STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155573	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 01/04/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLER'S MERRY MANOR	981 BEECHWOOD AVE MIDDLETOWN, IN 47356

(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
F0000	This visit was for the Investigation of Complaint IN00120925. Complaint IN00120925 - Substantiated. Federal/State deficiencies related to allegation are cited at F250 and F490. Survey dates: January 2, 3 & 4, 2013 Facility number: 000342 Provider number: 155573 AIM number: 100289140 Survey team: Leslie Parrett RN, TC Angel Tomlinson RN (January 3, 2013) Census bed type: SNF/NF: 30 SNF: 8 Total: 38 Census payor type: Medicare: 8 Medicaid: 23 Other: 7 Total: 38 Sample: 4	F0000	We respectfully request paper compliance for this plan of correction.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2. Quality review 1/11/13 by Suzanne Williams, RN			

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F0250 SS=D	483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. Based on record review and interview, the facility failed to provide medically-related social services assistance for a resident who needed assistance with Medicaid services due to changes in benefits and lack of effective family/support system, for 1 of 4 residents reviewed for social services in a total sample of 4 (Resident # A). Findings include: Review of Resident # A's record on 1/2/13 at 12:35 p.m. indicated the resident was admitted under a court order on 7/27/07 for Emergency Protective Services due to a history of alcohol abuse, confusion and homeless. The document indicated Resident # A has three sons and one daughter. Resident # A's diagnoses included, but were not limited to: Alzheimer's disease, congestive heart failure, type 2 diabetes mellitus, unspecified hepatitis, anemia, thiamine deficiency, essential hypertension	F0250	**F250 Provision of Medically Related Social Service** It is the Policy of Miller's Merry Manor to provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident (Attachment A). The resident affected by this deficient practice expired on 12/11/12. This deficient practice had the potential to affect any resident in the facility who receives Medicaid Services. An audit has been conducted to verify that Medicaid residents monthly income/liability allows for the personal needs allowance set by the state. Residents with discrepancies in income and liability have been identified and the Liability Change Letter have been submitted to the Family and Social Services Administration (Attachment B). The following measures have been implemented to ensure that the deficient practice does not recur. The SSD was in-serviced by the administrator on 1/16/13 regarding Miller's Policy and Procedure for identifying and assisting with the Medicaid Services needs of our residents (Attachment C). The facilities	01/18/2013

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	and personal history of alcoholism. Review of a document in Resident # A's record, titled "Resident Funds Authorization," dated 7/27/07, indicated the resident's daughter signed authorization for permission for the facility to handle Resident # A's monetary resources. The document indicated the money will be deposited into an interest bearing account for the residents of the facility and authorized the facility to make withdrawals from the account to pay for services indicated: Monthly Liability/Resource, Beauty/Barber Services, Telephone/Cable and Insurance Premium. The document indicated Representative Payee Authorization: Responsible Party hereby gives permission for the facility to become payee for Resident # A effective immediately and signed by Resident # A's daughter/Responsible Party. Review of a progress note for Social Services Assessment, dated 7/27/07, indicated Mood State/Behavior Problems/Psychosocial Adjustment: Describe any alcohol abuse or drug abuse: "He has been an alcoholic most of his life and has been estranged from his children and the children (except his daughter) have		Social Services Director will use the Quality Assessment tool titled “Social Service Needs Review” to ensure that all necessary assistance is being provided to Medicaid residents (Attachment D). To ensure that this deficient practice does not recur, the facilities SSD will use the QA tool “Social Service Needs Review” once a month for two months and quarterly thereafter (Attachment D). The QA committee will review and make recommendations as needed. Systematic Changes will be completed by 1/18/13.	

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	nothing to do with him...Daughter is attempting to get guardianship at this time." Resident # A's record included a document, dated 3/11/08, titled "Power of Attorney (POA) indicated his daughter as Power of Attorney for health care and financial issues. The document indicated it was signed by Resident # A and notarized on 3/11/08. On 1/2/13 at 12:35 p.m. review of Resident # A's facesheet indicated no contact information for the POA or other family members. Review of Resident # A's Veterans Benefit Summary on 1/3/13 at 9:30 a.m., provided by the Corporate Field Accountant, indicated Resident # A's monthly Veterans Benefits decreased beginning 11/1/10. Medicaid benefits did not change when Veterans Benefits decreased. Interview on 1/3/13 at 3:20 p.m. with the Corporate Field Accountant indicated the facility was the payee for Resident # A's Social Security Benefit but not for his Veterans Benefit. She indicated the Veterans Benefit came in the Resident's name and the POA was the responsible			

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	party to notify Medicaid of the Resident's decrease in Veterans Benefits. The Corporate Field Accountant could not find documentation to indicate Medicaid had been notified of Resident # A's Veterans Benefit decrease. On 1/4/13 at 9:25 a.m. interview with the Administrator indicated the facility had no contact information for Resident # A's POA or other family members. He indicated when the Resident expired, the nurse found a slip of paper in the Resident's billfold and contacted Resident # A's step-daughter. The Administrator indicated he had made an attempt to contact the POA but the phone number in the Phone Directory was disconnected. The Administrator indicated Resident # A had $735.42 in his possession when he expired, and facility placed the money in the Resident's Trust Account. He indicated the Resident owed a bill of $2,100.00. Interview on 1/4/13 at 12:50 p.m. with Resident # A's POA indicated, after she became the POA, her siblings wanted to take over the care of Resident # A, so she had no further contact with the facility or her father.			

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F0490 SS=D	483.75 EFFECTIVE ADMINISTRATION/RESIDENT WELL-BEING A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. Based on record review and interview, the facility failed to ensure it was administered in a manner to ensure a resident was assisted with financial matters regarding Veterans benefits and Medicaid benefits, resulting in the resident owing a bill at the time of his death, for 1 of 4 residents sampled for financial matters in a total sample of 4 (Resident # A). Findings include: Review of Resident # A's record on 1/2/13 at 12:35 p.m. indicated the resident was admitted under a court order on 7/27/07 for Emergency Protective Services due to a history of alcohol abuse, confusion and homeless. Resident # A's diagnoses included, but were not limited to: Alzheimer's disease, congestive heart failure, type 2 diabetes mellitus, unspecified hepatitis, anemia, thiamine deficiency, essential hypertension	F0490	**F490 Effective Administration/Resident Well-Being** It is the standard of Miller's Merry Manor to be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. The resident affected by this deficient practice expired on 12/11/12. This deficient practice had the potential to affect any resident for who the facility is representative payee of their entire income. This option is offered at the time of admission and available at any point during the residents stay (Attachment E). An audit has been conducted to verify that Medicaid residents monthly income/liability allows for the personal needs allowance set by the state. Residents with discrepancies in income and liability have been identified and the Liability Change Letter have been submitted to the Family and Social	01/18/2013

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