

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155235	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/30/2014
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NAME OF PROVIDER OR SUPPLIER  MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 200 26TH ST LOGANSPORT, IN 46947
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: June 24, 25, 26, 27, &amp; 30, 2014</p> <p>Facility number: 000140 Provider number: 155235 AIM number: 100266960</p> <p>Survey Team: Holly Duckworth, RN, TC Rita Mullen, RN Maria Pantaleo, RN Bobette Messman, RN (June 26, 27, &amp; 30, 2014)</p> <p>Census bed type: SNF: 14 SNF/NF: 94 Total: 108</p> <p>Census payor type: Medicare: 14 Medicaid: 75 Other: 19 Total: 108</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2.</p> <p>Quality Review was completed by</p>	F000000	<p>Please accept the attached plan of correction as credible allegation of compliance to the deficiency cited during our Annual Health Survey conducted on June 24, 2014.</p> <p>Hopefully, you will find the remedies are sufficient, thoroughly explained, and able to provide a clear picture of how we corrected these concerns. I would like to formally request your consideration for granting this facility paper compliance. If after reviewing our plan of correction you have any questions or require additional information, please do not hesitate to contact Terrence Jent, Administrator, at 574-722-4006.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F000371 SS=E	<p>Tammy Alley RN on July 1, 2014.</p> <p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions Based on observation and interview, the facility failed to ensure foods were stored in safe manner and foods in the dry storage area were stored in a sanitary manner. This deficient practice had potential to affect 108 out of 108 residents receiving meals from 1 of 1 kitchen.</p> <p>Findings include:</p> <p>1. During the initial kitchen observation on 6/24/14 at 10:00 a.m., with the Dietary Manager (DM), it was noted temperature logs indicating temperatures in refrigerator and freezer were not accomplished for a 24 hour period of time 6/22/14 at 8:30 p.m., to 6/23/14 at 8:30 p.m., 6/23/14 from 8:30 p.m., to 10:00 a.m., on 6/24/14 temperature monitoring was not accomplished for the 14 hour period of time.</p>	F000371	<p>It is the policy of Miller's Merry Manor to procure, store, prepare, distribute, and serve food under sanitary conditions. The deficient practice was corrected immediately following identification. All residents have the potential to be affected by this deficient practice. In-service and re-education were provided immediately which covered the topic of food storage, both dry and refrigerated (Attachment 1). To ensure the procurement, storage, preparation, distribution, and service of food under sanitary conditions, all dietary staff will be in-serviced and re-educated by 7/30/14 (Attachment 2). To ensure continued compliance, the Dietary Manager or her designee will complete the Food Storage Audit (Attachment 3) daily for 14 days, weekly for 90 days, and monthly thereafter. Any findings will be addressed immediately and</p>	07/10/2014

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	<p>2. During the initial tour of the dry storage area on 6/24/14 at 10:27 a.m., it was noted a cereal bin had a ladle sitting in the cereal.</p> <p>During an interview with Executive Director and DM on 6/24/14 at 3:00 p.m., they indicated the temperature logs are to be completed twice a day by policy. DM indicated the ladle was not to be in the cereal bins. Standard for refrigerator temperatures received from DM on 6/24/14 at 11:12 a.m. indicated "... the temperatures will be taken twice daily."</p> <p>3.1-21(i)</p>		<p>documented on the Food Storage Audit and Quality Assurance Summary Log (Attachment 4). The log will be reviewed by the Quality Assurance Committee on a monthly basis.</p>		