

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155557	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/10/2012
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NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 1651 N CAMPBELL ST INDIANAPOLIS, IN 46218
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F0000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: April 2, 3, 4, 5, 9, and 10, 2012</p> <p>Facility number: 000500 Provider number: 155557 AIM number: 100266220</p> <p>Survey team: Connie Landman RN TC Diana Zgonc RN Lora Brettnacher RN (April 4, 5, 9, 10, 2012)</p> <p>Census bed type: SNF: 13 SNF/NF: 59 Total: 72</p> <p>Census payor type: Medicare: 18 Medicaid: 50 Other: 4 Total: 72</p> <p>This deficiency also reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review 4/11/12 by Suzanne Williams, RN</p>	F0000		

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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F0441 SS=D	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>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.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (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. (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.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>Based on observation, interview, and record review, the facility failed to</p>	F0441	Please accept the following as our official plan of correction. We	05/10/2012			

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	<p>ensure residents who required isolation precautions to prevent the spread of infection were provided with isolation precautions, for 1 of 10 residents observed during medication administration for infection control. (Resident #83 and RN #1)</p> <p>Findings include:</p> <p>During an observation on 4/9/2012 at 6:41 A.M., RN (Registered Nurse) #1 entered Resident #83's room without gloves and administered medications, threw away leftover food, and adjusted Resident #83's bed. At this time there was not any evidence Resident #83 was in isolation precautions.</p> <p>Resident #83's clinical record was reviewed on 4/9/2012 at 7:40 A.M. Resident #83's clinical record indicated Resident #83 had an order dated 4/6/2012 to check her stool for C-Diff (Clostridium Difficile). Another physician's order dated 4/8/2012 indicated Resident #83 was to take Flagyl (antibiotic) 500 mg (milligrams) orally twice a day for C-Diff.</p> <p>During an interview on 4/9/12 at 7:49 A.M., RN #1 indicated Resident #83 had C-Diff and it started 4/7/2012. She further indicated Resident #83</p>		<p>respectfully request paper compliance for the following deficiency. F441It is the policy of Miller's Merry Manor-Indianapolis East to have and maintain an Infection Control Program that is designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. Resident # 83 was placed in contact isolation immediately when the unit manager was notified of the situation. All residents have the potential to be affected by this deficient practice. No other residents were affected by this alleged deficient practice. The facility goal is to ensure that infection control standards and policies are followed at all times to ensure the safety of residents, staff and visitors. Mandatory In services were conducted on April 20, 2012 for all Nursing staff including LPN's and RN's on the facility's policy of initiating contact isolation when symptoms of c-diff begin. The DON or designee will use the C-Diff QA tool daily for four weeks, weekly for four weeks and then monthly for four months to ensure any resident that with symptoms of c-diff will be immediately placed in contact isolation. The results from this QA tool will be taken to our monthly QA meeting . The Quality assurance will continue to be reviewed</p>				

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	<p>should be on contact isolation with a sign on the door. After this interview, RN #1 continued passing medications without initiating infection control precautions for Resident #83.</p> <p>During observations on 4/10/2012 at 7:50 A.M., 7:54 A.M., and 8:20 A.M., Resident #83 still did not have evidence of isolation precautions. At 8:30 A.M. a contact isolation sign was observed on Resident # 83's door.</p> <p>During an interview on 4/9/2012 at 9:30 A.M., the DON (Director of Nursing) indicated Resident #83 should have been put in contact isolation when the symptoms first appeared.</p> <p>On 4/10/2012 at 9:43 A.M., a document titled "Clostridium Difficile" provided by the Director of Nursing (DON) was reviewed. This document indicated Clostridium Difficile was an opportunistic pathogen transmitted primarily via the fecal-oral route following transient contamination of the hands of health care workers and patients. Contamination of the patient care environment also played an important role. Clostridium Difficile was most often the causative agent of pseudomembranous colitis and most commonly identified cause of health</p>		<p>monthly ongoing. Patients with C-Diff will continue to be monitored using the tool until their infection or need for isolation. has been resolved. Our official date of compliance is May 10 th .</p>				

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	<p>care related diarrhea. Because of C-Diff's ability to form spores, it could persist in the environment for weeks or months and was highly resistant to cleaning/disinfection. Complications of C-Diff included: pseudomembranous colitis, toxic mega-colon, perforations of the colon, sepsis, systemic symptoms, and death. If a patient had active symptoms the facility was to initiate contact precautions.</p> <p>On 4/10/2012 at 10:30 A.M., A facility policy titled "Transmission-Based Precautions Room Set-Up" provided by the ADON (Assistant Director of Nursing)/Infection Control Nurse was reviewed. This policy indicated the following: 1. Precautions were designed for patients with documented or suspected infection with highly transmissible or epidemiological important pathogens, for whom additional precautions beyond Standard Precautions were needed to interrupt transmission. 2. Transmission-Based Precautions included Contact Precautions: Designed to reduce the risk of transmission by direct contact, hand-or skin-to-skin contact that occurred when performing patient care or activities that required touching the patients skin. 3.</p>						

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	In-direct contact such as touching the environmental surfaces or patient care items in the patient's environment. 4. Supplies needed included gloves, gowns, and designated linen and trash receptacles. 5. Place instructions on the Certified Nursing Assistant's assignment sheet. 6. Post notification of sign as per facility policy. 3.1-18(j)			