

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155297	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/19/2015
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NAME OF PROVIDER OR SUPPLIER  MILLER'S HEALTH & REHAB BY MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 1007 LINCOLNWAY LA PORTE, IN 46350
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00175371.</p> <p>Complaint IN00175371- Substantiated. Federal/State deficiencies related to the allegations are cited at F332, F441, and F508.</p> <p>Survey dates: June 18 &amp; 19, 2015</p> <p>Facility number: 000194 Provider number: 155297 AIM number: 100267790</p> <p>Census bed type: SNF/NF: 45 Total: 45</p> <p>Census payor type: Medicare: 27 Medicaid: 10 Other: 8 Total: 45</p> <p>Sample: 5</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000	<p>Miller's Health and Rehab, La Porte submits the following plan of correction as our credible allegation of compliance. Miller's Health and Rehab, La Porte respectfully requests a desk review and paper compliance.</p>	
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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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F 0332 SS=D Bldg. 00	<p>483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE</p> <p>The facility must ensure that it is free of medication error rates of five percent or greater.</p> <p>Based on observation, record review, and interview, the facility failed to ensure a medication error rate of less than 5 % related to the incorrect dose of a medication administered and medications not administered as order by the Physician for 2 residents observed during the Medication Administration Pass observation. A total of 34 opportunities for error were observed with 3 medication errors noted. This resulted in a Medication Error rate of 8.8 %. (Residents #B and #F) (LPN #1)</p> <p>Findings include:</p> <p>1. The morning Medication Administration pass was observed on 6/18/15 at 9:30 a.m. LPN #1 began to prepare medications for Resident #B. The LPN removed the following medications from the Medication Cart: Ascorbic acid (Vitamin C supplement) 500 milligrams- one tablet Aspirin 81 milligrams (a medication to</p>	F 0332	<p>It is the policy of Miller's Health and Rehab, La Porte to ensure that it is free from medication error rates of five percent or greater. LPN #1 has received 1:1 re-education regarding medication administration and the importance of following the resident specific physician's orders. LPN # 1 has participated in a return demonstration medication pass observation completed by In-service Director. Resident B and F: MD was notified of medication errors and neither resident experienced any negative effects. Physicians orders for resident B and F will be followed as ordered. All residents are risk to be affected by the deficient practice. The facility nurse managers completed an audit 6/19/15 of each residents physicians orders and available medications to ensure availability of medications ordered by physicians. All licensed nursing staff will be in-serviced by 7/19/15 on facility policy and procedures for "Medication Pass</p>	07/19/2015
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	<p>treat coronary artery disease) - one tablet Vitamin D3 (Vitamin D supplement) 2000 units- one tablet Senna-Docusate Sodium (a medication to treat constipation) 8.6 milligram-50 milligrams- one tablet Metoprolol (a medication to treat high blood pressure) 25 milligrams- one tablet</p> <p>The LPN then indicated she needed to obtain another medication for the resident from the locked Pharmacy dispensing system at the Nursing Station. LPN #1 then removed one Ascorbic acid (Vitamin C) 500 milligram tablet and returned to the Medication Cart and placed the above medication into a medication cup with the above listed other oral medications. The LPN proceeded to administer (6) pills to the resident. The pills included two Ascorbic Acid 500 milligrams tablets. No Calcium 500 + D (a calcium and Vitamin D supplement) tablets were prepared or administered to the resident at this time.</p> <p>The record for Resident #B was reviewed on 6/18/15 at 11:06 a.m. The resident's diagnoses included, but were not limited to, osteoporosis, coronary atherosclerosis, and fracture of the femur.</p> <p>The current Physician orders were reviewed. The following medications</p>		<p>Administration Procedure", and ensuring medications are administered in accordance with the orders of the attending physician. All newly hired charge nurses participate in an 11 day orientation process which requires a return demonstration of proper medication pass procedures. The pharmacy consultant makes monthly visits and participates in medication pass observations to ensure competency. The nurse managers participate routine walking rounds of unit and will make visual observations to ensure policy and procedures for medication administration are followed. The in-service director or other designee will be responsible to complete "Medication Pass Procedure Tool" (Attachment A) quarterly with all charge nurses on an ongoing basis to monitor for ongoing compliance. Any issues identified during observation will be immediately corrected and documented on the facility quality assurance tracking tool. The facility reviews all tracking logs during the monthly Quality Assurance meeting to monitor ongoing compliance.</p>	

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	<p>were ordered: Calcium 500+D tablet 500-200 milligrams- one tablet daily as a supplement Ascorbic Acid (Vitamin C Supplement) 500 milligrams- one tablet daily.</p> <p>When interviewed on 6/18/15 at 2:00 p.m., the Director of Nursing indicated the resident's medications should have been administered as ordered by the Physician.</p> <p>2. The Medication Administration pass was observed on 6/18/15 at 11:50 a.m. LPN #1 was observed preparing medications for Resident #F. The LPN prepared (8) pills from the Medication Cart. The LPN indicated she could not locate one of the resident's oral medications. The LPN then proceeded to removed one Diflucan (a medication to treat infections) pill from the locked Pharmacy dispensing system at the Nursing Station. LPN#1 then prepared a dose of Vancomycin (an antibiotic) elixir from a bottle in the Nursing Station medication room refrigerator. LPN counted the number of medications at this time and confirmed there were a total of (8) pills and (1) elixir.</p> <p>LPN #1 administered a total of (8) pills</p>			

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	<p>and (1) elixir to Resident #F at 12:02 p.m. The medications administered were as follows:</p> <p>Amiodarone (a medication to an irregular heart rate)- (2) 200 milligrams tablets Cilostazol (a medication to treat peripheral vascular disease) 100 milligrams Coreg 3.125 (a medication to an irregular heart rate) milligrams Diflucan 100 milligrams Digoxin (a medication to treat an irregular heart rate) 125 micrograms Venafaxine ( a medication to treat depression) ER 75 milligrams Lisinopril (a medication to treat high blood pressure and congestive heart failure) 2.5 milligrams Vancomycin liquid solution 250 milligrams</p> <p>The LPN did not administer any Megace (a medication to increase appetite) elixir to the resident during the Medication Pass observation.</p> <p>The record for Resident #F was reviewed on 6/18/15 at 1:40 p.m. The resident's diagnoses included, but were not limited to, atrial fibrillation (an irregular heart beat),high blood pressure, and adult failure to thrive.</p> <p>The current Physician orders were</p>						

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F 0441 SS=D Bldg. 00	<p>reviewed. The following medications were ordered: Megace (a medication to increase appetite) 40 ml (millimeters) by mouth one time daily at 9:00 a.m.</p> <p>When interviewed on 6/18/15 at 1:30 p.m., LPN #1 indicated she gave only one liquid medication.</p> <p>The facility policy titled "Medication Administration-General Guidelines" was reviewed on 6/18/15 at 2:35 p.m. The policy was dated 10/04/2014. The facility Administrator provided the policy and indicated the policy was current. The policy indicated medications were administered in accordance with the orders of the attending Physician. The policy also indicated medications were to be administered within 60 minutes of the scheduled time.</p> <p>This Federal tag relates to Complaint IN00175371.</p> <p>3.1-48(c)(1)</p>				
	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS				

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	<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. Based on observation, record review, and interview, the facility failed to provide a sanitary environment related to bed pans and fracture bed pans (a smaller sized</p>	F 0441	<b>F-Tag 441: Infection Control</b> It is the policy of Miller's Health Rehab, La Porte to establish and maintain an infection control program designed to provide a	07/19/2015

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	<p>bed pan) stored uncovered or un-contained in (6) resident rooms.</p> <p>Findings include:</p> <p>1. During Orientation Tour on 6/18/15 at 8:10 a.m., the following was observed on the fifth floor:</p> <p>a. Room 5201- There was a bed pan in the bottom drawer of the three drawer cart in the resident's bathroom. The drawer was not closed and the uncovered bed pan was extending out of the drawer. One resident resided in this room.</p> <p>b. Room 5208- There was a bed pan in the bottom drawer of the three drawer cart in the resident's bathroom. The drawer was not closed and the uncovered bed pan was extending out of the drawer. One resident resided in this room.</p> <p>c. Room 5210- There was a bed pan in the bottom drawer of the three drawer cart in the resident's bathroom. The drawer was not closed and the uncovered bed pan was extending out of the drawer. One resident resided in this room.</p> <p>d. Room 5213- There was a bed pan and a fracture pan in the bottom drawer of the three drawer cart in the resident's bathroom. The drawer was not closed</p>		<p>safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. Room #5201, #5208, #5210, #5213, #5217 and #5219: Bed pans will be stored in individual plastic bags and placed in the bathrooms. <i>All residents are at risk to be affected by the deficient practice.</i> All nursing staff in-service will be held on or before 7/19/2015 to review the facility policy/procedure on basic infection control practices for proper storage of bedpans. Charge nurses, nurse managers, administrator, housekeeping supervisor etc. make random walking rounds of unit during completion of daily job tasks and will monitor bedpans are stored per policy. The Director of Nursing or other designee will be responsible to complete the quality assurance tool "Quality of Care Review" (Attachment C) daily x1 week, then 3x weekly for 3 weeks, then weekly for 4 weeks, then monthly thereafter to ensure ongoing compliance. Any issues identified during observation will be immediately corrected and documented on the facility quality assurance tracking tool. The facility reviews all tracking logs during the monthly Quality Assurance meeting to monitor ongoing compliance.</p>				

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F 0508 SS=D	<p>and the uncovered bed pan was extending out of the drawer. One resident resided in this room.</p> <p>e. Room 5217- There was an uncovered bed pan on the top of the toilet. One resident resided in this room.</p> <p>f. Room 5219- There was an uncovered bed pan on the commode seat over the toilet. One resident resided in this room.</p> <p>When interviewed on 6/19/15 at 9:10 a.m., the Director of Nursing indicated each resident room had a plastic set of drawers in their bathroom. The Director of Nursing indicated the resident's bed pan and fracture pans were to be stored in the bottom drawers. The Director of Nursing indicated the bed pans should have been covered or contained.</p> <p>This Federal tag relates to Complaint IN00175371.</p> <p>3.1-18(a)</p> <p>483.75(k)(1) PROVIDE/OBTAIN</p>				

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Bldg. 00	<p><b>RADIOLOGY/DIAGNOSTIC SVCS</b></p> <p>The facility must provide or obtain radiology and other diagnostic services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services.</p> <p>Based on record review and interview, the facility failed to ensure radiology services were provided to meet the resident's needs related to completing a knee X-ray as ordered by the Physician for 1 of 3 residents reviewed for diagnostic testing in a sample of 5. (Resident #E)</p> <p>Finding includes:</p> <p>The closed record for Resident #E was reviewed on 6/18/15 at 12:10 p.m. The resident's diagnoses included, but were not limited to, closed femur fracture and a history of bilateral knee replacements. The resident was admitted to the facility on 4/30/15.</p> <p>Review of the 4/30/15 Physician's Orders/Transfer Order Form indicated the Physician requested a knee X-ray be completed on 5/5/15. The 5/2015 Physician orders were reviewed. An order was written on 5/5/15 for the resident to have an X-ray of the right knee completed on 5/5/15.</p> <p>The 5/2015 X-ray results were reviewed.</p>	F 0508	<p>It is the policy of Miller's Health and Rehab, La Porte to provide or obtain radiology and other diagnostic services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services.</p> <p>Resident E: Discharged All residents are at risk to be affected by this deficient practice. An all licensed nursing in-service will be completed on or before 7/19/15 to review the facility policy for "Physician Orders". The charge nurses will be instructed to make sure physician orders for radiology services are completed as ordered. Charge nurses will be instructed to document the new order for radiology services in the EMR/24 hour communication tool and to place manifest used to order radiology tests on the chart along with the coordinating physicians order. The unit manager or other designee will be responsible to review the daily 24 hour communication tool and all new radiology orders from the previous day to ensure that radiology orders have been ordered, completed (unless for future date) as specifically ordered by physician. Orders for future dates for radiology services</p>	07/19/2015

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	<p>There were no reports of an X-ray of the resident's right knee being completed on 5/5/15.</p> <p>When interviewed on 6/19/15 at 9:57 a.m., the Director of Nursing indicated an X-ray of the right knee had not been completed. The Director of Nursing indicated the facility ordered a right femur X-ray instead of a right knee X-ray. The Director of Nursing indicated the resident did not have a right knee X-ray completed in May 2015.</p> <p>This Federal tag relates to Complaint IN00175371.</p> <p>3.1-49(a)</p>		<p>will placed both on the residents TAR and on the unit calendar. The DON or other designee will be responsible to complete the quality assurance tool titled "Laboratory/Radiology Review" (Attachment B ) on 10% of the resident census weekly for the next 4 weeks then monthly thereafter to ensure ongoing compliance. Any identified trends or issues will be recorded on a tracking log and reviewed during the facility monthly Quality Assurance meeting.</p>		