

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155581	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  09/05/2012
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NAME OF PROVIDER OR SUPPLIER  MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 500 E PICKWICK DR SYRACUSE, IN 46567
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F0000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: August 28, 29, 30, and 31 and September 4, 5, 2012</p> <p>Facility Number: 000566 Provider Number: 155581 AIM Number: 100267450</p> <p>Survey team: Julie Wagoner RN, TC (August 28, 30, 31, Sept 4, and 5, 2012) Tim Long, RN Christine Fodrea, RN</p> <p>Census bed type: SNF: 02 SNF/NF: 45 Total: 47</p> <p>Census Payor type: Medicare: 11 Medicaid: 27 Other: 09 Total: 47</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review 9/11/12 by Suzanne Williams, RN</p>	F0000	Please accept the following Plan of Correction as our Credible Allegation of Compliance. Miller's Merry Manor, Syracuse is respectfully requesting paper compliance.	

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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F0167 SS=C	<p>483.10(g)(1) RIGHT TO SURVEY RESULTS - READILY ACCESSIBLE</p> <p>A resident has the right to examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility.</p> <p>The facility must make the results available for examination and must post in a place readily accessible to residents and must post a notice of their availability.</p> <p>Based on observation and interview, the facility failed to ensure the location of the survey results was posted. This had the potential to affect all 47 residents residing in the facility.</p> <p>Findings include:</p> <p>During initial tour on 8-28-2012 at 10:45 AM the posting for survey results was unable to be located.</p> <p>In an interview on 8-31-2012 at 9:32 AM, the Business Office Manager indicated there was no posting of location of survey results. She further indicated most people just ask to see the results.</p> <p>On 9-5-2012 at 9:51 AM, the Business Office Manager indicated the posting was in a stack of pictures to be re hung in the lobby. She further</p>	F0167	<p>It is the policy of Millers Merry Manor of Syracuse to provide survey results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility. The facility must make the results available for examination and must post in a place readily accessible to residents and must post a notice of their availability. All residents have the potential to be affected by this deficient practice. Residents affected by this deficient practice did not incur any injury because of the deficient practice and remain in the facility at this time. To ensure that this finding does not reoccur, the survey sign has been put in its proper place at the front desk. Administrator or designee will monitor with administrative tool, Survey Results Posting (Attachment A) that the sign and notebook are in place on a daily basis for 4 weeks, weekly for 90 days and monthly thereafter. The results will be</p>	09/14/2012			

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	<p>indicated the facility would post the notice today.</p> <p>In an interview on 9-5-2012 at 10:12 AM, the Administrator indicated the survey results were available at the front desk for review, but the posting was not available.</p> <p>3.1-3(b)(1)</p>		<p>monitored in the monthly Quality Assurance meeting.</p>		

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F0242 SS=D	<p>483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES</p> <p>The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>Based on record review and interview, the facility failed to ensure specific resident choices were honored regarding time to get out of bed, for 1 of 21 residents interviewed. (Resident #78)</p> <p>Finding includes:</p> <p>1. During an interview with Resident #78, conducted on 08/31/12 at 10:45 A.M., Resident #78 indicated she was not given a choice regarding the time she got out of bed in the mornings. She indicated staff wake her up around 6:00 AM in order to start getting ready for the day. She indicated she would prefer to sleep till around 10:00 AM before she got up and ready for the day.</p> <p>Review of the 08/07/12 initial, admission Minimum Data Set (MDS) assessment indicated it was very important for the resident to have the choice of when to get up in the</p>	F0242	<p>It is the policy of Millers Merry Manor of Syracuse to provide each resident the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>Resident # 78 has been interviewed, preferences discussed and the care plan has been updated. The resident has indicated approval of current wake up time. This resident did not suffer any negative effects of this finding.</p> <p>All residents in the facility have the potential to be affected by this deficient practice.</p> <p>To ensure that this finding does not reoccur, Staff will be in serviced on 9-21-2012 on the rights that the residents have to choose when they get up in the mornings. Resident's will continue to be questioned utilizing the MDS re: choices at time</p>	10/05/2012	

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	<p>mornings.</p> <p>Review of the current health care plans for Resident #78, current through 09/07/12, included a plan for Preferences. The plan indicated the following: Resident expresses during assessment it is important to them to take care of personal belongings, choose between shower, tub, bed, or sponge bath, have snacks available between meals, choose their time to get up, have family/friend involved in discussion regarding care, to be able to use phone in private, and have a place to keep belongings safe and locked up. However, there were no specific interventions or instructions to indicate what were those specific preferences were, for Resident #78.</p> <p>Interview with Social Service Director on 09/05/12 at 9:30 AM, indicated social services assessed what choices are important to the resident and then passed it on to the nursing department, and then she thinks they put it in the assignment sheets.</p> <p>Interview with Social Services Director on 09/05/12 at 9:57 AM indicated the facility did not know the resident had a preference on what time to get up in the morning, and the assignment sheets did not indicate any specific</p>		<p>of admission, with significant change and per MDS scheduled time frames for assessments. Any specific requests will be updated to the care plan as needed.</p> <p>The Social Service Director or designee will monitor effectiveness with QA tool (Attachment B) 10% of the resident population weekly times 4 weeks, and then weekly for 90 days and monthly thereafter. Any corrections will be made at the time of discovery. Results of these audits will be presented at the monthly Quality Assurance meeting; changes will be done if applicable.</p>		

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	<p>preference. The Admissions coordinator indicated the resident did not specify any specific get up time. It was unknown if the resident was directly asked the time she preferred to be woke up in the morning or what time she was used to getting up in the morning prior to being admitted to the facility.</p> <p>3.1-3(u)(1)</p>				

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F0248 SS=D	<p>483.15(f)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES</p> <p>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.</p> <p>Based on observation, record review and interview, the facility failed to ensure there was an ongoing activity program for 1 of 3 residents reviewed for activity programs of 11 who met the criteria for activities. (Resident #70)</p> <p>Findings include:</p> <p>Resident #70's record was reviewed 8-31-2012 at 9:44 AM. Resident #70's diagnoses included, but were not limited to, chronic lung disease, depression, stroke, and migraine.</p> <p>On 8-28-2012 at 11:30 AM, Resident #70 was observed in his room without the TV or radio being on.</p> <p>On 8-29-2012 at 10:12 AM, Resident #70 was observed in his room sitting in a recliner without the TV or radio being on. He was again observed sitting in his chair at 1:30 PM with no radio or TV being on.</p>	F0248	<p>It is policy of Millers Merry Manor, Syracuse to 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.</p> <p>Resident # 70's activity plan has been updated to be reflective of the resident's needs. Resident is participating in the activity of choice. This resident suffered no negative effects as a result of previous missed activities.</p> <p>All residents have the potential to be affected by this deficient practice. Residents affected by this deficient practice did not incur any injury because of the deficient practice and remain in the facility at this time.</p> <p>To ensure that this finding does not re occur ,staff will be in serviced on 9-21-2012 on the importance of an ongoing Activities program. All current activity plans will be reviewed for accuracy, any changes will be made as applicable.</p> <p>Monitoring for effectiveness of this system will be done by the Activities Director or designee using the QA</p>	10/05/2012	

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	<p>On 8-31-2012 at 9:10 AM and 2:30 PM, Resident #70 was observed resting in bed sleeping with no radio or TV on.</p> <p>The Activity Calendar, dated August 2012, indicated a movie was to be on in the Lakeshore pod on 08/31/2012 at 9:00 A.M.</p> <p>In an observation on 8-31-2012 between 8:45 AM and 10:45 AM, the TV in the Lakeshore pod, identified by LPN #10 to be the location of the movie, was observed to have the morning news and then game shows on during the time frame. No movie was on.</p> <p>A care plan, titled Activity, dated 8-4-2012 and revised 8-7-2012, indicated Resident #70 could not attend group activities due to c-difficile (a contagious bowel infection), and health concerns. Interventions included to provide 1:1 visits weekly, turn TV or radio on or off per request, provide activity calendar, and notify staff of desire to attend when able.</p> <p>A physician's order, dated 8-20-2012 at 6:26 PM, indicated to discontinue isolation on 8-22-2012, if no signs or symptoms of c-difficile infection.</p>		<p>tools (Attachment C and Attachment D) on a sampling of 10% facility population weekly for four weeks and then monthly thereafter to continue per QA program scheduled time frames. The results will be monitored in the monthly Quality Assurance meeting.</p>		

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	<p>On 8-28-2012 and 8-29-2012, Resident #70 was observed eating lunch in the main dining room.</p> <p>The 08/13/12 Minimum Data Set (MDS) assessment indicated going outside and doing favorite activities were very important to the resident. However, there was no documentation of what the resident's favorite activities were, except for going outside.</p> <p>In an interview on 8-31-12 at 10 AM, Activity Assistant #2 indicated the time on the activity documentation sheet was the time the activity was entered into the system and not the time of the activity. She further indicated the numbers at the top of the document dated August 2012 indicated activity, 7= conversing, 11 = walks outside; the next number was the response, 1=smiled, and 2= fully participated in conversation. The last number was the time spent during the the activity. 1= 5 minutes, 2= 10 minutes. She further indicated Resident #70 had not participated in group activities this month, because he had not been interested.</p> <p>Resident #70's activity participation document dated August 2012,</p>				

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	<p>indicated Resident #70 had participated in conversation on 8-28-2012, and watched a movie on 8-31-2012. There was no indication of the time spent in the activity.</p> <p>In an interview on 8-28-2012 at 10:48 AM, Resident #70's family member indicated the resident would like to go out of his room for activities, but no one had come to take him to activities because of his infection.</p> <p>A current policy, dated 5-7-2007, titled Group Participation Records, indicated Individual programming participation may be included in the participation records. The policy further indicated participation could include family visits or in room projects. There was no indication of how activity availability would be communicated to residents or how residents would be able to pursue their activity interests.</p> <p>3.1-33(a)</p>				

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F0280 SS=D	<p>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>Based on observation, record review, and interview, the facility failed to update a care plan for 2 of 19 residents reviewed for care plans. This included 1 of 3 resident reviewed regarding activities (Resident #70) and 1 of 3 residents regarding rehabilitation needs (Resident #27).</p> <p>Findings include:</p> <p>1. Resident #70's record was reviewed 8-31-2012 at 9:44 AM. Resident #70's diagnoses included, but were not limited to, chronic lung disease, depression, stroke, and migraine.</p>	F0280	<p>It is policy of Millers Merry Manor, Syracuse to give the resident the right unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>Resident # 70's care plan has been updated to reflect current status; in the event that the status changes, the care plan will be updated appropriately.</p> <p>Resident #27's care plan has been updated to reflect current status. This resident suffered no negative effects as a result of this finding. All residents have the potential to be affected by this deficient practice.</p>	10/05/2012			

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	<p>The 08/13/12 Minimum Data Set (MDS) assessment indicated going outside and doing favorite activities were very important to him. However, there was no documentation of what the resident's favorite activities were, except for going outside.</p> <p>On 8-28-2012 at 11:30 AM, Resident #70 was observed in his room without the TV or radio being on.</p> <p>On 8-29-2012 at 10:12 AM, Resident #70 was observed in his room sitting in a recliner without the TV or radio being on. He was again observed sitting in his chair at 1:30 PM with no radio or TV being on.</p> <p>On 8-31-2012 at 9:10 AM and 2:30 PM, Resident #70 was observed resting in bed sleeping with no radio or TV on.</p> <p>A care plan, titled Activity, dated 8-4-2012 and revised 8-7-2012, indicated Resident #70 could not attend group activities due to c-difficile (a contagious bowel infection), and health concerns. Interventions included to provide 1:1 visits weekly, turn TV or radio on or off per request, provide activity calendar, and notify staff of desire to</p>		<p>Residents affected by this deficient practice did not incur any injury because of the deficient practice and remain in the facility at this time. To ensure that this finding does not re occur, the HCP team continues to monitor Care Plan's per the facility policy with any significant change, daily with order or condition change, and at a minimum every 90 days. Personnel involved in the HCP process have been advised of the policy. On 9/21/2012 all staff will be in-serviced regarding resident's right to participate in the care planning process. Monitoring of effectiveness of this system will be done by the DON or designee auditing 10% of the facility population. The tool to be used is the Care Plan Review (Attachment E). Time frames for auditing will be done weekly (10%) for 8 weeks and then monthly thereafter per QA program schedule. All results will be reviewed during Quality Assurance Committee meeting, monthly.</p>				

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	<p>attend when able.</p> <p>A physician's order, dated 8-20-2012 at 6:26 PM, indicated to discontinue isolation on 8-22-2012, if no signs or symptoms of c-difficile infection.</p> <p>On 8-28-2012 and 8-29-2012, Resident #70 was observed eating lunch in the main dining room.</p> <p>In an interview on 8-31-12 at 10 AM, Activity Assistant #2 indicated Resident #70 had not participated in group activities this month, because he had not been interested.</p> <p>In an interview on 8-28-2012 at 10:48 AM, Resident #70's family member indicated the resident would like to go out of his room for activities, but no one had come to take him to activities because of his infection.</p> <p>A current policy, titled Care Plan Development and Review, dated 11-02-2010, indicated care plans will be revised daily and prn (as needed) as changes in the resident's condition dictates.</p> <p>2. Resident #27's record was reviewed on 9-4-2012 at 8:50 a.m. Resident #27's diagnoses included, but were not limited to, stroke, chronic</p>				

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	<p>kidney disease, depression, and old femur fracture.</p> <p>Resident #27's Minimum Data Set (MDS) assessment, completed on 08/07/12, indicated he had received physical and occupational therapy and did not improve in transferring (unchanged or more dependent) during the observation period ending 7-4-2012, compared to the observation period ending 6-15-2012. The MDS comparison assessment, completed on 08/13/12, further indicated ADL Assistance: Transfer (self performance) during observation period ending 6-15-2012 indicated the resident required extensive assistance - resident involved in activity, staff provide weight-bearing support. The observation period ending 7-4-2012 indicated transfer - self performance was again indicated as extensive assistance. The MDS further indicated Occupational Therapy (OT) was given 5 days out of the observation period ending 6-15-2012. The observation period ending 7-4-2012 indicated Occupational Therapy was being given 5 days. Additionally, the MDS indicated Physical Therapy (PT) was given 5 days out of the observation period ending 6-15-2012, compared to 3 days out of the observation</p>						

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	<p>period ending 7-4-2012.</p> <p>In an interview with Resident #27 on 8-31-2012 at 9:16 AM, he indicated he was no longer in therapy but would like to be in therapy to improve his left arm and leg strength.</p> <p>A physician's order, dated 8-4-2012, indicated therapy ended on 8-4-2012.</p> <p>A care plan titled "OT," dated 5-8-12 and revised 6-11 2012, indicated OT was being given related to impaired toileting, impaired bathing, impaired dressing and grooming, and required assistance with ADLs. Interventions included electrical muscle stimulation, manual therapy, neuromuscular reeducation, self care training, therapeutic activities, and therapeutic exercise. The care plan was not discontinued after OT discharge.</p> <p>Interview on 9-4-2012 at 9:14 a.m. with the Occupational Therapist, indicated Resident #27 had plateaued in his progress, and he was now a long term resident without ability to discharge home.</p> <p>In an interview on 9-5-2012 at 12:32 PM, the MDS Coordinator indicated the OT care plan should have been discontinued.</p>				

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	3.1-35(d)(2)(B)			

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F0282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on record review and interviews, the facility failed to ensure the physician's orders were followed regarding blood tests for 1 of 10 residents reviewed for medications. (Resident #1)</p> <p>Findings include:</p> <p>Resident #1's clinical record was reviewed on 9/4/12 at 10:00 A.M. The record indicated the resident had a physician's order for Lipitor 80 milligrams daily for a diagnosis of hyperlipidemia, dated 8/3/10. The resident also had a physician's order for a lipid profile every 6 months to monitor the effectiveness of the Lipitor. Results for a lipid profile were not found in the record. At this time, LPN #10 was unable to locate the last lipid profile in the resident's clinical record.</p> <p>Interview with LPN #10, on 09/4/12 at 3:00 PM, indicated she contacted the laboratory who routinely does the resident's lab orders, and they did not have a record of her last Lipid profile.</p>	F0282	<p>It is policy of Millers Merry Manor, Syracuse to give the resident the right unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>Resident #1's lab test has been drawn, results received. The Physician has been made aware of findings, (WNL). Resident # 1 did not suffer any negative consequences as a result of the missed laboratory test.</p> <p>All residents in the facility who have laboratory orders have the potential to be affected by this deficient finding.</p> <p>To ensure this does not occur, a revised weekly lab review tool will be implemented. (Attachment F). This lab review will have documentation of order and receipt of lab testing. All licensed staff will be inserviced on this updated system on September 21, 2012. This system will begin on October 1, 2012.</p> <p>Monitoring of the effectiveness of this system will be done weekly on 10% of the population utilizing the Lab review order tool (Attachment</p>	10/05/2012			

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	3.1-35(g)(2)		F) by the Unit manager and/or designated nursing staff member. Any discrepancies will be immediately corrected as necessary by the unit manager(s). Audit results will be presented at the QA team meeting monthly for review.		

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F0311 SS=D	<p>483.25(a)(2) TREATMENT/SERVICES TO IMPROVE/MAINTAIN ADLS A resident is given the appropriate treatment and services to maintain or improve his or her abilities specified in paragraph (a)(1) of this section.</p> <p>Based on record review and interview, the facility failed to ensure rehabilitation therapy was initiated timely after isolation was discontinued for 1 of 3 residents reviewed for discharge needs in a sample of 4 residents who met the criteria for community discharge needs. (Resident #70) In addition, the facility failed to initiate restorative services to maintain or enhance resident functioning after therapy was discontinued for 1 of 3 residents reviewed for rehabilitation services of the 19 residents who met the criteria for rehabilitation needs. (Resident #27)</p> <p>Findings include:</p> <p>1. Resident #70's record was reviewed 8-31-2012 at 9:44 am. Resident #70's diagnoses included, but were not limited to, chronic lung disease, depression, high blood pressure, and stroke.</p> <p>A care plan, dated 7-31-2012, titled discharge, indicated Resident #70</p>	F0311	It is policy of Millers Merry Manor, Syracuse to give the resident the appropriate treatment and services to maintain or improve his or her abilities. Resident # 70 and # 27 have had rehabilitation needs reviewed. Neither resident suffered negative effects as a result of non-participation in a rehabilitation program. Resident # 27 is currently receiving therapy. All residents have the potential to be affected by this deficient practice. Residents affected by this deficient practice did not incur any injury because of the deficient practice and remain in the facility at this time. To ensure that this finding does not re-occur, any resident who is receiving therapy services is reviewed weekly by the rehabilitation team (therapy meeting). At that time expected discharge is discussed, and a restorative program is established if warranted prior to discharge. The program is reviewed with the assigned Restorative/MDS nurse who at the time of the resident's discharge from therapy initiates the program as indicated. All residents in the facility receive at a minimum a quarterly therapy screen to assess the need for	10/05/2012	

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	<p>planned to return home with a family member. Interventions included to assist family member with discharge planning, monitor participation in therapy, keep family informed of progress and goals, and observe for s/s (signs and/or symptoms) of distress and changes in behavior and mood.</p> <p>In an interview on 8-31-2012 at 10:59 AM, the Social Services Director (SSD) indicated Resident #70's plan was to still go home, but physical deterioration and c-difficile infection had held him back from going home. She further indicated Resident #70 had a motivational issue, and some depression, but was now past that stage and was working on going home. The SSD additionally indicated Resident #70 was no longer receiving therapy, but was improving in nursing restorative.</p> <p>In an interview on 08-31-2012 at 12:54 PM, the MDS Coordinator indicated Resident #70 was not on a restorative program, because he was too weak to participate, but since he was now out of isolation, she would make a therapy referral.</p> <p>The resident's last day of therapy was documented as 07/23/12, when the</p>		<p>therapy services. If necessary a request for therapy screen is initiated upon request (Attachment H)Monitoring to ensure compliance with this system will be done by the Assigned Restorative care/MDS Coordinator using the Restorative Care Review audit tool (Attachment G). This audit will be completed on all residents receiving restorative services weekly for 30 days and then monthly thereafter</p>		

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	<p>resident was discharged from the facility back to an acute care facility. The resident was readmitted to the facility on 07/26/12 but was in isolation due to the c-difficile infection. The isolation was discontinued on 08/22/12.</p> <p>2. Resident #27's record was reviewed on 9-4-2012 at 8:50 a.m. Resident #27's diagnoses included, but were not limited to, stroke, chronic kidney disease, depression, and old femur fracture.</p> <p>Resident #27's Minimum Data Set (MDS) assessment, completed on 08/07/12, indicated he had received physical and occupational therapy and did not improve in transferring (unchanged or more dependent) during the observation period ending 7-4-2012, compared to the observation period ending 6-15-2012. The MDS comparison assessment, completed on 08/13/12, further indicated ADL Assistance: Transfer (self performance) during observation period ending 6-15-2012 indicated the resident required extensive assistance - resident involved in activity, staff provide weight-bearing support. The observation period ending 7-4-2012 indicated transfer - self performance was again indicated</p>				

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	<p>as extensive assistance. The MDS further indicated Occupational Therapy (OT) was given 5 days out of the observation period ending 6-15-2012. The observation period ending 7-4-2012 indicated Occupational Therapy was being given 5 days. Additionally, the MDS indicated Physical Therapy (PT) was given 5 days out of the observation period ending 6-15-2012, compared to 3 days out of the observation period ending 7-4-2012.</p> <p>In an interview with Resident #27 on 8-31-2012 at 9:16 AM, he indicated he was no longer in therapy but would like to be in therapy to improve his left arm and leg strength.</p> <p>A physician's order, dated 8-4-2012, indicated therapy ended on 8-4-2012.</p> <p>A care plan titled "OT," dated 5-8-12 and revised 6-11 2012, indicated OT was being given related to impaired toileting, impaired bathing, impaired dressing and grooming, and required assistance with ADLs. Interventions included electrical muscle stimulation, manual therapy, neuromuscular reeducation, self care training, therapeutic activities, and therapeutic exercise. The care plan was not discontinued after OT discharge.</p>			

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	<p>Interview on 9-4-2012 at 9:14 a.m. with the Occupational Therapist, indicated Resident #27 had plateaued in his progress, and he was now a long term resident without ability to discharge home.</p> <p>In an interview on 9-4-2012 at 1:32 PM, the MDS Coordinator indicated Resident #27 was not in a restorative program because he did not want to be in therapy. She further indicated the CNAs encouraged AM stretch, but it did not count as a restorative program.</p> <p>In an interview on 9-4-2012 at 1:34 PM, PTA (Physical Therapy Assistant) #2 indicated Resident #27 was to walk with a CNA after therapy discharge. The resident needed standby assistance and contact guard assistance. PTA #2 further indicated after discharge, therapy recommended AM stretch because it is the only restorative program. She further indicated AM stretch takes care of arms and legs, but because the facility was not doing 1:1 restorative, the therapists in the department have backed down on writing those recommendations for programs.</p>				

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	3.1-38(a)(2)(A) 3.1-38(a)(2)(B) 3.1-38(a)(2)(C) 3.1-38(a)(2)(D) 3.1-38(a)(2)(E)			

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F0329 SS=D	<p>483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS</p> <p>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>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 record review and interview, the facility failed to ensure nonpharmacological interventions were attempted prior to antianxiety medication administration for 1 of 10 residents reviewed for medications. (Resident #9)</p> <p>Finding includes:</p> <p>1. Resident # 9's clinical record was reviewed on 9/4/12 at 1:15 P.M.. The record indicated the resident had a</p>	F0329	<p>It is policy of Millers Merry Manor, Syracuse to keep each resident free of unnecessary drugs.</p> <p>Resident # 9 did not suffer any negative effects from medication use absent the documentation of interventions utilized prior to administration.</p> <p>All residents in the facility have the potential to be effected by this finding.</p> <p>To ensure that this does not recur, an inservice will be given on September 21, 2012 to include a review of the facility policy and</p>	10/05/2012	

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	<p>physician's order, dated 7/20/12, for Lorazepam (antianxiety medication) 0.5 milligrams (mg), give 1 tab by mouth every 8 hours as needed (PRN) for anxiety.</p> <p>Review of the resident's health care plan dated 7/12/12, indicated a PRN anxiolytic medication (anti-anxiety medication, Lorazepam) as indicated by anxious remarks or pacing. The interventions included, but were not limited to: address physical needs; change environment; redirect thoughts.</p> <p>Review of the resident's August 2012 medication administration record (MAR) indicated the resident received PRN Lorazepam 0.5 mg on 10 occasions. On five of the occasions, the facility followed the "PRN anxiety protocol" on the MAR to attempt the following interventions of: address physical needs; change environment; redirect thoughts. On those five occasions, the interventions were not effective and Lorazepam was given. On the other five occasions in August 2012, no PRN anxiety protocol was followed on: 8/5/12, 2:45 P.M.; 8/7/12, 4:30 P.M.; 8/8/12, 3:00 P.M.; 8/18/12, 4:00 P.M.; 8/19/12, 4:00 P.M. On those occasions, the PRN Lorazepam 5 mg was given without</p>		<p>procedure related to administration of anti-anxiety medications. To monitor for accuracy and effectiveness of policy on a monthly basis all residents receiving anti-anxiety medications will be reviewed using the Psychopharmacological Medication Review tool (Attachment I). ADON or Designee will audit for accuracy in documentation and effectiveness of interventions used prior to and with medication. The findings of this audit will be discussed and reviewed with the Quality Assurance Team monthly.</p>	

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	<p>first attempting non-pharmacological interventions.</p> <p>An interview with the Director of Nursing, on 9/5/12 at 11:00 A.M., indicated the PRN anxiety protocol should have been tried before all administrations of Lorazepam in August 2012.</p> <p>3.1-48(a)(4)</p>				

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F0431 SS=D	<p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS &amp; BIOLOGICALS</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>The facility must provide separately locked, 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.</p> <p>Based on observation, record review, and interview, the facility failed to ensure an accurate reconciliation of liquid narcotics was made for 1 of 2</p>	F0431	It is the policy of Miller's Merry Manor Syracuse to maintain an accurate record of controlled drugs in sufficient detail to enable an accurate reconciliation of the drug.	10/05/2012			

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NAME OF PROVIDER OR SUPPLIER  MILLER'S MERRY MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 500 E PICKWICK DR SYRACUSE, IN 46567		
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	<p>liquid narcotics observed. The liquid narcotic was prescribed for Resident #15.</p> <p>Finding includes:</p> <p>On 08/31/12 at 1:00 P.M., a partially full bottle of Tussin AC narcotic cough syrup and an unopened bottle of Morphine was observed to be double locked in the narcotic storage drawer on the medication cart. LPN #10 indicated there were only two residents in the facility receiving liquid narcotics.</p> <p>Review of the Narcotic reconciliation sign out form for the Tussin AC syrup for Resident #15 indicated 45 ml was left. A small amount of liquid, below the last measurement mark of 60 ml was noted to be left in bottle. LPN #10 looked at the bottle and indicated she thought there was about 40 ml left in the bottle, while LPN #12 looked at the bottle and indicated it looked to her like around 30 ml of medication was left.</p> <p>Interview with the Director of Nursing, on 08/31/12 at 1:30 P.M. indicated she could empty the medication out in a sterile manner; however, it did not resolve the issue regarding the amount signed as left on the narcotic</p>		<p>No residents within the facility were adversely affected by this finding. The facility has an active reconciliation system in place that records the amount of any narcotic received i.e. # of tablets, ml's per bottle, etc. Corresponding with this is the specific order indicating the dosage amount, with a reference to tablets, capsules, mls. respectively. When any medication is removed or withdrawn comparison with the previous amount is done and the amount remaining after administration is equal to the amount that should be remaining after dosing. All staff will be inserviced on September 21, 2012 on the narcotic reconciliation process for review of the policy. To ensure that our system of reconciliation is effective, all narcotics are counted each shift by two nurses at the beginning of the shift and at the end of the shift. There is also in place a total in-house count done each shift on the Narcotic Reconciliation Sheet (Attachment J). Any discrepancies are reported to the DON or Nurse Manager designee immediately, and a full house review of all controlled substances is done at that time until a discrepancy is resolved. Monitoring of count will be monitored monthly by consultant pharmacist of liquid narcotics to ensure proper reconciliation.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155581	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  09/05/2012
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	reconciliation form and the amount able to be accurately measured on the medication bottle.  3.1-25(e)(2)			