? A new Restorative/FMP program form will be implemented (attachment #2). The date that the restorative program is to start will be added to the "Medicare meeting form", to indicate restorative program initiated within a week from discharge from therapy. Therapy &amp;/ or Restorative Program Coordinator will educate Nurses and C N A's on programs for the residents they care for. The new "Restorative/FMP Program" form</p>	06/18/2015	

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	<p>On 05/19/2015 at 9:34 A.M., Resident #30 was observed sitting in a wheelchair. The resident was leaning to the right side, the left leg hanging lower than the right leg and the left foot resting on the floor between the foot pedals.</p> <p>The "Therapist Progress and Discharge Summary", provided by the Physical Therapy Assistant (PTA) on 5/18/2015 at 2:28 P.M., indicated Resident #30 was discharged from Physical Therapy on 05/08/2015. The summary of skilled services provided indicated the resident had met maximum rehabilitation potential and was being discharged from skilled physical services. The resident was to remain in the facility with services provided by the Restorative Nursing Program (RNP) to prevent contractures, especially in the left lower extremity, secondary to spasticity. The "impact on burden of care" indicated the resident was at high risk for further deterioration and joint contracture.</p> <p>During an interview on 05/19/2015 at 9:02 A.M., PTA #1 indicated Resident #30 met the maximum rehabilitation potential for non-weight bearing therapy and the resident had been discharged from physical therapy services on 05/08/2015. PTA #1 further indicated no restorative orders had currently been</p>		<p>will be utilized to ensure all staff aware of the current program and the current interventions. How corrective measures monitored? DON or designee will utilize the Restorative Care Review QI tool (attachment #3) weekly for 3 months, and then monthly thereafter. The Quality Assurance Committee will review the results of the audits monthly and recommendations will be followed. When completed? June 18, 2015</p>		

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	<p>established for Resident #30.</p> <p>During an interview on 05/19/2015 at 9:13 A.M., the Minimum Data Set (MDS) Coordinator indicated the Restorative Program referral for Resident #30 was received today (05/19/2015), 11 days after discharge from the Physical Therapy Department. The MDS Coordinator indicated, normally the orders were received within 3 to 5 days after a resident was discharged from therapy. She indicated the appropriate staff initiated the treatments after the orders were placed into the point of care system (resident clinical record charting system).</p> <p>During an interview on 05/19/2015 at 9:29 A.M., Certified Nursing Assistant (CNA) #3 indicated PTA #1 provided training for resident transfers with a Hoyer lift, along with, how to position the resident's upper body for posture and use of a pillow wedge. CNA #3 indicated the resident was more difficult to dress due to increased joint stiffening since the resident had been released from therapy.</p> <p>During an interview on 5/19/15 at 11:45 A.M., the Director of Nursing (DON) and the MDS Coordinator indicated the therapy department would have normally</p>			
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F 441 SS=D Bldg. 00	<p>started staff training for the restorative procedures required, one to two weeks prior to a resident being discharged from therapy to prevent a gap in treatment.</p> <p>During an interview on 05/19/2015 at 2:23 P.M., Registered Nurse (RN) #2 indicated the resident was scheduled for hip replacement surgery next month. RN #2 indicated Resident #30 was currently on a grooming restorative program and not receiving restorative therapy for lower extremities.</p> <p>3.1-38(a)(2)(A)</p> <p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS 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 -</p>			

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	<p>(1) Investigates, controls, and prevents infections in the facility;</p> <p>(2) Decides what procedures, such as isolation, should be applied to an individual resident; and</p> <p>(3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection</p> <p>(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.</p> <p>(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.</p> <p>(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, interview and record review, the facility failed to ensure infection control practices and standards were maintained related to hand washing for 2 of 3 observations of resident care. (Residents #87 and #23)</p> <p>Findings include:</p> <p>1. An observation of a dressing change to a skin tear on Resident #87's left forearm was conducted on 05/18/2015 at 11:15</p>	F 441	<p><b>F441</b></p> <p>What corrective action will be accomplished for those affected?</p> <p>Hand-washing will be accomplished per policy for at least 20 seconds and at appropriate times.</p> <p>How will other residents be identified? Observations of hand-washing on at least 5 random staff members will take place during patient care and treatment</p>	06/18/2015

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	<p>A.M. After washing hands appropriately (more than 20 seconds), LPN (Licensed Practical Nurse) #4 assembled supplies on a clean towel on the bed side table. LPN #4 was assisted by RN (Registered Nurse) #5. RN #5 washed her hands for 16 seconds then opened a cup of normal saline with bare hands. LPN #4 donned gloves, removed the old dressing, removed gloves, and then washed hands for 18 seconds. LPN #4 donned gloves, cleansed the wound with normal saline soaked gauze, patted the wound dry, applied ointment to a non-stick gauze pad, applied the pad to the wound, and wrapped the forearm with gauze, covering the wound. LPN #4 removed gloves and washed hands for more than 20 seconds. RN #5 used hand sanitizer, gathered the unused supplies and put them away.</p> <p>2. An observation of a dressing change to Resident #23's right great toe was conducted on 05/18/2015 at 1:36 P.M. LPN #4 washed hands appropriately (more than 20 seconds) and assembled supplies on a clean towel on the bed side table. After placing a clean bed pad under the resident's feet, LPN #4 donned gloves, removed the resident's sock, then removed the old dressing. LPN #4 removed her gloves, washed her hands for more than 20 seconds, donned clean</p>		<p>applications 2 times per week for 4 weeks, 1 time a week for 4 weeks then weekly for 12 months.</p> <p>What measures put in place or system changes made to prevent recurrence? All staff will be in-serviced on hand-washing with a return demonstration on time and technique quarterly for 12 months. Respective departments will perform return demonstrations 2 times yearly in addition to the all-staff quarterly and as needed.</p> <p>How corrective measures monitored?</p> <p>Observation of hand-washing on at least 5 random staff members will take place during patient care and treatment applications 2 times per week for 4 weeks, 1 time per week for 4 weeks then weekly for 12 months utilizing the "Hand Washing Review" QA tool." (attachment 4) Re-education will be conducted for improper technique noted.</p> <p>The Quality Assurance Committee will review the results of the audits monthly and recommendations will be followed.</p> <p>When completed? June 18, 2015</p>	

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	<p>gloves, cleansed, dried, and measured the small, healing wound on the tip of the right great toe. LPN #4 removed gloves, washed hands for 19 seconds, donned clean gloves, applied the prescribed dressing, covered the toe with gauze, fastened the gauze with tape, applied a toe protector, and wrapped the toe and foot with gauze. LPN #4 removed gloves, washed hands appropriately (more than 20 seconds), applied gloves, gathered and disposed of the used supplies.</p> <p>An interview was conducted on 05/19/2015 at 3:51 P.M. with LPN #6. LPN #6 indicated proper hand washing technique included washing when visibly soiled and between each resident. LPN #6 further indicated, when passing medications, hand sanitizer could be used between residents up to five times then hands must be washed with soap and water. LPN #6 indicated hands should be washed for one minute followed by shutting the water off with a paper towel.</p> <p>An interview was conducted on 05/19/2015 at 4:04 P.M. with CNA (Certified Nursing Assistant) #7. CNA #7 indicated proper hand washing technique included turning on the water with a paper towel, scrubbing hands for 20-30 seconds by "counting one</p>			

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	<p>Mississippi, two Mississippi or singing the ABC's twice", and shutting off the water with a paper towel.</p> <p>The current policy and procedure for "Hand Washing and Hand Asepsis" was provided by the DON (Director of Nursing) on 05/19/2015 at 1:59 P.M. The policy included, but was not limited to, "... D... Rub vigorously for at least 20 seconds..."</p> <p>A hand washing inservice document titled, "In-Service Education Attendance Record", dated 04/06/2015, was provided by the DON on 05/20/2015 at 9:38 A.M. This document did not contain the signatures of RN #5 or LPN #4, indicating neither had attended the inservice on hand washing.</p> <p>During an interview with RN #5 on 05/20/2015 at 10:09 A.M., she indicated that ideally every employee should have attended the "Hand Washing In-Service" on 04/06/2015, but it was not mandatory.</p> <p>3.1-18(l)</p>			