

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155582	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 08/17/2015
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NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 300 N WASHINGTON ST WAKARUSA, IN 46573
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: August 10, 11, 12, 13, 14 and 17, 2015</p> <p>Facility Number: 000521 Provider Number: 155582 AIM Number: 100266980</p> <p>Census bed type: SNF: 16 SNF/NF: 100 Total: 116</p> <p>Census payor type: Medicare: 8 Medicare: 83 Other: 25 Total: 116</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000	We respectfully request a Paper Compliance Review of the following Plan of Correction due to the low number & low scope/severity of deficiencies from this survey.	
F 0248 SS=D Bldg. 00	<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</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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	<p>assessment, the interests and the physical, mental, and psychosocial well-being of each resident.</p> <p>Based on observation, record review and interviews, the facility failed to ensure activities were provided as care planned for 1 of 3 residents reviewed for activities. (Resident #118)</p> <p>Finding includes:</p> <p>The clinical record for Resident #118 was reviewed on 08/13/2015 at 1:11 P. M. Resident #118 was admitted to the facility, on 05/30/14, with diagnoses, including but not limited to senile dementia, lumbago and anxiety.</p> <p>A Significant Change MDS (Minimum Data Set), completed on 05/30/15, indicated the resident was moderately cognitively impaired required extensive staff assistance for transfer needs, toilet use and personal hygiene.</p> <p>An activity assessment, completed on 05/01/15, indicated the resident had experienced a decline and did not read or look at magazines, enjoyed most types of music, enjoyed visits from her son, did not watch television, and was interested in religious activities. The assessment indicated the resident had participated in music and worship group activities. The</p>	F 0248	<p>We respectfully request a Paper Compliance Review of the following Plan of Correction due to the low number & low scope/severity of deficiencies from this survey. F248- It is the policy of Miller's Merry Manor, Wakarusa, to ensure that the facility provides an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests & the physical, mental, & psychosocial well-being of each resident. <i>All residents with a diagnosis of senile dementia are at risk to be affected by the deficient practice.</i> Resident # 118: The Activities plan of care has been reviewed. Life Enrichment & Nursing staff have been advised of the plan of care & will assist resident with Activity involvement per the care plan. The Life Enrichment Director participated in an inservice with the Corporate QA consultant for Activities on 9/2/15. The inservice topic was Life Enrichment for Cognitively Impaired Residents. The Life Enrichment Director will share the inservice information with all Activity staff by 9/15/15. The Life Enrichment Director/Activity staff will be responsible to review all residents with cognitive impairment, using the QA tool "Life Enrichment for Cognitively Impaired Residents"</p>	09/16/2015	

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	assessment indicated the resident was to be assisted to sit in the pod (unit lounge) area and used a soft blanket for tactile stimulation. At times the resident enjoyed holding a doll. The resident also liked to sit at a table and use it as a drum. The care plan regarding activities, indicated the resident enjoyed stimulations provided through activities and did not self initiate activities. She also enjoyed socialization. The goal was for the resident to be occupied with an individual activity of interest. The interventions included: enjoys holding a doll - provide a doll for her to hold, resident/family states listening to music was somewhat important, enjoys gospel piano music, provide musical CD's and player in resident's room for individual listening, family stated it was important to be around animals such as pets, enjoys cats, provide opportunity for resident to be participate in roaming pet therapy, encourage family to bring in their pet or resident's pet to visit, resident stated it was important for them to do their favorite activities, favorite activities include: Resident has close ties with her one son as he was her care giver for many years. Assist resident to spend time with her son when he comes in to visit, resident stated that it was important to participate in religious services or practices, Resident enjoys attending		(Attachment D). The tool will help ensure plan reflects the resident needs are being met. The review will be completed on or before 9/15/15. The resident specific needs & interests will be communicated with Activities & Nursing staff via the EMR dashboard ongoing. The Life Enrichment Director/Activity staff will include this QA tool in the QA review quarterly thereafter to ensure resident needs are being met. QA audit tools are reviewed during the monthly facility QA meeting.	

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	<p>worship service with her son. Assist with any needs she may have to attend these, resident needs assist to/from activities.</p> <p>On 08/12/2015 at 8:57 A.M., Resident #118 was pushed from the dining room to a table on her nursing lounge.</p> <p>On 08/12/2015 at 9:16 AM, Resident #118 was seated in her wheelchair at a table in the nursing lounge. Another resident was also seated at the table. At 9:21 A.M., another resident attempted to give Resident #118 some of his drink. LPN #4 intervened and stopped the other resident from giving Resident #118 a drink. Resident #118 remained seated at the table dozing fro 9:16 A.M. until 9:25 A.M., when CNA #1 took her to the restroom. She was returned to the lounge, after being toileted, placed in a recliner and covered with a blanket.</p> <p>On 08/12/2015 at 9:41 AM, the Activity Director entered the lounge and asked a few residents if they would like to go outside in about "30 minutes." Resident #118 was not included in the questioning.</p> <p>On 08/12/2015 at 10:01 AM, Resident #118 was observed to be sleeping in a recliner, in the lounge on her nursing unit.</p>			

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	<p>On 08/12/2015 at 10:30 AM, CNA #1 and another staff member were observed to transfer Resident #118 from the recliner back to her wheelchair and take her over to a table on the other side of the lounge.</p> <p>On 08/12/2015 at 1:19 PM , Resident #118 was observed being transported back from the dining room with the assistance of CNA #1. She was placed in her wheelchair at a table on the nursing lounge.</p> <p>On 08/13/2015 at 9:20 A.M., Resident #118 was in her wheelchair at a table on the ICF (Intermediate Care Facility) pod with her head down and her eyes closed. There was an open book with pictures on the table in front of her. She woke up and was observed to smack her head repeatedly, yawn, and mumble to herself with her eyes closed.</p> <p>On 08/13/15 at 10:00 A.M. an activity staff member was observed providing a sensory activity on another nursing unit involving smells. Resident #118 was not observed to have participated in the activity.</p> <p>On 08/13/2015 at 10:11 A.M., Resident #118 was in bed asleep. There was no music or television playing in the room.</p>			

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	<p>On 08/13/2015 at 1:05 PM, Resident #118 was in the dining room asleep at the dining table.</p> <p>On 08/13/2015 at 1:12 PM, Resident #118 was observed to be brought back from the dining room, by LPN #5 and placed at a Corner table in the Common area in her nursing unit. Resident Resident #118 was asleep in her wheelchair and LPN #5 placed a book in front of her.</p> <p>On 08/13/2015 at 1:45 P.M., Resident #118 was observed to be still seated at a table on the side of the common area with her head bent forward, asleep. A book was observed to be open on the table, in front of her.</p> <p>On 08/13/2015 at 2:01 P.M., Resident #118 was observed to be still seated at a table on the side of the lounge. She was noted to be wiping at the table and had one of her geri sleeves removed. She then fell asleep and kept her head down. She remained sleeping in her wheelchair on 08/13/15 at 2:14 P.M. At 2:37 P.M., she was noted to have been placed in her bed. There was no music playing in her room.</p> <p>On 08/14/15 at 9:00 A.M., Resident #118</p>			

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	<p>was observed lying in her bed asleep. Her roommate's television was on but there was no music playing in the room. She remained in her bed asleep from 9:00 A.M. to 10:35 A.M.</p> <p>The Activity Participation log for Resident #118, from 08/11/15 through 08/16/15, indicated she was documented as having participated in a group activity daily. The documentation did not indicate what activity she had attended, if she had participated, and the time for the documentation was all documented as "22:59 (10:59 P.M.)." The Activity Director indicated the resident had participated in a lotion/wash cloth sensory activity on one of the days, the smelling activity on another one of the days, an outside activity on another day, and a taste testing activity on another one of the days. It was unclear which days denoted which activity. In addition, "Additional Activity doc (documentation)" was again documented on 08/10/15 through 08/14/15. The activity director indicated music was played for the resident before breakfast in her room while they were getting her ready for the day and 1:1 activities were also provided by the Activity Director but there was no further documentation regarding the 1:1 activities. The Assistant Administrator indicated the</p>			

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	<p>resident had a change in condition and had been in bed for one of the days. When queried as to why all of the activities except for one were documented on the denoted days at 10:59 P.M., the Activity Director indicated if documentation was "forgotten" on the day of the activity and put in at a later date, the computer generated the time as 22:59. There was no explanation as to why the resident was documented as having participated in sensory activities daily in the mornings when the she was observed not always included in those activities. In addition, the music was not noted to be playing in her room when she was in bed and she was only given a blanket once, when she was in a recliner. She was not given a doll to hold.</p> <p>3.1-33(a)</p>			

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F 0282 SS=D Bldg. 00	<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 observation, record review and interviews, the facility failed to ensure 1 of 3 residents reviewed for Activities of Daily Living received assistance with oral care as care planned. (Resident #36)</p> <p>Finding includes:</p> <p>The clinical record for Resident #36 was reviewed on 08/13/2015 at 10:44 A.M. The resident was admitted to the facility, on 04/25/13, with diagnoses, including but not limited to dementia, atrial fibrillation, congestive heart failure, anemia, chronic kidney disease, hypothyroidism, depressive disorder,</p>	F 0282	<p>F282- It is the policy of Miller's Merry Manor, Wakarusa, that services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. Resident # 36: ADL/Dental plan of care has been reviewed. Nursing staff have been advised of plan of care & will assist resident with oral care per plan. <i>All residents are at risk to be affected by the deficient practice.</i> The nurse managers will complete an audit of each residents ADL/Dental plan of care by 9/15/15, to ensure plan reflects the residents need for assistance. An all staff nursing in-service will be completed on or before 9/15/15 to discuss the facility</p>	09/16/2015

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	<p>osteoporosis, esophageal reflux and osteoarthritis</p> <p>The most recent quarterly Minimum Data Set (MDS) assessment, completed on 05/25/15, indicated the resident scored 12/15 on the BIMS (Brief Interview for mental Status), mildly cognitively impaired. The resident required extensive staff assistance for transfer needs, limited staff assistance for wheelchair locomotion and required extensive staff assistance for dressing and personal hygiene needs.</p> <p>The care plan for "Dental," review date of 6/23/15, indicated the interventions included, but were not limited to, "encourage oral care twice a day and assist as needed."</p> <p>During an interview with Resident #36 on 08/11/15 at 2:00 P.M., she indicated she had issues brushing her teeth and did not get much help. She indicated she could not "hold the cup" and brush her teeth.</p> <p>Resident #36 was observed on 08/13/2015 at 9:03 A.M. seated in her wheelchair in the lounge outside her room door. She was dressed and awake. She indicated her teeth had not been brushed yet and no one had offered to</p>		<p>policy for resident dental/oral care. The nurse aide assignment sheets will be updated to reflect the necessary support/assistance the individual resident requires for ADL/oral care. The C.N.A. assignment sheet will serve as the communication device to ensure care is delivered by qualified persons in accordance with the resident's written plan of care. The DON, or other designee, will be responsible to complete QA tool titled "Observation Care Review" (Attachment A) 3 times weekly for 4weeks, then weekly for 4 weeks, then monthly thereafter to monitor for ongoing compliance. Any identified trends will be corrected upon discovery and documented on facility QA tracking log. QA tracking logs are reviewed monthly during the facility QA meeting.</p>				

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	<p>assist her to brush her teeth.</p> <p>Resident #36 was observed, on 08/13/15 at 11:00 A.M., seated in her wheelchair in front of building by the dining room. She indicated she had finished with her shower and felt better.</p> <p>Resident #36 was observed, on 08/13/2015 at 1:04 P.M., seated in her wheelchair in the lounge outside her room door. She indicated she had a good lunch. She indicated her teeth had not been brushed yet today. She indicated "they never help with that." Resident observed with her own teeth and was not wearing dentures and had a tan build up on her teeth. The resident's bathroom cabinet was observed. There was a tube of toothpaste and two plastic and two plastic white/gray colored coffee mugs noted. One coffee mug was 1/3 full of clear liquid and Resident #36's toothbrush was noted in the cup with the brush end in the clear liquid. The other coffee mug had a dried white substance all over the inside of the mug. After observing the mugs and toothbrush and toothpaste, the toothpaste was positioned behind the mugs and the mugs were placed in a specific position back in the resident's bathroom cabinet.</p> <p>Resident #36 was observed, on</p>			

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	<p>08/14/2015 at 9:30 A.M., in her room in her recliner. She indicated she had not been assisted to brush her teeth yet. The resident's bathroom cabinet was observed and there was no position change for the gray and white plastic coffee mugs, the toothbrush, or the toothpaste.</p> <p>Resident #36 was observed, on 08/14/2015 at 1:44 P.M., propelling her wheelchair onto lounge by her room. She had a banana on her lap. She indicated she still had not been assisted to brush her teeth. In addition, the resident's toothbrush and toothpaste had not moved from previous observation.</p> <p>On 08/17/15 at 9:10 A.M., Resident #36 was observed in her wheelchair in the lounge outside her room, seated at a table. She indicated no one had helped her brush her teeth over the weekend or this morning.</p> <p>During an interview with CNA #3, on 08/17/2015 at 9:12 A.M., she indicated she had helped Resident #36 get up and dressed but had not helped her brush her teeth. She indicated she thought the resident preferred to brush her teeth after breakfast and she would offer to "set her up" this morning after she helped another resident. The resident's toothpaste was still positioned behind her two gray/white</p>			

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F 0311 SS=D Bldg. 00	<p>cups and her toothbrush was still bristle side down in the same amount of water, which now had a thin film over the top of it and two dark colored spots on the cup.</p> <p>3.1-35(g)(2)</p> <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 observation, record review and interviews, the facility failed to ensure 1 of 3 residents reviewed for Activities of Daily Living received assistance to maintain oral status regarding dental care. (Resident #36)</p> <p>Finding includes:</p> <p>The clinical record for Resident #36 was reviewed on 08/13/2015 at 10:44 A.M. The resident was admitted to the facility, on 04/25/13, with diagnoses, including but not limited to dementia, atrial fibrillation, congestive heart failure, anemia, chronic kidney disease, hypothyroidism, depressive disorder, osteoporosis, esophageal reflux and</p>	F 0311	<p>F311- It is the policy of Miller's Merry Manor, Wakarusa, to ensure a resident is given appropriate treatment & services to maintain or improve his or her abilities. Resident # 36: ADL/Dental plan of care has been reviewed. Nursing staff have been advised of plan of care & will assist resident with oral care per plan. <i>All residents are at risk to be affected by the deficient practice.</i> The nurse managers will complete an audit of each residents ADL/Dental plan of care by 9/15/15, to ensure plan reflects the residents need for assistance. An all staff nursing in-service will be completed on or before 9/15/15 to discuss the facility policy for resident dental/oral care. The nurse aide</p>	09/16/2015

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	<p>osteoarthritis</p> <p>The most recent quarterly Minimum Data Set (MDS) assessment, completed on 05/25/15, indicated the resident scored 12/15 on the BIMS (Brief Interview for mental Status), mildly cognitively impaired. The resident required extensive staff assistance for transfer needs, limited staff assistance for wheelchair locomotion and required extensive staff assistance for dressing and personal hygiene needs.</p> <p>The care plan for "Dental," review date of 6/23/15, indicated the interventions included, but were not limited to, "encourage oral care twice a day and assist as needed."</p> <p>During an interview with Resident #36 on 08/11/15 at 2:00 P.M., she indicated she had issues brushing her teeth and did not get much help. She indicated she could not "hold the cup" and brush her teeth.</p> <p>Resident #36 was observed on 08/13/2015 at 9:03 A.M. seated in her wheelchair in the lounge outside her room door. She was dressed and awake. She indicated her teeth had not been brushed yet and no one had offered to assist her to brush her teeth.</p>				<p>assignment sheets will be updated to reflect the necessary support/assistance the individual resident requires for ADL/oral care. The C.N.A. assignment sheet will serve as the communication device to ensure care is delivered by qualified persons in accordance with the resident's written plan of care. The DON, or other designee, will be responsible to complete the QA tool titled "Observation Care Review" (Attachment A) 3 times weekly for 4weeks, then weekly for 4 weeks, then monthly thereafter to monitor for ongoing compliance. Any identified trends will be corrected upon discovery and documented on facility QA tracking log. QA tracking logs are reviewed monthly during the facility QA meeting.</p>		

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	<p>Resident #36 was observed, on 08/13/15 at 11:00 A.M., seated in her wheelchair in front of building by the dining room. She indicated she had finished with her shower and felt better.</p> <p>Resident #36 was observed, on 08/13/2015 at 1:04 P.M., seated in her wheelchair in the lounge outside her room door. She indicated she had a good lunch. She indicated her teeth had not been brushed yet today. She indicated "they never help with that." Resident observed with her own teeth and was not wearing dentures and had a tan build up on her teeth. The resident's bathroom cabinet was observed. There was a tube of toothpaste and two plastic and two plastic white/gray colored coffee mugs noted. One coffee mug was 1/3 full of clear liquid and Resident #36's toothbrush was noted in the cup with the brush end in the clear liquid. The other coffee mug had a dried white substance all over the inside of the mug. After observing the mugs and toothbrush and toothpaste, the toothpaste was positioned behind the mugs and the mugs were placed in a specific position back in the resident's bathroom cabinet.</p> <p>Resident #36 was observed, on 08/14/2015 at 9:30 A.M., in her room in</p>			

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	<p>her recliner. She indicated she had not been assisted to brush her teeth yet. The resident's bathroom cabinet was observed and there was no position change for the gray and white plastic coffee mugs, the toothbrush, or the toothpaste.</p> <p>Resident #36 was observed, on 08/14/2015 at 1:44 P.M., propelling her wheelchair onto lounge by her room. She had a banana on her lap. She indicated she still had not been assisted to brush her teeth. In addition, the resident's toothbrush and toothpaste had not moved from previous observation.</p> <p>On 08/17/15 at 9:10 A.M., Resident #36 was observed in her wheelchair in the lounge outside her room, seated at a table. She indicated no one had helped her brush her teeth over the weekend or this morning.</p> <p>During an interview with CNA #3, on 08/17/2015 at 9:12 A.M., she indicated she had helped Resident #36 get up and dressed but had not helped her brush her teeth. She indicated she thought the resident preferred to brush her teeth after breakfast and she would offer to "set her up" this morning after she helped another resident. The resident's toothpaste was still positioned behind her two gray/white cups and her toothbrush was still bristle</p>			

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F 0323 SS=D Bldg. 00	<p>side down in the same amount of water, which now had a thin film over the top of it and two dark colored spots on the cup.</p> <p>3.1-38(2)(A)</p> <p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Based on observation, record review and interviews, the facility failed to ensure manufacturer's instructions were followed to ensure safety for 1 of 1 residents observed being transferred with a stand up lift. (Resident #72)</p> <p>Finding includes:</p> <p>During an observation of a transfer, conducted 08/17/15 at 9:30 A.M., for Resident #72 the following was observed: CNA #1 had placed a gray colored sling around the back of Resident #72, who was seated in her wheelchair. The sling had a back which went around</p>	F 0323	F323- It is the policy Miller's Merry Manor, Wakarusa, to ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Resident #72: The manufacturer's instructions for sling/lift use will be followed during transfer of resident #72. 1:1 return demonstration with C.N.A. #1 was completed 8/17/15. <i>All residents who use a sling and or lift for transfer is at risk to be affected by the deficient practice.</i> The nurse managers will be responsible to review all residents who use a lift/sling for	09/16/2015

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	<p>the back of the resident's torso and two sets of straps. The top straps were shorter and the bottom straps had longer appendages. The top set of straps were connected to the hooks on the stand up lift. The bottom set of straps, which were pulled from around the resident's back directly to the lift, were also connected to the hooks on the stand up lift. There was also a fastened seat belt type strap and clasp around the resident's upper chest. CNA #1 and CNA #2 then proceeded to utilize the electric control to lift the resident in the stand up lift. The resident was noted to refuse to hold onto the handles of the stand up lift and did not bear her weight. She was noted to be hanging in the lift with the chest strap and upper sling straps slid tightly to her arm pits on each side. The lift was moved from the back of the resident's room into the bathroom and she was lowered to the toilet. CNA #2 was queried as to the type of sling utilized and she indicated it was not the correct sling. CNA #1 indicated he could not locate the other type of sling for Resident #72 and had used this type of sling several times for another resident. He indicated the type of sling they had utilized was for the "more severe" residents. He indicated he had been "trained" on the sling by other CNAs on the night shift.</p>		<p>transfer to identify the appropriate type/size by 9/15/15. The size/type of sling will be communicated via the C.N.A. assignment sheets. The assignment sheets will be updated with any change in transfer/sling/lift use to ensure resident safety per plan of care. The In-service Director will complete lift use/ proper sling use demonstrations with all nursing staff by 9/15/15. The nursing staff will be required to complete a return demonstration to ensure proficiency by 9/15/15. Charge nurses will be responsible to make routine walking rounds during their tour of duty to observe that residents are transferred per plan of care, utilizing the proper slings etc. All newly hired nursing staff will be required to participate in an orientation program which includes education on facility lifts/slings and demonstration on use. Prior to new staff being released from orientation a lift/sling check off will be completed by the In-service director or other designee. The In-service Director, or other designee, will be responsible to complete lift/sling competency with all nursing staff a minimum of twice a year. The QA tool titled "Lift/Sling Check Off" (Attachment B) will be utilized. The tool will be completed on all nursing staff by 9/15/15, then every six months thereafter to ensure ongoing</p>		

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	<p>The manufacturer's instructions for "Section 6 - using standing , stand assist, transport and transfer one-piece style slings" indicated the bottom appendages of the sling were to be placed between the resident's legs before being pulled and attached to the stand up lift. When correctly attached the sling then provided support for the resident's bottom area and the upper straps were positioned well underneath the resident's arm pit and did not slid up into the arm pit area. The resident was then not to be "hanging" in the sling.</p> <p>During an interview on 08/17/15 at 11:00 A.M., the DON (Director of Nursing) indicated the bottom straps were to be placed between the resident's legs during the transfer. She indicated the sling's purpose was to also provide a transport method if needed. She indicated staff had been trained on utilizing the stand up lift for transfers.</p> <p>The inservice documentation, titled, "Transferring," printed on 06/09/15, included the following procedures: "...D. A mechanical lift is a hydraulic or electric device used to transfer dependent or obese residents in and out of bed, wheelchair or tub. Most lifts include a sling that is placed under the resident. Have at least one co-worker when using a</p>		<p>compliance. Additionally the DON, or other designee, will be responsible to complete the QA tool titled "Observation Care Review" (Attachment A) 3 times weekly for 4 weeks, then weekly for 4 weeks, then monthly thereafter to monitor for ongoing compliance. Any identified trends will be corrected upon discovery and documented on facility QA tracking log. QA tracking logs are reviewed monthly during the facility QA meeting.</p>				

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F 0329 SS=D Bldg. 00	<p>mechanical lift. Follow manufacturers guidelines for use of a mechanical lift...." CNA #1 had not attended the 06/09/15 inservice but CNA #2 had attended the inservice. It was not clear if the types of slings utilized in the facility had been reviewed.</p> <p>3.1-45(a)(2)</p> <p>483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS 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 observation, record review and</p>	F 0329	F329- It is the policy of Miller's	09/16/2015

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	<p>interviews, the facility failed to ensure there were adequate indications to support the use of an antipsychotic medication for 1 of 5 residents reviewed for unnecessary medications. (Resident #36)</p> <p>Finding includes:</p> <p>The clinical record for Resident #36 was reviewed on 08/13/2015 at 10:44 A.M. The resident was admitted to the facility, on 04/25/13, with diagnoses, including but not limited to dementia, atrial fibrillation, congestive heart failure, anemia, chronic kidney disease, hypothyroidism, depressive disorder, osteoporosis, esophageal reflux and osteoarthritis</p> <p>The current physician's orders for Resident #36 for medications included the following:</p> <p>Zyprexa (an antipsychotic medication) 2.5 mg (milligrams) one tablet at bed time. The original order for the medication, dated 01/13/15, indicated the following: "Add Dx (diagnosis) Dementia with behaviors. Start Zyprexa 2.5 mg hs (bedtime) for dementia with behaviors."</p> <p>A nursing progress note, dated 01/12/15</p>		<p>Merry Manor, Wakarusa, to ensure each resident's drug regimen be free from unnecessary drugs.</p> <p>Resident #36: Chart, behavior plan, and plan of care have been reviewed by the IDT. Zyprexa has been discontinued for resident #36.</p> <p><i>All residents prescribed an anti-psychotic medication are at risk to be affected by the deficient practice.</i></p> <p>All residents who are taking any type of anti-psychotic medication will have a chart audit completed by the nurse managers/ Social Services Director to review current medication regimen, behavior plan, and plan of care by 9/15/15. The plan of care will be evaluated to ensure proper indication for ongoing use and the facility policy/procedures for "Psychotropic Drug Use" will be followed. An all nursing staff in-service will be held on or before 9/15/15 to review the facility policy for "Psychotropic Drug Use" and importance of ensuring residents are free from unnecessary medications. The in-service will include education on assessment of behavioral symptoms, process for documenting new/ongoing behavioral symptoms, & documenting in the EMR. Emphasis on proper indication/diagnosis prior to any initiation of anti-psychotic medication will be reviewed. The Pharmacy Consultant will</p>				

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	<p>at 10:17 A.M., indicated the following: "Resident came to writer's office upset. During the conversation she was angry in regards to her relationship with (another resident to whom she was married). She states that she was removed from her room by the police and her daughter did not know about the initial move out of the room with (husband's name). Move was per Resident and daughter request. Resident's daughter was present for the move and participated in moving items. Residents stated that everyone is against her and (husband's name) . The staff stand outside the door all the time and listen to them. Resident states that she is unable to sit with (husband's name) in the dining room. Resident stated she is not or the police will come and arrest her. Writer attempted to speak with resident in regards to the timeline that occurred and reasons. Resident became frustrated and denies the occurrence of facts even those that were witnessed by writer."</p> <p>The psychiatric note, dated 01/13/15, indicated the resident had been referred to psych because of increased confusion and delusions regarding the police. The evaluation indicated the resident was on an antibiotic at the time for a suspected urinary tract infection, had been sick to her stomach earlier in the morning, and her mood was "WNL" (within normal</p>		<p>continue to make monthly visits and make recommendations for GDR's as indicated to meet federal regulation and to prevent use of unnecessary medications. The facility behavior committee will meet monthly to monitor the effectiveness of interventions and the need to change/modify behavior programs to ensure psychosocial needs are met for each resident on an ongoing basis. Charge nurses will be instructed to document any significant change in status such as: new onset of behavior/or worsening behaviors on the 24hour condition report. The 24hour condition report is routinely reviewed by the nurse managers to ensure significant changes in condition are readily addressed by members of the HCP team and to prevent use of unnecessary medications. The Social Services Director, or other designee, will be responsible to complete the QA tool titled "Behavior and Antipsychotic Medication Review" (Attachment C) on 10 residents weekly for 4 weeks, then 10 residents monthly thereafter to monitor for compliance. During the monthly QA meeting, the system for monitoring will be reviewed & any findings will be corrected and logged on QA summary log to ensure continued compliance.</p>		

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	<p>limits). Her affect was also "WNL." The resident was not marked as being delusional during the evaluation. The note indicated during the evaluation the resident was not delusional and her conversation was "tangible" but "easily redirected." The resident denied being depressed but admitted to be lonely and missing her husband. The nurse practitioner added a diagnosis of "Dementia with delusions" and added the antipsychotic medication, Zyprexa 2.5 mg at bedtime.</p> <p>A rounding psychiatric nurse practitioner's note, dated 08/11/15, indicated the resident was not delusional, her mood remained stable and a GDR (gradual dose reduction) of Zyprexa and Fluxetine (an antidepressant medication) was contraindicated at this time due to recent improvements in mood and affect.</p> <p>During an interview on 08/14/2015 10:06 A.M., the SSD (Social Service Director) indicated there was only the one documentation of delusions for Resident #36. She indicated at the time the resident was referred to the psychiatric nurse practitioner, the resident and her husband were not getting along. She indicated she was not clear on what had been discussed between the two residents but the resident's husband, at the time,</p>			

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	<p>had asked only to visit the resident in a public place. She indicated both Resident #36 and her husband had some dementia. The SSD indicated there was no other documentation regarding delusional behavior in the resident's electronic chart. She indicated the nurse practitioner had actually ordered the medication due to the resident's "tangible" thoughts, as well as delusions. She indicated the nurse practitioner had documented a dose reduction would be "contraindicated."</p> <p>During an interview with the psychiatric nurse practitioner, on 08/14/2015 at 12:54 P.M. via the telephone, the nurse practitioner indicated on 01/17/15, she received a report that Resident #36 was delusional. She indicated she visited the resident and evaluated her and she denied delusional thoughts but she was tangential and more confused in her conversation. The Nurse Practitioner indicated she felt it (Zyprexa) was medically indicated due to the increased confusion and tangential thinking. The nurse practitioner indicated she was very experienced and the medication was supported due to a "mood disorder." She indicated there had been a change in the resident since she had first started evaluating her and she was more confused and "tangential" in her</p>			

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	<p>thoughts. There was no other documentation presented regarding the resident's mood, delusions, or the non-pharmalogical interventions attempted and/or any distress other than the one episode, these behaviors and/or mood changes had caused the resident to support the continued use of the Zyprexa medication.</p> <p>The facility policy and procedure, titled "Psychotropic Drug Use Policy," provided by the SSD on 08/17/15 at 10:30 A.M., included the following under the" indications for use "of an antipsychotic medication: "Schizophrenia, Schizoaffective disorder, Delusional disorder, Mood disorders (Mania, bipolar disorder, depression with psychotic features, and treatment refractory major depression), Schizophreniform disorder, Psychosis NOS (Not Otherwise Specified), Atypical Psychosis, Brief psychotic disorder, Dementing illnesses associated with behavioral symptoms, Medical illnesses with associated manic or psychotic symptoms and/or treatment related psychosis or mania (thyrotoxicosis, neoplasms, high dose steroids) Exempted Indications for gradual dose reductions: not applicable."</p> <p>3.1-48(a)(4)</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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