

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155557	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/20/2015
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NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 1651 N CAMPBELL ST INDIANAPOLIS, IN 46218
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00177595.</p> <p>Complaint IN00177595 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>This visit was in conjunction with the Investigation of Complaint IN00179773.</p> <p>Survey dates: August 12, 13, 14, 17, 18, 19, & 20, 2015.</p> <p>Facility number: 000500 Provider number: 155557 AIM number: 100266220</p> <p>Census bed type: SNF: 11 SNF/NF: 55 Total: 66</p> <p>Census payor type: Medicare: 9 Medicaid: 46 Other: 11 Total: 66</p> <p>These deficiencies reflect state findings</p>	F 0000	<p>Please accept the enclosed plan of correction as credible allegation of compliance to the deficiencies cited during our most recent Indiana State Department of Health Survey. Hopefully, you will find that our remedies are both sufficient and thoroughly explained in providing you a clear picture of how we corrected these concerns. With this submission of these remedies, we are requesting a desk review for paper compliance and/or a revisit to determine substantial compliance.</p> <p>If, after reviewing our plan of correction, you have any questions or require further information, please do not hesitate to contact me at your convenience at (317) 357-8040.</p>	

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 0226 SS=D Bldg. 00	<p>cited in accordance with 410 IAC 16.2-3.1.</p> <p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. Based on interview and record review, the facility failed to ensure a staff member received annual abuse inservice education timely for 1 of 10 staff members reviewed for abuse inservice education. (LPN #15)</p> <p>Findings include:</p> <p>The Employee Records for LPN #15 were reviewed on 8/19/15 at 2:30 p.m. The Employee Records form indicated LPN #15's start date was 1/25/12.</p> <p>The employee personnel files for LPN #15 included verification of annual training for abuse as of 8/19/15. It did not include annual inservice training for abuse in 2014.</p> <p>The Administrator provided on 8/20/15 at 11:40 a.m., LPN #15's work scheduled for the last three months. The Administrator indicated LPN #15 was a PRN (as needed) employee. LPN #15's</p>	F 0226	<p>F – 226 The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practices;</p> <p>No residents were affected by this deficient practice. LPN #15 completed annual training for abuse on 8/19/2015.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;</p> <p>All residents have the potential to be affected by this deficient practice. An employee file audit will be completed to ensure all employees have received annual abuse training.</p>	09/17/2015

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F 0323 SS=G Bldg. 00	<p>worked the following days in those three months: 5/1/15 6/30/15 7/8/15</p> <p>During an interview with the Administrator, on 8/20/15 at 2:50 p.m.. He indicated the abuse annual inservice training was to be done annually and he was unable to provide verification LPN #15 received abuse inservice training in 2014.</p> <p>An abuse policy, dated 7/15/15, was provided by the Administrator on 8/19/15 at 11:20 a.m. It indicated the following: "Policy:...2...Note: Ongoing inservice education will be scheduled for all staff every six months for resident abuse and at least annually for the Elder Justice Law and reporting reasonable suspicions of a crime."</p> <p>3.1-28(a)</p> <p>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.</p>		<p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur;</p> <p>An audit of facility in-service records will be completed to ensure all employees have received annual abuse training. Those employees found to not be in compliance will complete the necessary training as assigned.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place;</p> <p>The facility's In-Service Director and/or designee will complete the QA tool titled, "Employee Training" monthly and ongoing. Non-compliance will be reported to QA committee for review and follow up.</p> <p>By what date the systemic changes will be completed. 9/17/2015</p>	

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	<p>Based on observation, interview, and record review, the facility failed to properly utilize a mechanical lift device during transfer of a resident resulting in a fall with emergency room visit for 1 of 4 residents reviewed for accidents. (Resident #D)</p> <p>Findings include:</p> <p>The clinical record for Resident #D was reviewed on 8/13/15 at 10:30 a.m. The diagnoses for Resident #D included, but were not limited to: dementia, stroke, hemiplegia, and muscle weakness.</p> <p>The 5/2/15 Quarterly MDS (minimum data set) assessment indicated Resident #D had a BIMS (brief interview for mental status) score of 5, indicating she's cognitively impaired. The assessment indicated she required extensive assistance of 2 persons for transfers.</p> <p>An interview was conducted with LPN #10 on 8/13/15 at 11:45 a.m. She indicated Resident #D had one fall in the last 30 days with injury. She indicated Resident #D slid out of the (name brand of mechanical lift device) sling in the shower room, while staff was putting her back in her chair. She indicated Resident #D had to get a staple in the back of her head.</p>	F 0323	<p>F – 323 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. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practices; Resident "D" no longer resides in the facility. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken; Residents that require staff to utilize a mechanical lift have the potential to be affected. A facility audit was completed of residents that require the assistances of a mechanical lift. No other residents were affected by the deficient practice. CNA #3 was re-educated on the use a mechanical lift and successfully completed a return demonstration of skills needed to complete a mechanical lift transfer on 8/10/2015. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur; All nursing staff will be inserviced to include manufacture guidelines for use of mechanical lifts. All nursing staff will successfully complete a skills check off competency on mechanical lift transfers with a return demonstration. All nursing</p>	09/17/2015

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	<p>The 8/6/15, 11:40 a.m., Nursing-Occurrence Initial Assessment indicated, "Location of occurrence: shower room...Fall with injury...CNA was transferring resident from shower chair to (name brand of specialized chair for elderly and /or disabled) chair with (sic) resident slid out of bottom of (name brand of mechanical lift device) sling onto floor hitting head. Bleeding noted to post skull with pressure held until bleeding stopped. Ice applied to laceration. Abrasion also noted to right side underarm....Describe all injuries noted and include measurement: Back of head -0.5 x 0.5 cm laceration to back of head, Other-abrasion to right side underarm."</p> <p>The 8/6/15,11:55 a.m. late entry nurses note indicated, "addendum to occurrence initial assessment: res (resident) slid from (name brand of mechanical lift device) sling while transferring from shower bed to (name brand of specialized chair for elderly and /or disabled) chair. 0.5 cm x 0.5 cm laceration to posterior scalp, pressure applied to stop bleeding, then ice applied. no active bleeding at time of EMS (Emergency Medical Services) pick up. abrasion of partial thickness under R (right) arm on side approx (approximately) 4 cm x 3.5 cm, pink, no</p>		<p>staff will show competency in mechanical lift demonstration by 9/17/15. All nursing staff will be re-educated on sling manufacture guidelines and mechanical lift and sling policy. All new nursing staff will be educated upon hire regarding mechanical lift policy and procedures and manufacture guidelines. All nursing staff will complete mechanical lift in-services quarterly and on an as needed basis. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; The Director of Nursing and/or designee will complete the QA tool titled "Mechanical Lift Transfers" will be completed daily x 4 weeks, then weekly x 4 weeks, then monthly x 3 months. Findings will be reported to the QA committee for review and follow up as needed. By what date the systemic changes will be completed. 9/17/2015IDR Request: Miller's Merry Manor respectfully requests paper review IDR of tag F-323. Through this process we are requesting deletion of F-323 or in the alternate a reduction in the scope and severity. The information attached in the IDR was available to the survey team during their visit for a Recertification and State Licensure Survey in conjunction with the Investigation of Complaint IN00179771. Millers Merry Manor</p>	

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	<p>bleeding. no loss of consciousness."</p> <p>The 8/6/15, 11:40 a.m. Occurrence Investigation was provided by the ADON (Assistant Director of Nursing) on 8/17/15 at 2:10 p.m. It indicated, "What was the resident doing or attempting to do at time of fall/occurrence? transferring resident from shower bed to (name brand of specialized chair for elderly and /or disabled) chair...Equipment involved: (name brand of mechanical lift device)...Name of staff present and/or assisting resident at time: CNA (Name of CNA #3), home health CNA...If staff assisting, was the skill performed correctly according to the resident's plan of care? No...(name brand of mechanical lift device) sling not placed properly...Go to site of occurrence and evaluate space/equipment to determine what adjustments can be made (explain if changes made): educate staff on (name brand of mechanical lift device) use...Resident interview: unable...Witness interview: CNA stated resident slid out of bottom of (name brand of mechanical lift device) sling onto floor and hit back of head. Small amount of bleeding. Abrasion - pink partial thickness, no bleeding 4 cm x 3 cm approx."</p> <p>An interview was conducted with CNA</p>		<p>has also included information which was requested by survey team or was reviewed and we have provided additional supporting documentation to show inaccuracies within the 2567.</p> <p>As we understand there were shortcomings in regards to resident #D transfer on 8.6.15, this was truly an accident and not indicative of the care in which Resident #D has received during her stay at Miller's Merry Manor from 2.19.14 to discharge date of 9.3.15. There are no indications of systemic deficits within Millers in regards to this accident. Resident #D would have been transferred via mechanical lift on average six (6) times per day, which would be approximately an average of 3,366 times during her stay, which is an error rate of 0.03%.</p> <p>Additionally, Miller's Merry Manor of Indianapolis will also demonstrate, Resident #D's level of care needs, cognitive needs, and psychosocial needs remained the same prior to incident as well as after 8.6.15.</p> <p>Miller's Merry Manor has provided several opportunities for the staff to complete education on mechanical lifts and resident safety. In regards to CNA #3, she was educated on facility procedures regarding the use of mechanical lift transfers on several occasions prior to 8.6.15.</p>	

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	#3 and the DON (Director of Nursing) on 8/17/15 at 11:18 a.m. CNA #3 indicated she and the home health aide for Resident #D, who was not a facility employee, gave Resident #D a shower. After they were finished showering her, she slid out of the sling. CNA #3 indicated they were transferring her from the shower bed to her chair. CNA #3 indicated they placed her in the (name brand of mechanical lift device) sling "the normal way." CNA #3 indicated they hooked her up from the bottom, but didn't hook her between her legs like they were supposed to, rather from side to side. CNA #3 indicated Resident #D went down on her bottom. CNA #3 indicated if they had hooked Resident #D between her legs, it would have prevented her from sliding onto her bottom. CNA #3 indicated she used that particular (name brand of mechanical lift device) lift prior to Resident #D's 8/6/15 fall from the (name brand of mechanical lift device) lift, but not that particular sling. CNA #3 indicated they should have used a full body sling, but used a mesh sling. CNA #3 indicated she didn't recognize, at the time, that they used the wrong kind of sling with her. CNA #3 indicated Resident #D's home health aide informed her she could help with the shower, so she (CNA #3) thought she (Resident #D's home health aide) could, but had never helped her before. The		(See attachment A1-A4, B1-B4, C) Miller's Merry Manor continues to re-educate nursing staff on mechanical lift transfers via formal and informal education. Millers' Merry Manor would request the information provided by CNA #2 be removed from the 2567. CNA#2 indicated Resident #D was 'just real scared now since the fall, real nervous....seemed more depressed....didn't drink as much since the fall.....she's hurting more often than she used to tell her'. All of these statements within the 2567 should be assessed and addressed by a qualified licensed clinician and not a CNA. This is outside the scope of practice of a CNA. As a CNA, they can and should make observations of residents, and should report those observations to the licensed clinician. CNA #2 never communicated any of these alleged opinions to the facility nursing staff. Resident #D's maintained virtually the same level of PO fluid intake prior to 8.6.15 as well as after 8.6.15. Resident D received an average 1135cc of fluids per day by mouth from 7.24.15-8.6.15 and received an average of 1030cc of fluids per day by mouth from 8.7.15 to 8.21. 15. (Attachment D1-D10) This indicates a slight decrease of PO fluids, however, this is less than a 4oz difference on average per day. Resident #D also received additional	

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	<p>DON indicated she didn't think the type of sling used caused the problem, rather the way the sling was positioned. The DON indicated the mesh sling could be used, it just needed to be positioned correctly. The DON further indicated the type of sling used was a split leg sling, not a mesh sling. The DON indicated Resident #D's home health aide was not a Certified Nursing Assistant, and moving forward, 2 facility employees needed to assist with (name brand of mechanical lift device) lift transfers.</p> <p>The 8/6/15 statement written by CNA #3 was provided by the Administrator on 8/17/15 at 11:45 a.m. It indicated, "I (Name of CNA #3) gave (Name of Resident #D) a shower on Thursday Aug (August) 6. I had a home health aid (sic) in the shower room with me who also help (sic) with her shower. We transfer (sic) her on the shower bed to clean her up. We got her all cleaned up. We placed a new (name brand of mechanical lift device) pad under her to transfer her back to her chair (sic) the lift that we used stoped (sic) on us about half way in the air so we tried to lift her manuly (sic) and that's when she came out (sic) the (name brand of mechanical lift device) paid (sic) and fell to the floor. She hit her head on the bottom of the machine and their (sic) was blood coming from</p>		<p>daily fluids via G-tube, MD order Jevity 1.5 bolus, one can via feeding tube 5 times daily at 12AM, 4AM, 12 PM, and 8 PM five times per day. Administer 30 ml of water before and after medications every shift. (Attachment E)</p> <p>Resident #D had a MD order dated 6/12/15 for Tylenol Extra Strength 500 mg one tab twice a day via G-tube and 9/21/14 PRN Norco 5/325 one tab via G-tube every 6 hours. After review of MAR, resident received routine Tylenol as ordered. (Attachment F) After review of Controlled Substance Record for PRN Norco, resident received Norco per MD order 23 times from 7.5.15-8.6.15, and 21 times from 8.7.15 - 9.3.15. (Attachment G1-G2). This indicates no change in her discomfort or change in her base line level of pain. Her weekly assessments dated 8.13.15, 8.20.15, and 8.27.15, which included pain assessments completed by a licensed nurse, indicated a pain level of 0 (no hurt) which includes Wong-Baker face pain rating scale with facial expressions for non-verbal residents. (Attachment H1-H15)</p> <p>Additionally, resident's clinical record indicates diagnosis as Vascular Dementia, Dementia with Behavioral Disturbance and Agitation. (Attachment I) Clinical Nurse Specialist's (CNS) progress</p>	

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	<p>the back of her head. We laid (sic) her down flat on the ground and put a pillow under her head and then I left the room to get the nurse so she could come in and check her out (sic) she took her blood pressure and looked at the back of her head (sic) then the nurse asked me to go and get therapy so they could help us get her back in the chair (sic) they came in got her up and we took her to her room (sic) after that I left the room. the home health aid (sic) was still there with her until (sic) she went out to the hospital."</p> <p>An interview was conducted with the DON and CNA #3 on 8/17/15 at 12:35 p.m., to clarify CNA #3's earlier interview (at 8/17/15, 11:18 a.m.) when compared to her 8/6/15 written statement. CNA #3 indicated the (name brand of mechanical lift device) did not stop. It went as high as it could go, but it wasn't high enough to get her off the shower bed. CNA #3 indicated she was unaware of that at the time. CNA #3 indicated she thought it was as high as it could go, so they lifted her manually. She indicated that is what she would do with residents when the (name brand of mechanical lift device) lift went as high as it could go. CNA #3 indicated if the sling used for Resident #D was hooked up to the right color to correspond with the height necessary to go, the sling would have</p>		<p>notes dated prior to 8.6.15 indicate Resident #D exhibited behaviors such as continuous random yelling and vocal agitation. Resident #D behaviors are being monitored by the facility clinical team prior to 8.6.15. (Attachment J1-J10). Per CNS, clarification order 6.24.15 states, vascular dementia with anxiety, continuous vocal agitation-yelling. (Attachment K)</p> <p>Resident #D attending physician indicated resident continues to be confused, have anxiety and behavior issues. 4.3.15 (Attachment L1-L3) It was also noted on 3.2.15, resident #D continues to be confused, have anxiety and behaviors issues. (Attachment M1-M2)</p> <p>The care plan for tactile defensiveness was initiated for Resident #D on 8.13.15 due to care being provided by DON and ADON. (Attachment N) This particular care plan was initiated due to care being provided by nursing staff. On 8.17.15, CNS discussed medication change with Resident #D daughter due to impression with care stated resident still yells out and recommends Nuedexta medication discontinued as it was ineffective since resident was prescribed medication for six months with no decrease or cessation of behavioral symptoms. (Attachment O1). Daughter was unwilling to further discuss medication change with DON</p>	

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	<p>gone higher. CNA #3 indicated she "knew something about the color and height, but not really." CNA #3 indicated she worked at the facility for 2 years, and didn't find out about the colors on the sling until after Resident #D's fall from the (name brand of mechanical lift device) on 8/6/15. CNA #3 indicated she did not know exactly how the colored straps were used to assist with utilization of the (name brand of mechanical lift device) lift. CNA #3 indicated the problem was not affixing the sling to the lift appropriately. The DON indicated the resident should have been lowered, the situation reassessed, and Resident #D should have never been manually lifted. The DON indicated the root cause of Resident's D's fall was improper positioning of the sling.</p> <p>The 8/6/15 11:59 a.m. EMS (Emergency Medical Services) Notes indicated, "dispatched to below ECF location for neuro/head injury. UOA (Upon our arrival), found (age and gender of Resident #D) sitting in recliner style wheelchair. Pt is awake and continually stating 'don't drop me.' ECF staff states that pt was in (name brand of mechanical lift device) Lift attempting to be moved to shower when pt 'slipped out' of lift. Pt fell to ground and landed on posterior. Pt then fell back striking head. ECF denies</p>		<p>or CNS at this time. CNS has included a clarification letter/note indicating there was no change in Resident #D behaviors, as her August 2015 progress note was taken out of context related to anxiety with hands on care as noted in the 2567. (Attachment O2)</p> <p>Miller's Merry Manor would like to include Community Hospital records for your review. On 8.6.15 at 12:00 PM Resident #D was transferred from Millers Merry Manor to ED via EMS. 'At 12:29 PM, resident assessed in ED with no active bleeding at this time or wounds seen on head during triage. At 13:08, no acute head injury seen on ED, will send pt home with reassurance there was no injury seen. Pt is stable at time of d/c. At 13:13, pt had a 1 cm laceration that is actively bleeding. At 13:24, daughter requesting full back x-ray. No abnormalities or injuries seen. At 4:18 PM, Resident #D was discharged home alert and oriented to self as per normal and in good condition.' (Attachment P1-P12)</p> <p>In regards to the undated Use of Mechanical Lift and Full Body Sling policy provided by the DON on 8/17/15 stated in the 2567, please note this paper provided to ISDH surveyors is not Miller's Merry Manor policy on Mechanical Lift and Full Body Slings. However, this was an educational tool and fact sheet</p>	

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	<p>LOC. Attempt made to place C-collar on pt per protocol, but pt would not tolerate collar. Pt has small hematoma to rear, base of skull approx 1 inch by 1 inch in size with no discoloration. Pt is not bleeding at this time. Pt is not oriented at this time, however, ECF states pt is at norm at this time."</p> <p>The 8/6/15 Hospital Records for Resident #D indicated, "Fall...pt (patient) from ecf (extended care facility), (Name of facility), was in (name brand of mechanical lift device) lift and fell backwards out of lift, landed on bottom and then hit head posterior head on ground, staff state no LOC (loss of consciousness), during triage, no active bleeding, no wound seen on posterior head, normal mentation per staff and L (left) sided weakness as per normal for staff....Number of Diagnoses or Management Options: Laceration of scalp, initial encounter: Scalp contusion:...1313-at time of d/c (discharge) and reevaluation, pt had a 1 cm laceration that is actively bleeding. will have (Name of Physician Assistant), PA, repair the laceration....Pt is to return in 7 days for staple removal. Clinical impression: 1. Scalp contusion 2. Laceration of scalp, initial encounter 3. Back contusion, unspecified laterality, initial encounter....Procedures: The 1 cm</p>		used to re-educate nursing staff on the use of mechanical lifts and full body slings. (Attachment Q1-Q2)	

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	<p>posterior scalp wound area was prepped and draped in a sterile fashion. The wound area was not anesthetized.. The wound was explored with the following results No foreign bodies found. The wound was then copiously irrigated with sterile saline per nursing staff. The wound was repaired with 1 staple (sic) was used. The wound was dressed and antibiotic ointment was applied. The patient underwent the procedure with no complications."</p> <p>An interview was conducted with Family Member #4, daughter and POA (power of attorney) of Resident #D, on 8/17/15 at 2:19 p.m. She indicated the home health aide present during Resident #D's fall was hired by her to visit and spend time with Resident #D. She indicated Resident #D was terrified of the (name brand of mechanical lift device) lift, since the her 8/6/15 fall. She indicated the psychiatric nurse who sees Resident #D spoke with her last week about starting an anti-anxiety medication. She indicated Resident #D's fear was valid and the anti-anxiety medication wouldn't take away the fear. She indicated her mother yelled, 'No, no' the last time she observed her mother getting ready to be put into the (name brand of mechanical lift device) lift. She indicated Resident #D's reaction to the (name brand of</p>			

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	<p>mechanical lift device) lift was 'since the fall.'"</p> <p>An interview was conducted with Family Member #4 on 8/20/15 at 10:09 a.m. She indicated Resident #D's yelling and screaming has been 'intensified' since her 8/6/15 fall, and was not fearful of care prior to the fall. She indicated she visited 5-6 times weekly, usually in the evenings.</p> <p>An observation of Resident #D being transferred via (name brand of mechanical lift device) Lift was made on 8/18/15 at 11:05 a.m. Resident #D was heard yelling out prior to entering the room for the observation. RN #5 knocked on the door. CNA #2 answered the door and indicated she was providing care. Resident #D was lying in bed. She appeared calm. The (name brand of mechanical lift device) Lift was located next to Resident #D's bed. The ADON touched Resident #D's blouse to straighten it. Resident #D began yelling out again. Resident #D was placed into the (name brand of mechanical lift device) Lift. When lowering Resident #D into her chair, she began yelling "oh, oh, oh" very loudly and fearfully. She then stated, "You didn't tell me, you didn't tell me." Resident #D stopped yelling once she was in the chair. Staff began repositioning her in her chair, and</p>			

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	<p>Resident #D began yelling "No, no". The ADON asked Resident #D if she was okay. Resident #D yelled, "No, no."</p> <p>An interview was conducted with CNA #2 on 8/18/15 at 1:31 p.m. She indicated Resident #D's behavior during her transfer was pretty typical for her. CNA #2 indicated she worked at the facility for 8 months and cared for Resident #D approximately 6 days a week. She indicated Resident #D didn't say 'no, no' all the time, just since the 8/6/15 fall. She indicated Resident #D was hesitant for people to touch her, and was 'just real scared now since the fall, real nervous.' She indicated, since the fall, Resident #D slept more, didn't like to get up as much, seemed more depressed, poked her lip out, and didn't like to get up for meals. She indicated Resident #D used to like to get her nails done before the fall, but now her companion did her nails. She indicated Resident #D didn't drink as much since the fall. She indicated since the fall, Resident #D told her she's hurting more often than she used to tell her. CNA #2 indicated staff have to take more time, be more gentle, and reassure her more, since the fall. CNA #2 indicated, in her opinion, there was "no reason" Resident #D should have fallen out of the (name brand of mechanical lift device) Lift. CNA #2 indicated Resident</p>			

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	<p>#D's visiting companion never helped her transfer Resident #D before.</p> <p>The 8/14/15 psychiatric notes, written by CNS (Clinical Nurse Specialist) #6, indicated, "cont (continues) vocal agit (agitation), esp (especially) (symbol for "with") hands on care (symbol for "with) anxious fearful statements...Per DON -she still yells, screams out, makes such fearful statements (symbol for "with") direct hands on care i.e. 'don't hurt me' 'Don't look @ my (expletive)' imp (impression): still yells out, fearful (symbol for "with") care, anxious (symbol for "with") care..."</p> <p>The psychiatric notes, written by CNS #6, from prior visits on 6/8/15, 5/15/15, 2/17/15, and 12/12/14 indicate vocal agitation and calling/yelling out, but do not indicate anxious, fearful statements or fearful/anxious with care.</p> <p>An interview was conducted with CNS #6 on 8/18/15 at 2:06 p.m. She indicated she was unsure if Resident #D would remember her fall on 8/6/15, due to her dementia. She indicated there were certain events people with dementia do remember and get stuck on. She indicated she did not think Resident #D had the ability to process her fall, because of her dementia. She indicated it was a</p>			

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	<p>change for Resident #D to be fearful and anxious with care, as referenced in her 8/14/15 visit note, but patients change with dementia and go through different phases.</p> <p>A care plan for tactile defensiveness was initiated for Resident #D on 8/13/15.</p> <p>Resident #D's visiting companion was unavailable for interview.</p> <p>The 6/12/15 Mechanical Lift Transfers Policy was provided by the DON on 8/17/15 at 12:00 p.m. It indicated, "Purpose 1. To move a resident safely and with as little physical effort as possible..Two staff members (minimal) -during the transfer itself. Procedure: ...6. Position resident per manufacturers instructions. 7. Attach and secure lifting straps per manufacturer's guidelines....9. Check lifting straps to make sure they are properly positioned. 10. Begin lifting resident per manufacturer's instructions. 11. When the resident has been lifted clear off the bed, position residents feet off the bed and move them over to the chair or seating device."</p> <p>An undated Use of Mechanical Lift & Full Body Sling policy was provided by the DON on 8/17/15 at 12:00 p.m. It indicated, "Always have two Miller's</p>			

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F 0329 SS=D Bldg. 00	<p>employees that have been trained on the use of the lift!...Choose appropriate sling for the patient. See guide attached to lift and/or CNA assignment sheet. Be aware there are different types of slings, if you are unfamiliar with a sling, do not use it!...Attach straps to the lift swivel bar; verify the same color strap is used on both sides. Colors used top to bottom can be different, depending on what position you need the patient in. If transferring into chair, use closer straps at top and further straps at bottom; if transferring to bed, use closest straps for top and bottom.*...When ready, lift patient up from surface. The patient must clear the surface by 2-3"*; if you cannot clear the surface you must lower the patient back down to the surface and stop the procedure and get your supervisor for further instruction...*This information obtained from the "Owner's Operator and Maintenance Manual: Patient Slings" Part No 1023891"</p> <p>3.1-45(a)(1) 3.1-45(a)(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</p>			

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	<p>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 interview and record review, the facility failed to hold a dialysis resident's blood pressure medications prior to dialysis, as ordered, for 1 of 5 residents reviewed for unnecessary medications. (Resident #45)</p> <p>Findings include:</p> <p>The clinical record for Resident #45 was reviewed on 8/14/15 at 10:41 a.m. The diagnoses for Resident #45 included, but were not limited to, high blood pressure and chronic renal insufficiency.</p> <p>The August, 2015 Physician's Orders for Resident #45 indicated the following medications:</p>	F 0329	<p>F – 329 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>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practices;</p> <p>Resident 45 no longer resides in the</p>	09/17/2015

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	<p>One 20 mg tablet of Isosorbide Dinitrate by mouth three times a day for high blood pressure at 9:00 a.m., 4:00 p.m., and 9:00 p.m.</p> <p>One 100 mg tablet of Labetalol two times a day for high blood pressure at 8:00 a.m. and 8:00 p.m., and to hold on the mornings of dialysis on Tuesday, Thursday and Saturdays</p> <p>One 10 mg tablet of Norvasc once daily for high blood pressure at 8:00 a.m. and to hold on dialysis days</p> <p>One 40 mg tablet of Zestril one time daily for high blood pressure at 8:00 a.m.</p> <p>The 7/22/15 Physician's Telephone Order indicated to hold all blood pressure medications on dialysis days.</p> <p>The 3/4/15 dialysis care plan for Resident #45 indicated an intervention, initiated 8/3/15, was to hold all blood pressure medication on dialysis days.</p> <p>The August, 2015 MAR (medication administration record) indicated the Norvasc was given, and not held, as ordered, on Resident #45's dialysis days of 8/8/15 at 8:00 a.m. and 8/13/15 at 8:00 a.m.. It indicated the Zestril was given, and not held, as ordered, on Resident #45's dialysis days of 8/4/15 at 8:00 a.m., 8/8/15 at 8:00 a.m., and 8/13/15 at 8:00 a.m. It indicated the Isosorbide Dinitrate</p>		<p>facility.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;</p> <p>Residents that receive dialysis services have the potential to be affected by this deficient practice. The physician orders of residents that receive dialysis services were audit.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur;</p> <p>Licensed nursing staff will be educated using the facility policy Physician Order Transcription Procedure. The training will include documenting in the Medication Administration Record as per policy and procedure.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place;</p> <p>The Director of Nursing and/or designee will complete the QA tool titled, "MAR Record Review" and "Physician Order Review" daily Monday through Friday x 4 weeks, then weekly x 4 weeks, and then</p>	

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	<p>was given, and not held, as ordered, on 8/8/15 at 9:00 a.m. and 8/13/15 at 9:00 a.m. It indicated the Labetalol given, and not held, as ordered, on 8/8/15 at 8:00 a.m. and 8/13/15 at 8:00 a.m.</p> <p>An interview was conducted with the DON (Director of Nursing) on 8/19/15 at 1:00 p.m. She indicated she looked at the original orders, and all 4 of the above medications should have been held on Resident #45's dialysis mornings of 8/4/15, 8/8/15, and 8/13/15, but weren't.</p> <p>An interview was conducted with Resident #45's physician, Physician #9, on 8/20/15 at 10:01 a.m. Physician #9 indicated sometimes Resident #45's blood pressure would drop when she received dialysis, and would have to be sent to the hospital. She indicated she didn't like to do that, hence the purpose of holding the blood pressure medications.</p> <p>The 6/15/10 Physician Order Transcription Procedure policy was provided by the Quality Assurance Nurse on 8/20/15 at 2:10 p.m. It indicated, "Medications that are not given every day will have the omitted days X'd off to ensure that the medication is given on the proper day(s)...Initials are entered legibly after the medication or tx (treatment is</p>		<p>monthly x 4 months. Findings will be reported to the QA committee for review and follow up.</p> <p>By what date the systemic changes will be completed. 9/17/2015</p>	

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F 9999 Bldg. 00	<p>administered. Circling an initial indicates that the procedure or med (medication) was not administered."</p> <p>3.1-48(a)(4)</p> <p>3.1-14 Personnel</p> <p>(t) A physical examination shall be required for each employee of a facility within one (1) month prior to employment. The examination shall include a tuberculin skin test, using the Mantoux method.</p> <p>(1) At the time of employment, or within one (1) month prior to employment, and at least annually thereafter, employees and nonpaid personnel of facilities shall be screened for tuberculosis. For health care workers who have not had a documented negative tuberculin skin test result during the preceding twelve (12) months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed one (1) to three (3) weeks after the first step.</p> <p>This state rule was not met as evidenced by:</p> <p>Based on interview and record review,</p>	F 9999	<p>F – 9999 At the time of employment, or within one month prior to employment, and at least annually thereafter, employees and nonpaid personnel of facilities shall be screened for tuberculosis. For health care workers who have not had a documented negative tuberculin skin test result during the preceding twelve months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed one to three weeks after the first step.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practices;</p> <p>No residents were affected by this deficient practice. Activity Assistant #1 Mantoux Tuberculin Skin Test Screen was re-administered to include a 1st and 2nd step skin test. The results of the Mantoux Tuberculin Skin Test Screen were negative.</p>	09/17/2015

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	<p>the facility failed to ensure a current employee had completed second step tuberculin skin testing for 1 of 5 current employees reviewed for two step tuberculin skin testing. This had the potential to affect 66 residents residing in the facility. (Activity Assistant #1)</p> <p>Findings include:</p> <p>The following employee files were reviewed on 8/19/15 at 2:30 p.m.: Activity Assistant #1.</p> <p>The Mantoux Tuberculin Skin Test Screen indicated Activity Assistant #1 had their first step tuberculin skin test read on 7/8/15. The employee record for Activity Assistant #1 did not include documentation that a second step tuberculin skin test was completed. Activity Assistant #1's start date was 7/15/15.</p> <p>During an interview with the Administrator, on 8/19/15 at 3:21 p.m., the Administrator indicated the second step tuberculin skin test for Activity Assistant #1 was not completed.</p> <p>The Punch Detail Report, received from the Administrator, on 8/20/15 at 9:50 a.m., indicated Activity Assistant #1 worked three weeks after the first step</p>		<p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;</p> <p>All residents have the potential to be affected by this deficient practice. An employee file audit will be completed to ensure all employees have received an initial 1st and 2nd step Mantoux Tuberculin Skin Test Screen.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur;</p> <p>An audit of all employee files will be completed to include documented 1st and 2nd step Mantoux Tuberculin Skin Test Screens. Those found to not be in compliance will Mantoux Tuberculin Skin Test Screen re-administered as needed.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place;</p> <p>The facility's In-Service Director and/or designee will complete the QA tool titled, "Employee File Audit" monthly and then thereafter. Findings will be reported to the facility's QA committee for review</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155557	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 08/20/2015
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NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 1651 N CAMPBELL ST INDIANAPOLIS, IN 46218
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	<p>tuberculin skin test was read. The Punch Detail Report indicated Activity Assistant #1 worked on the following days:</p> <p>7/30/15, 8/1/15, 8/2/15, 8/4/15, 8/6/15, 8/7/15, 8/11/15, 8/12/15, 8/14/15, 8/15/15.</p> <p>A policy titled, Employee Health-TB Screening dated 2/1/13, was received from the Administrator on 8/20/15 at 10:57 a.m. The policy indicated, "...E. For health care workers who have not had a documented negative tuberculin skin test result during the preceding twelve (12)months [sic], the baseline tuberculin skin test should employ the the two-step method. F. If the first is negative, a second step should be performed one (1)to [sic] three(3) [sic] weeks after the first step.</p>		<p>and follow up.</p> <p>By what date the systemic changes will be completed. 9/17/2015</p>	