| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING / B. WING | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155006 | A. BUILDING 00 / B. WING | 11/18/2015 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| MILLER'S MERRY MANOR | 1900 N ALBER ST<br>WABASH, IN 46992 |

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| F 0000<br><br>Bldg. 00 | This visit was for the Recertification and State Licensure Survey.<br><br>Survey dates: November 10, 12, 13, 16, 17 and 18, 2015<br><br>Facility number: 000006<br>Provider number: 155006<br>AIM number: 100290220<br><br>Census bed type:<br>SNF/NF: 64<br>Total: 64<br><br>Census payor type:<br>Medicare: 4<br>Medicaid: 51<br>Other: 9<br>Total: 64<br><br>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2-3.1.<br><br>QR completed on November 23, 2015 by 11474. | F 0000 | Please accept this plan of correction as credible allegation of compliance for the deficiencies cited during our annual survey conducted from November 12th-18th at Millers Merry Manor Wabash East Facility. We respectfully request paper compliance for the following plan of correction. | |
| F 0157<br>SS=D<br>Bldg. 00 | 483.10(b)(11)<br>NOTIFY OF CHANGES<br>(INJURY/DECLINE/ROOM, ETC) | | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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| | A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).<br><br>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.<br><br>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member. | | | |
| | Based on record review and interview, the facility failed to ensure physician notification was completed for 1 of 16 residents whose clinical records were reviewed. (Resident #39)<br><br>Finding include: | F 0157 | It is the policy of Miller's merry Manor, Wabash East to inform the resident, responsible party and the attending physician when there is a significant change in the resident's physical, mental, or psychosocial status in either life threatening conditions or clinical | 12/18/2015 |

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| | Review of Resident #39's clinical record began on 11/13/15 at 10:36 a.m. Diagnosis included, but was not limited to, cerebrovascular accident.<br><br>An admission assessment, dated 9/24/15, indicated Resident #39 had been admitted to the facility from the hospital at 4:15 p.m. for care following a stroke. The assessment further indicated the resident was unresponsive at the time of admission.<br><br>The admission assessment indicated Resident #39 had a blister measuring 5 centimeters by 5 centimeters to her left buttock. There was no record of the physician being aware of the blister.<br><br>A "Wound: Pressure ulcer assessment...", dated 9/28/15, and completed by the wound nurse, indicated the blister was a Stage II pressure ulcer, measuring 4 centimeters by 6 centimeters.<br><br>During an interview, on 11/17/15 at 10:01 a.m., the D.O.N. indicated Resident #39's admission orders had been faxed to the physician on 9/24/15, but did not indicate the resident had a blister to her buttocks.<br><br>On 11/17/15 at 10:49 a.m., the D.O.N. | | complications, including a need to alter treatment or discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment.<br><br>The physician of Resident #39 was notified of the fluid filled blister on left buttock at on 9-25-15. The physician did not order any change in treatment.<br><br>This has the potential to affect any resident with skin issues/concerns. All residents with current skin issues have been reviewed to ensure physician is aware and ordered treatment in place.<br><br>The facility will re-educate all nurses regarding the policy for Notification of Changes by 12-18-15.<br><br>The facility will utilize the QA tool “Quality of Care Review” (Attachment A ) to monitor daily changes in residents skin to ensure that proper notification is completed. This tool will be completed by the DON/designee on a daily basis x2 weeks, then | |

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| | provided a communication form, dated 9/25/15 at 9:35 a.m., indicating the physician had not been notified of the blister until the day following Resident #39's admission.<br><br>3.1-5(a)(3) | | weekly x4 weeks and then monthly thereafter. Any identified issues will be addressed immediately. Concerns/Issues will be logged on the "Quality Improvement Summary Log" (Attachment B) and reviewed/revised monthly in the facility QA Meeting. | |
| F 0248<br>SS=D<br>Bldg. 00 | 483.15(f)(1)<br>ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES<br>The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident.<br>Based on observation, interview and record review, the facility failed to provide activities for cognitively impaired residents for 1 of 2 residents reviewed for activities (Resident #47).<br><br>Findings include<br><br>A review of Resident #47's medical record on 11/17/2015 at 10:24 a.m., indicated diagnoses included but were not limited to, dementia, chronic kidney disease, major depressive disorder and anxiety. A review of the Minimum Data Set (MDS) for Resident #47, dated 8/13/2015, indicated the resident was severely cognitively impaired. | F 0248 | It is the policy of Miller's Merry Manor Wabash East to provide an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and physical, mental, and psychosocial well-being of each resident.<br><br>Resident #47 has been offered and chosen activities that are appropriate for their cognition and level of functioning.<br><br>All cognitively impaired residents have the potential to be affected by this deficient practice. Each resident will be assisted and encouraged to participate in | 12/18/2015 |

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| | Resident #47 was observed to be in bed with her eyes closed on the following dates and times: 11/10/2015 at 2:23 p.m., 11/12/2015 at 8:44 a.m., 11/12/2015 at 10:41 a.m., 11/12/2015 at 1:46 p.m., 11/13/2015 at 8:40 a.m. and 11/13/2015 at 9:34 a.m.<br><br>The polish and shine activity was observed on 11/13/2015 at 9:30 a.m. in the activity room. One resident was present in the activity room getting her nails painted.<br><br>On 11/13/2015 at 10:54 a.m., Resident #47 was observed sitting in her wheel chair in the television room. Resident #47 was observed to be looking down with her chin to her chest and her eyes closed.<br><br>On 11/13/2015 at 3:18 p.m., Resident #47 was observed to be in bed with her eyes closed.<br><br>On 11/16/2015 at 9:45 a.m. Bingo was observed being played in the main dining room. On 11/16/2015 at 9:46 a.m., Resident #47 was observed sitting in her wheel chair in her room.<br><br>On 11/16/2015 at 2:08 p.m., Bible study was observed going on in the activity | | activities at their level of functioning.<br><br>A restructured "Life enrichment activity program" has been developed which provides activities for all levels of cognition. There is a specific focus on activities for residents who have moderate and severe cognitive impairments. There are a variety of activities which reach the resident at their level of functioning. These residents will be identified based on BIMS SCORE, Activity Assessments, and MDS assessments. These activities will be in small groups with the length of activity to be appropriate for the resident's attention span. If residents are unable to stay awake and alert they will be allowed to return to their room to rest. The resident's participation will be evaluated routinely and changes will be made as necessary.<br><br>The Activity Department will be educated on appropriate activities for resident's level of cognition and function. This education will be given by the corporate consultant.<br><br>The QA tool titled "Life Enrichment for Cognitively Impaired Residents" (Attachment C) has been developed. It will be completed weekly X4 weeks then monthly thereafter. Any identified issues will be addressed | |

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| | room. On 11/16/2015 at 2:08 p.m., Resident #47 was observed to be laying in her bed with her eyes closed.<br><br>On 11/17/2015 at 8:30 a.m., Resident #47 was observed to be laying in her bed with her eyes closed.<br><br>On 11/17/2015 at 8:54 a.m., Resident #47 was observed to be laying in her bed with her eyes closed.<br><br>On 11/17/2015 at 9:58 a.m., Bible study was observed to be going on in the activity room. On 11/17/2015 at 9:58 a.m., Resident #47 was observed laying in her bed with her eyes closed.<br><br>On 11/17/2015 at 2:16 p.m., Resident #47 was observed to be sitting in her wheel chair in the main dining room during the music activity. Resident #47 was observed with her head down chin to chest and eyes closed while the music was played.<br><br>On 11/17/2015 at 3:35 p.m., Resident #47 was observed to be in bed with her eyes closed.<br><br>On 11/18/2015 at 9:32 a.m., Resident #47 was observed to be in bed with her eyes closed. | | immediately. Concerns/Issues will be logged on the "Quality Improvement Summary Log" (Attachment B) and reviewed/revised monthly in the facility QA Meeting. | |

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| | On 11/18/2015 at 12:56 p.m., Resident #47 was observed to be sitting in her wheel chair in the doorway of her room asking "isn't there anything to do around here but sit?"<br><br>During an interview with the Activity Director on 11/17/2015 at 10:31 a.m., she indicated that Resident #47 liked bingo and church services. The Activity Director indicated that Resident #47 worked the word find puzzles before meals. She also indicated she did not see Resident #47 for scheduled 1:1 visits. She indicated that Resident #47 was on PRN (as needed) 1:1 visits. The Activity Director indicated she could not remember how often Resident #47 came to group activities during the week.<br><br>During an interview with Resident #47 on 11/17/2015 at 12:59 p.m., she indicated that she liked to play bingo.<br><br>During an interview with Activity Assistant #1 on 11/17/2015 at 1:07 p.m., he indicated that Resident #47 went to group activities two to three times per week. He indicated that when he did 1:1 activities with Resident #47, he would talk to her and ask her how she was doing or feeling and then he would ask what he could do for her. | | | |

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| | During an interview with the Activity Director on 11/17/2015 at 1:15 p.m., she indicated that on the days Resident #47 had not gone to group activities she went to sensory group. The Activity Director indicated the documentation would be on the resident's chart.<br><br>During an interview with the Social Service Director on 11/17/2015 at 1:22 p.m., she indicated that Resident #47 required extra help during activities due to her decline in cognition. She indicated that Resident #47's activities included socializing with table mates during meals, listening to music, and bingo activities. The Social Service Director indicated Resident #47 only attended sensory group occasionally.<br><br>During an interview with Activity Assistant #1 on 11/17/2015 at 1:25 p.m., he indicated that each 1:1 session lasted 10-15 minutes.<br><br>During an interview with the Activity Director on 11/18/2015 at 9:11 a.m., she indicated that Resident #47's activity interests included church, music, bingo and drinking cranberry juice. The Activity Director indicated that she told Resident #47 each morning what the activities were for the day. She indicated, during the 1:1 activities in general, they | | | |

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| | talked to the residents and invited them to group activities. The Activity Director indicated that sensory group was held every day before lunch and dinner at the resident dining tables. During that time the activity staff helped the resident's with menu planning, talked with the residents, passed out word find puzzles, played music in the activity room and did nails.<br><br>During an interview with CNA (Certified Nursing Assistant) #9 on 11/18/2015 at 11:51 a.m., she indicated that Resident #47 liked bingo and singing. She indicated that the CNAs were responsible for transporting the residents to activities throughout the day. CNA #9 indicated that Resident #47 slept a lot each day.<br><br>During an interview with LPN #7 on 11/18/2015 at 9:33 a.m., she indicated that Resident #47 liked to watch television in the lounge after meals and she thought Resident #47 went on the last shopping outing. She also indicated that Resident #47 required staff assistance to get out of bed.<br><br>A review of the care plan for Resident #47 indicated that she had demonstrated a chronic progressive decline in cognition characterized by deficit in memory, judgement, decision making, and thought | | | |

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| | process related to senile dementia with delusional features. The activity care plan indicated "...resident enjoys the benefit from increased socialization/ stimulation through activities involvement due to: resident is very active and enjoys activities." Interventions included "resident enjoys reading the paper and it will be offered to her, resident states it is important to do her favorite activity which is bingo and resident will be offered to attend...." The goal for this care plan indicated the resident would attend group activities "daily."<br><br>A review of the activity calendar indicated activities were as follows for the days of the survey:<br><br>11/10/2015 "8:30 morning news and stretch, 9:00 coupon club, 9:30 book club, 10:00 Bible study w/ [name], 11:00 lunch music, 1:00 bus ride, 2:00 resident council, 2:30 music [musician name], 6:30 [church name]."<br><br>11/12/2015 "8:30 morning news/ stretch, 9:00 bingo, 11:00 lunch music, 1:00 lounge games, 1:30 crafts, 2:00 trivia and coffee."<br><br>11/13/2015 "Morning news / stretch, 9:30 polish and shine, 11:00 lunch music, 1:30 | | | |

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| | euchre club, 2:00 kitchen club."<br><br>11/16/2015 "8:30 linen club, 9:30 quarter bingo, 11:00 lunch music, 1:00 lounge games, 2:00 Bible study with [name], 2:30 refreshment cart."<br><br>11/17/2015 "8:30 morning news/ stretch, 9:00 coupon club, 9:30 book club, 10:00 Bible study with [name], 11:00 lunch music, 1:00 bus ride, 2:00 switch back."<br><br>11/18/2015 "7:00 outing, 9:30 social time, 11:00 lunch music, 11:00 picnic, 1:00 lounge games, 2:00 twinkie bingo."<br><br>A review of the "Activity Admission Annual Significant Change Assessment" for Resident #47, dated 4/17/2015, indicated she liked to read the newspaper, listen to a variety of music and play bingo. The assessment also indicated that Resident #47 needed assistance to and from activities and needed to be invited to activities.<br><br>A review of the activity attendance charting for Resident #47 provided by Activity Assistant #2 for the months of June 2015 - November 2015 indicated the following attendance for group and 1:1 activities. In June Resident #47 attended large group and/or sensory group activities 18 of 30 days and had 1:1 | | | |

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| | activities one additional day. In July Resident #47 attended large group and/or sensory group activities 19 of 31 days and had 1:1 activities one additional day. In September Resident #47 attended large group and/or sensory group activities on 18 of 31 days and 1:1 activities one additional day. In September Resident #47 attended large group and/or sensory group activity on 12 of 30 days and 1:1 activities one additional day. In October Resident attended large group/ sensory group 13 of 31 days and 1:1 two additional days. In November Resident #47 attended large group/ sensory group on 8 of 17 days and with zero 1:1 activities being provided.<br><br>A review of the Activity Policy provided by the DON on 11/18/2015 at 8:35 a.m., was dated 10/3/2013 and indicated the purpose was "...To enhance the lives of our residents through activity involvement...." The procedure was to "...A. evaluate the level of functioning for current population using the "levels of dementia" guide sheet. B. Offer at least 2 activities daily for each of the 3 groups... Level 5/6 (alert/ oriented, typically rehab residents), Level 3/4 (will avoid activities requiring new learning)...Level 1/2 (these are your lowest functioning)...."<br><br>A review of the Activity Policy for | | | |

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| | Sensory activity programming provided by the DON on 8/17/2015 at 8:40 a.m., indicated "...residents who would benefit: residents to be considered in the category of a 1 or 2 level of dementia. Or those scoring 4 or less, or with a 99 score on the BIMS cognitive assessment completed by Social Services...."<br><br>3.1-33(a) | | | |
| F 0282<br>SS=D<br>Bldg. 00 | 483.20(k)(3)(ii)<br>SERVICES BY QUALIFIED PERSONS/PER CARE PLAN<br>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.<br>Based on observation, interview and record review, the facility failed to follow the activity care plan for 1 of 16 resident whose care plans were reviewed (Resident #47).<br><br>Findings include<br><br>A review of Resident #47's medical record on 11/17/2015 at 10:24 a.m., indicated diagnoses included but were not limited to, dementia, chronic kidney disease, major depressive disorder and anxiety. A review of the Minimum Data Set (MDS) for Resident #47, dated 8/13/2015, indicated the resident was | F 0282 | It is the policy of Miller's Merry Manor Wabash East that services provided or arranged by the facility are provided by qualified persons in accordance with each resident's written care plan.<br><br>Resident #47's care plan has been updated to represent her current activities interest and abilities. Activities staff have also been educated on providing activities according to the written plan of care for resident #47.<br><br>All residents residing in the facility had potential to be affected by this deficient practice. | 12/18/2015 |

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| NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR | | STREET ADDRESS, CITY, STATE, ZIP CODE 1900 N ALBER ST WABASH, IN 46992 | |

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| | severely cognitively impaired.<br><br>On 11/10/2015 at 2:23 p.m., Resident #47 was observed to be in bed with her eyes closed.<br><br>On 11/12/2015 at 8:44 a.m., Resident #47 was observed to be in bed with her eyes closed.<br><br>On 11/12/2015 at 10:41 a.m., Resident #47 was observed to be in bed with her eyes closed.<br><br>On 11/12/2015 at 1:46 p.m., Resident #47 was observed to be in bed with her eyes closed.<br><br>On 11/13/2015 at 8:40 a.m., Resident #47 was observed to be in bed with her eyes open.<br><br>The polish and shine activity was observed on 11/13/2015 at 9:30 a.m. in the activity room. One resident present in the activity room getting her nails painted.<br><br>On 11/13/2015 at 9:34 a.m., Resident #47 was observed to be lying in bed with her eyes closed.<br><br>On 11/13/2015 at 10:54 a.m., Resident #47 was observed sitting in her wheel | | The activities director or designee will complete a review of each resident in the facilities activities care plan to ensure that they are up to date and accurate. Education on activities care plans will also be provided by a corporate consultant.<br><br>The activities director or designee will use the QA tool titles "Activities Care Plan Review" (Attachment D) weekly on 10 residents X4 weeks and monthly thereafter to ensure ongoing compliance and accuracy. Any identified issues will be addressed immediately. Concerns/Issues will be logged on the "Quality Improvement Summary Log" (Attachment B ) and reviewed/revised monthly in the facility QA Meeting. | |

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| | chair in the television room. Resident #47 was observed to be looking down with her chin to chest and her eyes closed.<br><br>On 11/13/2015 at 3:18 p.m., Resident #47 was observed to be in bed with her eyes closed.<br><br>On 11/16/2015 at 9:45 a.m. Bingo was observed being played in the main dining room. On 11/16/2015 at 9:46 a.m., Resident #47 was observed sitting in her wheel chair in her room.<br><br>On 11/16/2015 at 2:08 p.m., Bible study was observed going on in the activity room. On 11/16/2015 at 2:08 p.m., Resident #47 was observed to be laying in her bed with her eyes closed.<br><br>On 11/17/2015 at 8:30 a.m., Resident #47 was observed to be laying in her bed with her eyes closed.<br><br>On 11/17/2015 at 8:54 a.m., Resident #47 was observed to be laying in her bed with her eyes closed.<br><br>On 11/17/2015 at 9:58 a.m., Bible study was observed to be going on in the activity room. On 11/17/2015 at 9:58 a.m., Resident #47 was observed laying in her bed with her eyes closed. | | | |

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| | On 11/17/2015 at 2:16 p.m., Resident #47 was observed to be sitting in her wheel chair in the main dining room during the music activity. Resident #47 was observed with her head down chin to chest and eyes closed while the music was played.<br><br>On 11/17/2015 at 3:35 p.m., Resident #47 was observed to be in bed with her eyes closed.<br><br>On 11/18/2015 at 9:32 a.m., Resident #47 was observed to be in bed with her eyes closed.<br><br>On 11/18/2015 at 12:56 p.m., Resident #47 was observed to be sitting in her wheel chair in the doorway of her room asking "isn't there anything to do around here but sit?"<br><br>During an interview with Resident #47 on 11/17/2015 at 12:59 p.m., she indicated that she liked to play bingo.<br><br>A review of the care plan for Resident #47 indicated that she had demonstrated a chronic progressive decline in cognition characterized by deficit in memory, judgement, decision making, and thought process related to senile dementia with delusional features. The activity care | | | |

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| | plan indicated "... resident enjoys the benefit from increased socialization/ stimulation through activities involvement due to: resident is very active and enjoys activities." Interventions included "resident enjoys reading the paper and it will be offered to her, resident states it is important to do her favorite activity which is bingo and resident will be offered to attend...." The goal for this care plan indicated the resident would attend group activities "daily."<br><br>A review of the "Activity Admission Annual Significant Change Assessment" for Resident #47, dated 4/17/2015, indicated she liked to read the newspaper, listen to a variety of music and play bingo. The assessment also indicated that Resident #47 needed assistance to and from activities and needed to be invited to activities.<br><br>A review of the activity attendance charting for Resident #47 provided by Activity Assistant #2 for the months of June 2015 - November 2015 indicated the following attendance for group and 1:1 activities. In June Resident #47 attended large group and/or sensory group activities 18 of 30 days and 1:1 activities one additional day. In July Resident #47 | | | |

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| | attended large group and/or sensory group activities 19 of 31 days and 1:1 activities one additional day. In September Resident #47 attended large group and/or sensory group activities on 18 of 31 days and 1:1 activities one additional day. In September Resident #47 attended large group and/or sensory group activity on 12 of 30 days and 1:1 activities one additional day. In October Resident attended large group/ sensory group 13 of 31 days and 1:1 two additional days. In November Resident #47 attended large group/ sensory group on 8 of 17 days and with zero 1:1 activities being provided.<br><br>During an interview with Activity Assistant #1 on 11/17/2015 at 1:07 p.m., he indicated that Resident #47 went to group activities two to three times per week. He indicated that when he did do 1:1 activities with Resident #47, he would talk to her and ask her how she was doing or feeling and then he would ask what he could do for her. During an interview with Activity Assistant #1 on 11/17/2015 at 1:25 p.m., he indicated that each 1:1 session lasted 10-15 minutes.<br><br>During an interview with the Activity Director on 11/17/2015 at 1:15 p.m., she indicated that on the days Resident #47 | | | |

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| | had not gone to group activities she went to sensory group and it would be indicated on the resident's chart.<br><br>During an interview with the Social Service Director on 11/17/2015 at 1:22 p.m., she indicated that Resident #47 required extra help during activities due to her decline in cognition. She indicated that Resident #47's activities included socializing with table mates during meals, listening to music, and bingo activities. The Social Service Director indicated Resident #47 only attended sensory group occasionally.<br><br>During an interview with CNA (Certified Nursing Assistant) #9 on 11/18/2015 at 11:51 a.m., she indicated that Resident #47 liked bingo and singing. She indicated that the CNAs were responsible for transporting the residents to activities throughout the day. CNA #9 indicated that Resident #47 sleeps a lot each day.<br><br>During an interview with LPN #7 on 11/18/2015 at 9:33 a.m., she indicated that Resident #47 liked to watch television in the lounge after meals and she thought Resident #47 went on the last shopping outing. She also indicated that Resident #47 required staff assistance to get out of | | | |

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| | bed.<br><br>A review of the activity calendar indicated activities were as follows for the days of the survey:<br><br>11/10/2015 "8:30 morning news and stretch, 9:00 coupon club, 9:30 book club, 10:00 Bible study w/ [name], 11:00 lunch music, 1:00 bus ride, 2:00 resident council, 2:30 music [musician name], 6:30 [church name]."<br><br>11/12/2015 "8:30 morning news/ stretch, 9:00 bingo, 11:00 lunch music, 1:00 lounge games, 1:30 crafts, 2:00 trivia and coffee."<br><br>11/13/2015 "Morning news / stretch, 9:30 polish and shine, 11:00 lunch music, 1:30 euchre club, 2:00 kitchen club."<br><br>11/16/2015 "8:30 linen club, 9:30 quarter bingo, 11:00 lunch music, 1:00 lounge games, 2:00 Bible study with [name], 2:30 refreshment cart."<br><br>11/17/2015 "8:30 morning news/ stretch, 9:00 coupon club, 9:30 book club, 10:00 Bible study with [name], 11:00 lunch music, 1:00 bus ride, 2:00 switch back." | | | |

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| | 11/18/2015 "7:00 outing, 9:30 social time, 11:00 lunch music, 11:00 picnic, 1:00 lounge games, 2:00 twinkie bingo."<br><br>A review of the Activity Policy provided by the DON on 11/18/2015 at 8:35 a.m., was dated 10/3/2013 and indicated the purpose was "...To enhance the lives of our residents through activity involvement...." The procedure was to "...A. evaluate the level of functioning for current population using the "levels of dementia" guide sheet. B. Offer at least 2 activities daily for each of the 3 groups... Level 5/6 (alert/ oriented, typically rehab residents), Level 3/4 (will avoid activities requiring new learning)...Level 1/2 (these are your lowest functioning)...."<br><br>A review of the Activity Policy for Sensory activity programming provided by the DON on 8/17/2015 at 8:40 a.m., indicated "...residents who would benefit: residents to be considered in the category of a 1 or 2 level of dementia. Or those scoring 4 or less, or with a 99 score on the BIMS cognitive assessment completed by Social Services...."<br><br>3.1-35 (g)(2) | | | |

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| F 0329<br>SS=D<br>Bldg. 00 | 483.25(l)<br>DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS<br>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.<br><br>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.<br>Based on observation, interview, and record review, the facility failed to ensure residents were free from receiving antidepressant medications without indication for use for 1 of 5 residents reviewed for unnecessary medication use (Resident #17).<br><br>Findings include:<br><br>Resident #17 was observed in bed with her eyes closed on the following dates and times: 11/10/15 at 11:13 a.m., | F 0329 | It is the policy of Miller's Merry Manor, Wabash East that each resident's drug regimen is free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose, without adequate indication for use, or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combination of reasons. | 12/18/2015 |

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| | 11/10/15 at 3:38 p.m., 11/12/15 at 8:36 a.m., 11/12/15 at 10:36 a.m., 11/16/15 at 2:08 p.m., and 11/17/15 at 9:38 a.m.<br><br>Review of Resident #17's clinical record began on 11/12/15 at 8:59 a.m. Diagnoses included, but were not limited to, dementia with behavioral disturbance and major depressive disorder. Resident #17 had a current, 8/26/15, significant change Minimum Data Set assessment (MDS), which indicated the resident was severely cognitively impaired.<br><br>Resident #17 had a current physician's order for mirtazapine 15 mg (an antidepressant) at bedtime for appetite stimulation.<br><br>A physician's note, dated 9/25/15, indicated Resident #17 had been placed on comfort measures due to a decline in her physical condition, with all unnecessary medications to be discontinued.<br><br>A pharmacist's recommendation, dated 10/1/15, indicated Resident #17 had been on mirtazapine 7.5 mg since 3/30/15 for appetite stimulation. The note indicated the resident's weight had been 159 pounds in March 2015 and had decreased to 146 pounds by October 2015. The note further indicated the facility | | Resident #17: Physician was contacted and updated regarding use of the mirtazapine. Order was received to discontinue the medication. Family was updated and again educated on the use of unnecessary medications.<br><br>All residents who are prescribed medication for appetite stimulation are at risk to be affected. All residents receiving medication for appetite stimulation will be reviewed to ensure medication is appropriate and effective.<br><br>Nurses will be re-educated on the policy for Unnecessary Medications by 12-18-15.<br><br>The QA Audit Tool “Quality of Care Review” (Attachment A ) will be completed by the DON/Designee daily for 2 weeks then weekly for 6 weeks and monthly x3 months then quarterly thereafter. Any identified issues will be addressed immediately. Concerns/Issues will be logged on the “Quality Improvement Summary Log” (Attachment B) and reviewed/revised monthly in the facility QA Meeting. | |

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| | behavior team had questioned the effectiveness of the mirtazapine, noted the resident was on comfort measures, and recommended discontinuation of the mirtazapine.<br><br>A physician's order was received on 10/7/15 to discontinue the mirtazapine 7.5 mg, in response to the pharmacist's recommendations.<br><br>A "Weight Note", dated 10/8/15, indicated the resident's weight was 144 pounds on that date. The note further indicated an overall decline in the resident's condition and refusal of meals frequently. The note also indicated the resident's daughter was requesting the mirtazapine be restarted at a higher dose.<br><br>A Social Services note, dated 10/8/15, indicated the nursing department had explained to Resident #17's family that the resident could benefit from taking Remeron (mirtazapine).<br><br>A telephone order, date 10/8/15, was received from the nurse practitioner for Remeron 15mg at bedtime for appetite stimulation.<br><br>A "Weight Note", dated 10/16/15, indicated Resident #17's weight was 141 pounds, the Remeron continued, and the | | | |

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| | resident's appetite remained poor.<br><br>A "Weight Note", dated 10/23/15, indicated Resident #17's weight was 138 pounds, the Remeron continued, and the resident often declined to eat for staff, but would eat if assisted by her daughters.<br><br>A "Weight Note", dated 10/30/15, indicated Resident #17's weight was 135 pounds, her appetite was poor, and consumed less than half of all meals. The note further indicated the resident remained on comfort measures and as such, would no longer be weighed weekly.<br><br>A progress note, dated 11/3/15, and signed by the nurse practitioner, indicated Resident #17's appetite remained poor.<br><br>Review of a "Food and Fluid Intake" document indicated Resident #17 had refused her meal 9 times, eaten only bites of 23 meals, and accepted less than 50% of 8 meals for 46 meal times documented from 11/1/15 through 11/16/15.<br><br>During an interview with the D.O.N. on 11/17/15 at 10:10 a.m., she indicated the Remeron was restarted at the daughter's request. She further indicated there had been no improvement in the resident's appetite and the resident continued with | | | |

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| | her general decline in health.<br><br>During an interview, on 11/18/15 at 8:55 a.m., CNA #12 indicated Resident #17's appetite had been poor for awhile and had been declining in health. She indicated staff could get Resident #17 to drink soda, but did not eat much food.<br><br>3.1-48(a)(4) | | | |
| F 0431<br>SS=D<br>Bldg. 00 | 483.60(b), (d), (e)<br>DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS<br>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.<br><br>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.<br><br>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.<br><br>The facility must provide separately locked, | | | |

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| | permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. | | | |
| | Based on observation, interview and record review, the facility failed to ensure vials of insulin were disposed of following expiration dates for 1 of 1 insulin carts observed. This deficit practice had the potential to effect three residents identified during medication storage review. (Resident #2, #34 and #53 )<br><br>Findings include:<br><br>1. During an observation of medication storage with the Director of Nursing (DON) on 11/18/15 at 12:35 p.m., the insulin cart located at the nurse's station contained the following expired insulins:<br><br>1a. A vial of Humalog insulin solution (an antidiabetic medication) for injection 100 units/milliliter for Resident #2. The vial had a sticker attached "...DISCARD AFTER 28 DAYS FROM OPENING. DATE OPENED: 10/16/15. DISCARD 11/13/15." The vial of insulin was 5 days over the discard date. | F 0431 | It is the policy of Miller's Merry Manor, Wabash East to ensure that drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.<br><br>All issues noted have been resolved. There were no negative outcomes to any resident.<br><br>All residents are at risk to be affected by this practice. All medication carts and storage areas have been re-checked to ensure no expired medications present.<br><br>All nurses to be re-educated before 12-18-15 on the policy and | 12/18/2015 |

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| | 1b. A vial of Lantus insulin solution (an antidiabetic medication) for injection 100 units/milliliter for Resident #34. The vial had a sticker attached "...DISCARD AFTER 28 DAYS FROM OPENING. DATE OPENED: 10/17/15. DISCARD 11/14/15." The vial of insulin was 4 days over the discard date.<br><br>1c. A Novolog FlexPen prefilled insulin syringe (an antidiabetic medication) for injection 100 units/milliliter for Resident #53. The FlexPen had a sticker attached "...DISCARD AFTER 28 DAYS FROM OPENING. DATE OPENED: 10/6/15. DISCARD: 11/3/15." The FlexPen prefilled insulin syringe was 15 days over the discard date.<br><br>During an interview with the DON on 11/18/15 at 1:11 p.m., she indicated the Novolog, Lantus and Humalog insulins should have been discarded 28 days after they had been opened. The DON indicated the expired insulins would be discarded.<br><br>The DON on 11/18/15 at 2:25 p.m., provided a reference form, with no title or date from the facility pharmacy, that indicated the insulins had an in-use time of 28 days once opened.<br><br>No further information was provided at | | procedure for Storage of Medications and expired medications.<br><br>The DON/Designee will complete the QA Audit Tool "Quality of Care Review" (Attachment A ) weekly x 4 weeks, then every 2 weeks for 4 weeks, then monthly thereafter. Any identified issues will be addressed immediately. Concerns/Issues will be logged on the "Quality Improvement Summary Log" (Attachment B) and reviewed/revised monthly in the facility QA Meeting. | |

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| | time of exit on 11/18/15 at 3:25 p.m.<br><br>3.1-25(o) | | | |
| F 0441<br>SS=F<br>Bldg. 00 | 483.65<br>INFECTION CONTROL, PREVENT SPREAD, LINENS<br>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.<br><br>(a) Infection Control Program<br>The facility must establish an Infection Control Program under which it -<br>(1) Investigates, controls, and prevents infections in the facility;<br>(2) Decides what procedures, such as isolation, should be applied to an individual resident; and<br>(3) Maintains a record of incidents and corrective actions related to infections.<br><br>(b) Preventing Spread of Infection<br>(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.<br>(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.<br>(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. | | | |

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| | (c) Linens<br>Personnel must handle, store, process and transport linens so as to prevent the spread of infection.<br>Based on observation, interview, and record review, the facility failed to ensure isolation practices were followed and infection control was maintained during laundry handling. These practices had the potential to affect 64 of 64 residents who were residing in the facility. (Laundry Aides # 3 & 5)<br><br>Findings include:<br><br>On 11/12/15 at 10:48 a.m., Laundry Aide #3 was observed passing clean laundry from a linen cart on the West hall of the facility. Laundry Aide #3 entered Room 213 with a hanger of clothing, leaving the linen cart uncovered. She returned to the cart, removed more clothing, and entered Room 215, leaving the cart uncovered. The linen cart remained uncovered as the Laundry Aide passed laundry to Rooms 217 and 218, before covering the cart after leaving Room 218.<br><br>When Laundry Aide #3 was interviewed at the time of the observation, she indicated the laundry cart should remain covered.<br><br>On 11/16/15 at 10:32 a.m., Laundry Aide | F 0441 | It is the policy of Miller's Merry Manor Wabash East 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.<br><br>Laundry and Housekeeping staff were immediately re-educated on isolation precautions as well as linen passing policy and procedure on 11/17/15.<br><br>All residents residing in the facility had potential to be affected by this deficient practice.<br><br>The QA tool titled "Infection Control Review" (Attachment E) will be used by the housekeeping/laundry supervisor or designee weekly X8 weeks then monthly thereafter. Any identified issues will be addressed immediately. Concerns/Issues will be logged on the "Quality Improvement Summary Log" (Attachment B) and reviewed/revised monthly in the facility QA Meeting. | 12/18/2015 |

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| | #5 was observed passing clean laundry from a wheeled laundry basket on the East Hall. Laundry Aide #5 removed a pile of clothing and held it against her right side with her right hand. She then entered Room 109.<br><br>When Laundry Aide #5 was interviewed at the time of the observation, she indicated she held the clothing against her because the pile contained socks as well as a nightgown, and she didn't want to drop anything.<br><br>On 11/17/15 at 9:42 a.m., Laundry Aide #5 was observed passing clean laundry from a linen cart on the East Hall. Laundry Aide #5 approached Room 118, which had a sign on the door identifying it as an isolation room and a personal protective equipment (PPE) cart next to the door. Laundry Aide #5 paused outside the door with hangers of clothing in her hand, then proceeded to enter the room without donning any PPE. Laundry Aide #5 returned to the linen cart and proceeded to pass clean laundry to Rooms 120, 119, and 122. Laundry Aide #5 was then observed to remove a dress from the linen cart and began to drag the bottom of the dress on the hallway floor. Laundry Aide #5 then entered Room 124 with the dress. | | | |

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| | During an interview at the time of the observation, Laundry Aide #5 indicated she should have donned PPE, but didn't feel she would be in the room long enough to need to wear it. She indicated she had hung the clothing on the inside of the door. When questioned as to how she had hung the clothing on the door, she indicated she had instead handed the clothing to a staff member that was working with the resident at her bedside.<br><br>During an interview with the Administrator on 11/17/15 at 12:34 p.m., he indicated facility staff had been in-serviced on isolation practices at the time of the resident's admission to the facility on 11/13/15. He further indicated Laundry Aide #5 had been re-educated that day on the need to don PPE upon entering isolation rooms for any reason.<br><br>During an interview on 11/16/15 at 11:54 a.m., LPN # 7 had indicated the resident in room 118 was in isolation for MRSA in her sputum and had a tracheostomy.<br><br>Review of a policy titled, "Linen Handling", dated 6/9/10 and received from the D.O.N. on 11/17/15 at 10:50 a.m., indicated the following:<br><br>"...D. If laundry personnel must enter a resident room...clean linen will be | | | |

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| | covered...<br>...E. If clean linen or laundry i.e. clothing should drop on the floor, it will be placed in the soiled linen hamper...<br>...F. Linen should not be held against the staff member's uniform during transport or delivery...."<br><br>Review of a policy titled, "Droplet Transmission-based precautions room set-up and procedure", dated 1/21/15 and received from the D.O.N. on 11/17/15 at 10:50 a.m., indicated the following:<br><br>"...2. Steps: A. Perform hand hygiene before entering and leaving the room...<br>...B. Apply gloves after hand hygiene, remove before leaving the room, wash hands, and do not touch any surfaces after hands have been washed...<br>...C. Wear a mask when entering the room...<br>...D. Housekeeping staff and other staff members are to wear gloves and masks when entering room, during cleaning or treatments...."<br><br>3.1-18(j) | | | |