

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 02/26/2013
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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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F000000	<p>This visit was for the Investigation of Complaint IN00124178.</p> <p>Complaint IN00124178 -- Substantiated. Federal/State deficiency related to the allegations is cited at F241.</p> <p>Survey dates: February 25 and 26, 2013</p> <p>Facility number: 000286 Provider number: 155579 AIM number: 100291000</p> <p>Survey team: Penny Marlatt, RN</p> <p>Census bed type: SNF/NF: 62 Total: 62</p> <p>Census payor type: Medicare: 5 Medicaid: 40 Other: 17 Total: 62</p> <p>Sample: 3 Supplemental Sample: 2</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p>	F000000	<p>F241 It is the policy of Miller's Merry Manor Hope to promote care for the residents in an environment that maintains or enhances each resident's dignity and respect in full recognition of the his or her individuality. Resident's concerns about timeliness of answering call lights was addressed individually with residents A, D , E and during the Resident Council meeting on 3/13/2013 (attachment B) by the Social Service Director. Social Service Director shared information regarding the facility's plan of action to ensure that call lights are answered in a timely manner. All residents in the facility have the potential to be affected by this deficient practice. The facility will educate all staff regarding answering call lights in a timely manner to ensure that resident needs are being met and that dignity is maintained for all residents on or before March 17 th , 2013. The Central Nurse's Station will be renovated to aide in call light response assistance. A staff member will be available to monitor and respond to call lights during meals and other busy times as determined by the facility staff and residents. The corrective action will be monitored utilizing the QA tool "Call light response/resident satisfaction" (Attachment A) The tool will be completed by the Social Service</p>	
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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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	Quality review 3/04/13 by Suzanne Williams, RN		Director or designee to ensure resident call lights are being answered in a timely manner. This tool will be randomly used during all three shifts and at different times. Tool will be completed on a daily basis for (2) weeks, weekly for (2) weeks and then monthly thereafter. Resident's will be able to express concerns at any time including the monthly resident council meeting. Any concerns will be documented by the Social Service Director and addressed immediately. Administrator, nursing managers and other department heads will also monitor call light response and ensure residents are treated with dignity during routine rounding of the facility. Any concerns identified will be addressed immediately. All QA tools will be reviewed monthly in the facility Quality Assurance meeting. Any identified issues will be documented on a QA tracking log and discussed during Quality Assurance meeting. Any recommendation will be followed to ensure ongoing compliance. DOC 3/14/13		

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F000241 SS=E	<p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>Based on interview and record review, the facility failed to ensure call lights of residents were responded to in a timely manner on a regular basis. This deficient practice affected 3 of 3 residents interviewed on the North Hall, in addition to the other 32 residents on the North Hall, of the facility's total census of 62. (Residents #A, #D, #E)</p> <p>Findings include:</p> <p>Resident #A was identified by the Assistant Director of Nursing (ADON) as a reliably interviewable resident during the initial tour of the facility on 2-25-13 between 9:25 a.m. and 10:02 a.m. Resident #A's most recent Minimum Data Set (MDS) assessment, dated 1-22-13, indicated he was cognitively intact. In interview with Resident #A on 2-25-13 at 12:50 p.m., he indicated, "The call lights can be a problem. At lunch, it's real bad to get help. Normally, on average, I'd say [it takes] at least 15 minutes [to get a response to the call light]."</p>	F000241	<p>F241 It is the policy of Miller's Merry Manor Hope to promote care for the residents in an environment that maintains or enhances each resident's dignity and respect in full recognition of the his or her individuality.</p> <p>Resident's concerns about timeliness of answering call lights was addressed individually with residents A, D , E and during the Resident Council meeting on 3/13/2013 (attachment B) by the Social Service Director. Social Service Director shared information regarding the facility's plan of action to ensure that call lights are answered in a timely manner.</p> <p>All residents in the facility have the potential to be affected by this deficient practice.</p> <p>The facility will educate all staff regarding answering call lights in a timely manner to ensure that resident needs are being met and that dignity is maintained for all residents on or before March 17 th , 2013.</p> <p>The Central Nurse's Station will</p>	03/17/2013			

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	<p>Resident #D was identified by the ADON as a reliably interviewable resident during the initial tour of the facility on 2-25-13 between 9:25 a.m. and 10:02 a.m. Resident #D's most recent MDS assessment, dated 2-6-13, indicated she was moderately cognitively impaired. In interview with Resident #D on 2-25-13 at 4:02 p.m., she indicated, "It normally takes 10-30 minutes for my call light to get answered, especially on an evening or around meal times [it seems to be a longer wait period]. My biggest problem is I need help going to the bathroom and when you have to go, you have to go. I'd guess I've had a few unnecessary accidents and wet myself while I waited."</p> <p>Resident #E was identified by the ADON as a reliably interviewable resident during the initial tour of the facility on 2-25-13 between 9:25 a.m. and 10:02 a.m. Resident #E's most recent MDS assessment, dated 12-3-12, indicated she was cognitively intact. In interview with Resident #E on 2-25-13 at 1:23 p.m., she indicated, "Most times, the call lights are answered real good, except on second shift. I've had to wait up to 45 minutes. Usually on second shift, it takes longer. [It] seems like when all</p>		<p>be renovated to aide in call light response assistance. A staff member will be available to monitor and respond to call lights during meals and other busy times as determined by the facility staff and residents.</p> <p>The corrective action will be monitored utilizing the QA tool "Call light response/resident satisfaction" (Attachment A) The tool will be completed by the Social Service Director or designee to ensure resident call lights are being answered in a timely manner. This tool will be randomly used during all three shifts and at different times. Tool will be completed on a daily basis for (2) weeks, weekly for (2) weeks and then monthly thereafter. Resident's will be able to express concerns at any time including the monthly resident council meeting. Any concerns will be documented by the Social Service Director and addressed immediately. Administrator, nursing managers and other department heads will also monitor call light response and ensure residents are treated with dignity during routine rounding of the facility.</p> <p>Any concerns identified will be addressed immediately. All QA tools will be reviewed monthly in the facility Quality Assurance meeting. Any identified issues will be documented on a QA</p>		

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	<p>the administrative people go home, it gets worse. It would be nice if they could at least stick their head in the door to acknowledge they saw your light on and will be back."</p> <p>In a confidential interview with a concerned family member on 2-25-13 at 1:58 p.m., the person stated, "[Name of resident] has told us for a long time they need more staff and aren't very prompt in answering call lights."</p> <p>In interview with CNA #1 on 2-25-13 at 2:50 p.m., she indicated, "Call lights [are] answered promptly when we are fully staffed, but a big problem when short handed."</p> <p>In interview with CNA #2 on 2-25-13 at 3:20 p.m., she indicated, "Call lights, they have not been answered as promptly as they should. Some aides will only respond to the call lights on their list [assigned residents]."</p> <p>In interview with the Administrator, the Corporate Nurse and ADON on 2-25-13 at 4:35 p.m., the Corporate Nurse indicated the issue of call lights had been identified as a quality assurance issue in January, 2013. The ADON indicated she had</p>		<p>tracking log and discussed during Quality Assurance meeting. Any recommendation will be followed to ensure ongoing compliance.</p> <p>DOC 3/14/13</p>				

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	<p>conducted an inservice on "Everyone is responsible to answer call lights; sometimes it may be to just acknowledge you know that person needs something and you'll be back."</p> <p>On 2-26-13 at 1:25 p.m., the ADON provided a copy of a procedure, entitled, "Call Light Procedure." This procedure was indicated as the current policy in effect and had a start date of 3-1-2001. This procedure indicated, "Purpose: To allow resident to request assistance when needed...Answer call light promptly. All staff should respond to a call light promptly. (Bathroom/shower room call light immediately.)"</p> <p>This federal tag relates to Complaint IN00124178.</p> <p>3.1-3(t)</p>				