

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155173	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/24/2013
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NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR - MARION	STREET ADDRESS, CITY, STATE, ZIP CODE 505 N BRADNER AVE MARION, IN 46952
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F000000	<p>This visit was for the Investigation of Complaint IN00136449.</p> <p>Complaint IN00136449 - Substantiated. Federal deficiencies related to the allegation are cited at F312.</p> <p>Survey dates: 9/23-9/24/13</p> <p>Facility number: 000089 Provider number: 155173 AIM number: 100287760</p> <p>Survey team: Shelley Reed, RN TC</p> <p>Census bed type: SNF: 9 SNF/NF: 102 Residential: 7 Total: 118</p> <p>Census payor type: Medicare: 13 Medicaid: 89 Other: 16 Total: 118</p> <p>Sample: 4</p> <p>These deficiencies reflect state findings cited in accordance with 410</p>	F000000		
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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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	IAC 16.2. Quality review completed by Debora Barth, RN.				

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F000312 SS=D	<p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. Based on record review and interview, the facility failed to ensure a resident who was dependent on staff for grooming and personal hygiene received those services in regards to a showers/complete bed bath and/or tub bath twice weekly for 1 of 4 residents reviewed for assistance with activities of daily living in a sample of 4. (Resident D)</p> <p>Findings include:</p> <p>1.) The clinical record for Resident (D) was reviewed on 9/23/13 at 11:45 a.m.</p> <p>Diagnoses for resident (D) included, but were not limited to, Alzheimer's disease, anxiety, hypertension, colitis and depression.</p> <p>The Minimum Data Set (MDS) assessment, dated 4/17/13, indicated Resident (D) scored a 5 of 15 for the Brief Interview Mental Status (BIMS). A BIMS score of 5 indicated the resident was severely cognitively</p>	F000312	It is the policy of Miller's Merry Manor of Marion to provide necessary services to our residents to maintain good nutrition, grooming, and personal and oral hygiene. Corrective action at the time of the survey, the resident had already been discharged from the facility. A review of records showed AM and PM care was given to the resident daily during the duration of the residents stay. All residents had the potential to be affected. Nursing staff will be in-serviced on proper documentation of resident AM/PM care, showers, and whirlpool. All residents are offered/provided AM and PM care. Showers/baths/whirlpools are scheduled accordingly to meet the resident's needs and preferences. Nursing staff will be re-educated on Oct 22nd regarding the F312 regulation and also proper documentation of bathing/showers, etc. in the EMR (electronic medical record). To ensure that all residents are receiving proper bathing/scheduled showers, etc. the DON/Designee will complete the QA Audit tool ("Bathing and Showers Exhibit A). The tool will	10/23/2013			

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	<p>impaired. Resident (D) received the following Activities of Daily Living (ADL) assistance; transfer-limited assistance with one person physical assist, ambulation-limited assistance with one person physical assist, dressing-total extensive assistance with one person physical assist, hygiene and bathing-extensive assist with one person physical assist.</p> <p>A health care plan problem, dated 3/13/13, indicated Resident (D) required limited, extensive assistance of the staff for all activities of daily living due to weakness and Alzheimer's disease. One of the approaches for this problem indicated "shower per bath schedule". Another approach included "nail care on shower day".</p> <p>The current "Shower/Bathing Schedule", provided by the DoN on 9/24/13 at 12:25 p.m., indicated Resident (D) was to have her twice weekly shower or bath on Tuesdays and Saturdays on the second shift (2 p.m. to 10 p.m.)</p> <p>During review of the shower record from 3/31/13 through 5/31/13, a shower and/or full bath given to the resident was first documented on 4/8/13. A few days were blank and</p>		<p>be completed on 25% of the resident population weekly for the next 4 weeks, then twice a month for 3 months and then monthly thereafter. Any concerns will be addressed immediately and logged on the ("QA Summary Log").The corrective actions will be monitored through the monthly QA Meeting. Systematic changes will be completed October 23 2013</p>		

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	<p>the others were marked with a "P" for a partial bath (this would include incontinent care and/or washing face and hands, but would not be a full bath or nail care). The next documented shower and/or full bath was done on 4/22/13, then again on 5/13/13. This indicated Resident (D) was given a shower and/or full bath on three occasions in 43 days</p> <p>During an interview with the DoN on 9/24/13 at 11:50 a.m., additional information was requested related to the lack of showers given to the resident.</p> <p>The facility failed to provide any additional information as of exit on 9/24/13.</p> <p>This Federal tag relates to Complaint IN00136449.</p> <p>3.1-38(a)(3)(A)</p>			