

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155251	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/14/2015
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NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 2901 W 37TH AVE HOBART, IN 46342
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F000000	<p>This visit was for the Investigation of Complaint IN00162280.</p> <p>Complaint IN00162280-Substantiated. Federal/State deficiency related to the allegations is cited at F314.</p> <p>Unrelated deficiency cited.</p> <p>Survey dates: January 13 & 14, 2015</p> <p>Facility number: 000154 Provider number: 155251 AIM number: 100289680</p> <p>Survey team: Regina Sanders, RN,TC</p> <p>Census by bed type: SNF: 12 SNF/NF: 69 Total: 81</p> <p>Census payor type: Medicare: 11 Medicaid: 62 Other: 8 Total: 81</p> <p>Sample: 3</p> <p>This deficiency reflects state findings</p>	F000000		
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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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F000314 SS=D	<p>cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on January 19, 2105, by Janelyn Kulik, RN.</p> <p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure</p>				

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	<p>sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>Based on observation, record review, and interview, the facility failed to ensure residents received the necessary treatment to promote healing of pressure sores, related to residents with a low air loss bed, lying on multiple barriers, between their body and the low air loss mattress, for 2 of 3 residents reviewed for pressure areas in a total sample of 3. (Residents #B and #C)</p> <p>Findings include:</p> <p>1. Resident #B's record was reviewed on 01/13/15 at 11:50 a.m. The resident's diagnoses included, but were not limited to, Alzheimer's disease, diabetes mellitus, and peripheral vascular disease.</p> <p>A Significant Change Minimum Data Set (MDS) assessment, dated 11/18/14, indicated the resident had a stage three pressure ulcer (full thickness tissue loss, slough may be present, and may include undermining and tunneling).</p> <p>A care plan, dated 10/22/14, indicated the resident had a wound on the coccyx. The</p>	F000314	<p>F-Tag 314 Treatment/Services to Prevent Pressure Sores: It is the policy of Miller's Merry Manor, Hobart that services provided or arranged by the facility be provided by qualified persons in accordance with each resident's written plan of care related to pain management, treatments, and assessments. Resident # B: The folded blanket was removed from underneath Resident B leaving just a thin sheet on the low air loss mattress. Resident # C: Resident C was gotten out of bed and the incontinent pad was removed from the low air loss mattress leaving a thin sheet for the Resident to lay on once she got back into the bed. <i>All residents are at risk to be affected by the deficient practice.</i> All residents with a low air loss mattress were checked for the appropriate linen on the bed. All licensed & non-licensed nursing staff were in-serviced by 01/22/2014 to review the facility policy & manufacture recommendations on low air low mattresses. The Wound Nurse or other designee will be responsible to make random walking rounds, Room Round Checklist (Attachment B) on all</p>	02/02/2015

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	<p>interventions included to provide a low air loss mattress.</p> <p>A Physician's Order, dated 09/05/14, indicated an order for a low air loss mattress and an order for colostomy care.</p> <p>A Physician's Order, dated 11/04/14, indicated a urinary catheter had been inserted to assist in wound healing.</p> <p>A Pressure Ulcer Assessment, dated 01/07/15, indicated the pressure area on the coccyx was 4.6 cm (centimeter) by 9 cm by 1.4 cm (depth), and the resident was on a low air loss mattress. The Assessment indicated the resident had a wound vacuum on the coccyx pressure area.</p> <p>During an observation on 01/14/15 at 8:30 a.m., CNA #1 was providing the resident with morning care. The resident was observed, in a hospital gown, lying on the low air loss bed and underneath the resident there was a thin sheet over the mattress and a folded in half blanket (used for a lift sheet) under the resident. The resident had a thick disposable brief on. CNA #1 indicated she was unsure why the resident had a brief on since the resident had a urinary catheter and colostomy.</p>		<p>shifts to monitor for continued compliance for residents with a low air loss mattress daily x1 week, then 3x weekly x 4 weeks, then weekly x4 weeks, and 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>During an interview on 01/14/15 at 9:25 a.m., the Treatment Nurse indicated the mattress should be covered with a flat sheet and a thin sheet should be used as a lift sheet. She indicated the resident wore a brief because if the wound vacuum would leak it would get on the resident's clothes.</p> <p>2. Resident #C's record was reviewed on 01/13/15 at 1:55 p.m. The resident's diagnoses included, but were not limited to, diabetes mellitus, chronic kidney disease, and dementia.</p> <p>A Significant MDS (Minimum Data Set) assessment, dated 11/24/14, indicated the resident had been admitted into the facility with two, stage three pressure ulcers (full thickness tissue loss, slough may be present, and may include undermining and tunneling) and two, stage four (full thickness tissue loss with exposed bone, tendon, or muscle).</p> <p>A Physician's Order, dated 10/06/14, indicated a low air loss mattress was in place, and the resident had an urinary catheter.</p> <p>A Physician's Order, dated 11/14/14, indicated the resident had wound vacuum, used for a sacral wound.</p>						

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	<p>The Pressure Ulcer Assessments, dated 01/07/15, indicated the resident had a stage three area on the left heel, a stage three area on the left lateral leg, a stage four area on the right heel, and a stage four area on the coccyx (sacral area).</p> <p>During an observation with the Treatment Nurse present, on 01/14/15 at 9:30 a.m., the resident was in bed, lying on a low air loss mattress, covered by a thin sheet, with a thick incontinent pad positioned under the residents lower back and buttocks. The Treatment Nurse indicated there should have been a thin draw sheet not the thick pad under the resident.</p> <p>The Operator's Manual for the low air loss bed, received from the Administrator on 01/14/15 at 9:30 a.m., indicated, "...You may place a thin cotton sheet over the quilted mattress top cover..."</p> <p>During an interview on 01/14/15 at 9:50 a.m., the Administrator indicated there had been no decline in the pressure areas and the Operator's Manual did not say you could not put the thick pads and briefs on the bed.</p> <p>This Federal Tag relates to Complaint IN00162280.</p>						

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F000516 SS=E	<p>3.1-40(a)(2)</p> <p>483.75(l)(3), 483.20(f)(5) RELEASE RES INFO, SAFEGUARD CLINICAL RECORDS A facility may not release information that is resident-identifiable to the public.</p> <p>The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.</p> <p>The facility must safeguard clinical record information against loss, destruction, or unauthorized use.</p> <p>Based on interview the facility failed to ensure residents' records were safeguarded against loss and unauthorized use, related to a facility Nurse taking pressure sore assessments and the Wound Specialist's Progress Notes, stored in a binder, out of the facility. This had the potential to effect 9 residents who were being seen by the Wound Specialist.</p> <p>Findings include:</p>	F000516	F-Tag 516 Release Resident Information, Safeguard Clinical Records: It is the policy of Miller's Merry Manor, Hobart that services provided or arranged by the facility be provided by qualified persons in accordance with each resident's written plan of care related to pain management, treatments, and assessments. All Residents documentation was returned to the facility. <i>All residents are at risk to be affected by the deficient practice.</i> The Wound Nurse was educated immediately on HIPPA guidelines. All licensed &	02/02/2015	

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	<p>During an interview on 01/13/15 at 12:30 p.m., with the Treatment Nurse and with the Administrator present, the Treatment Nurse indicated the Wound Specialist's Progress Notes were kept in a, "Doctor Book". The Treatment Nurse indicated she would have to leave the facility and go to her house (Treatment Nurse) to get the book. The Treatment Nurse indicated she usually carries the book around in her, "bag", but she had taken it out and forgot to put it back in the bag.</p> <p>The Administrator offered no comment at this time..</p> <p>3.1-50(d)</p>		<p>non-licensed nursing staff was in-serviced by 01/22/2014 to review HIPPA guidelines. The DON or other designee will be responsible to check for safe keeping of the Wound Doctor's note binder using attachment (A) checklist daily x1 week, then 3x weekly x 4 weeks, then weekly x4 weeks, and 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>		