

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155556	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  08/28/2012
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NAME OF PROVIDER OR SUPPLIER  MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 300 FAIRGROUNDS RD TIPTON, IN 46072
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F0000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: August 21, 22, 23, 24, 27, and 28, 2012</p> <p>Facility Number: 000505 Provider Number: 155556 AIM Number: 100266350</p> <p>Survey Team: Tammy Alley RN TC Toni Maley BSW (August 21-24, 2012) Donna Smith RN (August 21-24, 2012)</p> <p>Census Bed Type: SNF/ NF: 115 SNF: 19 Total: 134</p> <p>Census Payor Type: Medicare: 16 Medicaid: 91 Other: 27 Total: 134</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review 9/06/12 by Suzanne</p>	F0000	<p>Please accept the following plans of correction as credible allegation of compliance for each deficiency cited during the annual survey conducted here on August 28th, 2012. Should you have any questions or require further information, please do not hesitate to contact me here at the facility at 765-675-8791. Additionally, the facility respectfully asks that paper compliance be considered. Sincerely, Troy Clements, Administrator</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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	Williams, RN			

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F0241 SS=E	<p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>Based on observations and record review, the facility failed to ensure a resident's dignity was maintained while the residents were being assisted during a meal for 7 of 12 residents observed being assisted, for 2 of 2 meal observations in 1 of 3 dining rooms observed. (Resident #'s 18, 103, 158, 106, 59, 47, and 1 unidentified Hospice resident)</p> <p>Findings include:</p> <p>1. On 8/21/12 at 12:05 p.m., the dining room was observed during lunch. CNA #1 was observed feeding/assisting Resident #106, Resident #59, and Resident #47 at one table while CNA #2 was observed feeding/assisting Resident #18, Resident #103, and an unidentified Hospice resident at the table next to CNA #1's table. CNA #1 and CNA #2 were observed conversing in a personal conversation across these 2 separate tables. After Hospice Aide #3 arrived at the same table as CNA</p>	F0241	<p>F 241: DIGNITY AND RESPECT OF INDIVIDUALITY It is the policy of Miller's Merry Manor to enhance and promote resident dignity at all times. All residents in the facility have the potential to be affected. To ensure this does not recur all Nursing staff will be in-serviced by 9/21/12 on the Resident Dignity Policy (attachment 1-A). SSD or designee will complete the Resident Dignity QA Tool (attachment 1-B) 5 times/week for 2 weeks then weekly for 4 weeks then monthly thereafter for ongoing compliance. Any concerns will be corrected immediately, logged on the facility QA tracking Log and reviewed in the facility QA Meeting monthly with any new recommendations implemented. Corrective actions will be completed by 9-27-12.</p>	09/27/2012			

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	<p>#2, they were observed to converse in a personal conversation as the residents were being fed/assisted. After Hospice Aide #3 left the dining room with the unidentified Hospice resident, CNA #1 and CNA #2 were again observed to converse in a personal conversation across the 2 tables as they continued to feed/assist the residents at their tables.</p> <p>2. During a dining room observation on 8/23/12 at 7:58 a.m., CNA # 9 was talking with an unidentified nursing student at the table of Resident #'s 158, 103 and # 18. CNA # 9 indicated, regarding the three residents at the table, "these three are feeds." CNA # 9 also indicated to the nursing student that Resident # 18 was "a shower."</p> <p>3. A policy titled "Resident Dignity" was provided by the Assistant Director of Nursing on 8/28/12 at 8:15 a.m., and deemed as current. The policy indicated: "...will monitor for facility practices which enhance and promote resident dignity...b. addressing each resident according to their preference c. demonstrating courtesy, patience and friendliness in all interactions...h. communicating care instructions in privacy...."</p>						

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F0248 SS=D	<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 assessment, the interests and the physical, mental, and psychosocial well-being of each resident.</p> <p>Based on observations, record review, and interviews, the facility failed to ensure a resident was encouraged and assisted to activities for 1 of 3 residents observed in a sample of 6 residents, who met the criteria for activities. (Resident #51)</p> <p>Findings include:</p> <p>On 8/23/12 at 9:25 a.m. during an interview, Resident #51, who was sitting up in her wheelchair, indicated she would like to go to the activity for Granny's Kitchen this morning.</p> <p>On 8/23/12 at 10:05 a.m., Resident #51 was observed lying in her bed. At this same time during an interview, RN #8 indicated the resident liked to lie down. She also indicated in the past when she was taken to the activities, she would call out "help, help" and would want to go to bed. She indicated the resident's son usually came in 3 times a week and</p>	F0248	<p>F 248 ACTIVITIES MEET INTERESTS/NEEDS OF EACH RESIDENT It is the policy of Miller's Merry Manor that each resident will have a comprehensive activity program designed and implemented to meet their individual activity needs. Resident #51 has a program designed to meet her interests and the Acitivity Department is offering to assist her to activities as they are scheduled, daily. All Activity Department personnel have been in-serviced on the Components of Activity Services (Attachment 2-A), and all staff will be in-serviced 9/21/12, accordingly. To monitor and prevent recurrence of this deficient practice, the Social Service Director or SSD will complete the QA tool entitled Activity Participation Review (attachment 2-B) twice weekly for 4 weeks, followed by once weekly for 4 weeks and monthly thereafter. Any new concerns will be corrected immediately, logged on the facility QA tracking log and reviewed in the monthly QA meeting, with any new</p>	09/27/2012

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	<p>would take her outside for walks.</p> <p>On 8/24/12 at 9:55 a.m. during an interview, the Activity Director indicated when Resident #51 was residing upstairs, she was very active. Since she was moved down to the first floor, they lay her down so quickly she would not be up when the activities were scheduled. She also indicated yesterday when she went in to get her roommate for the activity, Granny's Kitchen, Resident #51 indicated she would like to go. When the Activity Director returned to get her, she was already in bed.</p> <p>On 8/24/12 at 10:05 a.m., Resident #51 was in her bed. Manicures were observed as an activity on the first floor in the beauty shop.</p> <p>On 8/24/12 at 10:30 a.m. during an interview, the Activity Director indicated Resident #51 would say "help me , help me " at times during an activity, but she also indicated if one would sit with her, she would be quiet and enjoy the activity. She indicated the resident did like the music programs real well.</p> <p>On 8/24/12 at 3:40 p.m., Resident #51's record was reviewed. Her diagnoses included, but were not</p>		<p>recommendations implemented. Corrective actions will be completed by 9/27/12.</p>		

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	<p>limited to, lower limb amputation, above the knee amputation, hemiplegia/hemiparesis due to cardiovascular accident, and senile dementia. The resident's BIMS (basic interview mental status) score was a 10 with a resident's score of 8 to 15 as interviewable. The resident was an extensive to total assist of 1 to 2 persons for her mobility and activities of daily living. Her activity preferences, which were very important to her, included religious events/services, to keep up with the news, and to get fresh air.</p> <p>Resident #51's July 2012 and August 2012 activity attendance were provided by the Activity Director on 8/24/12 at 10:30 a.m. In July 2012 the resident was actively indicated as participating on 7/10, 7/16, and 7/31 for music and on 7/19 for refreshments. In August 2012 the resident was actively indicated as participating on 8/7 and 8/14 for music and on 8/10 for refreshments.</p> <p>The July 2012 and August 2012 Activity Calendar included, but was not limited to, Heartland Ministries every Sunday at 10:00 a.m., "Singing with Carol" every Tuesday at 10:00 a.m., and refreshments on Tuesdays</p>				

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	<p>at 3:00 p.m. and on Thursdays at 2:00 p.m., and Grandma's Kitchen at 10:00 a.m. the second and fourth Thursday of each month. These schedules indicated at least 3 to 4 activities per week of this resident's interest.</p> <p>3.1-33(a)</p>			

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F0272 SS=D	<p>483.20(b)(1) COMPREHENSIVE ASSESSMENTS The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.</p> <p>A facility must make a comprehensive assessment of a resident's needs, using the resident assessment instrument (RAI) specified by the State. The assessment must include at least the following: Identification and demographic information; Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior patterns; Psychosocial well-being; Physical functioning and structural problems; Continence; Disease diagnosis and health conditions; Dental and nutritional status; Skin conditions; Activity pursuit; Medications; Special treatments and procedures; Discharge potential; Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS); and Documentation of participation in assessment.</p> <p>Based on observation, Interview and record review, the facility failed to complete the oral portion of the Minimum Data Set Assessment correctly for 1 of 2 residents reviewed</p>	F0272	F 272: COMPREHENSIVE ASSESSMENTS It is the policy of Miller's Merry Manor to have accurate comprehensive assessments completed on all residents as scheduled. The	09/27/2012

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	<p>for oral care services (Resident #59).</p> <p>Findings include:</p> <p>During an 8/21/12, 10:45 a.m., observation, Resident #59 was observed to have lost missing or broken upper and lower front teeth.</p> <p>Resident #59's record was reviewed on 8/22/12 at 4:00 p.m.</p> <p>Resident #59's current diagnoses included, but were not limited to, senile dementia and hypertension.</p> <p>Resident #59 had a 1/24/12 Dental progress note which indicated she had broken upper and lower teeth and tooth decay. The resident had difficulty cooperating due to dementia. Because the resident would require sedation to treat her, the dentist would not treat unless the resident became symptomatic.</p> <p>A current, 8/12/12, Significant Change Minimum Data Set assessment (MDS) indicated the resident did not have any missing/broken teeth or tooth decay.</p> <p>During an 8/22/12, 4:30 p.m. interview the MDS Coordinator indicated the 8/12/12 MDS had been</p>		<p>assessment is to describe the resident's capabilities to perform daily life functions and to identify significant impairments in functional capacity. All residents in the facility have the potential to be affected. All residents' comprehensive assessments have been audited and match the residents' current dental status. To ensure this does not recur, all staff involved in completing the dental portion of the comprehensive assessment will be in-serviced on the Comprehensive Assessment (MDS) Policy (attachment 3-A) on 9/21/12. The DON or designee will complete the Dental review QA Tool (attachment 3-B) weekly on all residents that had a comprehensive assessment completed that week for 4 weeks then monthly thereafter for ongoing compliance. Any concerns will be corrected immediately, logged on the facility QA tracking Log and reviewed in the facility QA Meeting monthly with any new recommendations implemented. Corrective actions will be completed by 9-27-12.</p>		

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	<p>coded in error, and the coding error resulted in the lack of care plan development.</p> <p>3.1-31(e) 3.1-31(i)</p>			

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F0279 SS=D	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on observation, interview and record review, the facility failed to develop a care plan for a cognitively impaired resident with identified dental needs for 1 of 2 residents reviewed for oral health services. (Resident #59)</p> <p>Findings Include:</p> <p>During an 8/21/12, 10:45 a.m., observation, Resident #59 was observed to have lost missing or broken upper and lower front teeth.</p>	F0279	F 279: DEVELOP COMPREHENSIVE CARE PLANS It is the policy of Miller's Merry Manor to ensure that a comprehensive care plan for each resident includes measurable objectives and timetables to meet the resident's needs that are identified in the comprehensive assessment process. All residents in the facility have the potential to be affected. All residents' care plans have been reviewed and updated with dental care needs as well as residents with dentures or partials have been added to the CNA assignment sheets. To ensure	09/27/2012	

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	<p>Resident #59's record was reviewed on 8/22/12 at 4:00 p.m.</p> <p>Resident #59's current diagnoses included, but were not limited to, senile dementia and hypertension.</p> <p>Resident #59 had a 1/24/12 Dental progress note which indicated she had broken upper and lower teeth and tooth decay. The resident had difficulty cooperating due to dementia. Because the resident would require sedation to treat her, the dentist would not treat unless the resident became symptomatic.</p> <p>Resident #59 had a 2/1/11-Dental progress note indicated the resident presented with poor oral health. The resident was fairly uncooperative. she did not express any discomfort in any teeth. Increased brushing at home would be her best therapy.</p> <p>A current, 8/12/12, Significant Change Minimum Data Set assessment (MDS) indicated the resident did not have any missing/broken teeth or tooth decay.</p> <p>An 8/22/12, 4:00 p.m., review of Resident #59's care plan lacked any plan to address missing/broken teeth</p>		<p>this does not recur, all nurses that are involved in the care plan process will be in-serviced on the Care Plan Development &amp; Review Policy (attachment 4-A) on 9/21/12. The DON or designee will complete the Dental Review QA Tool (attachment 3-B) for all new admissions, for all oral/dental changes and for all residents that had a comprehensive assessment completed since last review. This will be completed weekly for 4 weeks, monthly for 5 months and quarterly thereafter for ongoing compliance. Any concerns will be corrected immediately, logged on the facility QA tracking Log and reviewed in the monthly QA Meeting, along with any new recommendations implemented. Corrective actions will be completed by 9-27-12.</p>		

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	<p>and tooth decay.</p> <p>During an 8/22/12, 4:30 p.m. interview the MDS Coordinator indicated the 8/12/12 MDS had been miss coded in error and the miss-coding resulted in the lack of care plan development.</p> <p>3.1-35(a)</p>			
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F0312 SS=D	<p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>Based on observation, interview and record review, the facility failed to ensure cognitively impaired residents, who needed assistance with teeth brushing to promote good oral health, received assistance to brush their teeth two times a day for 2 of 2 residents reviewed for oral health services (Resident #59 and #111).</p> <p>Findings Include:</p> <p>1.) Resident #111's record was reviewed on 8/23/12 at 2:00 p.m.</p> <p>Resident #111's current diagnoses included, but were not limited to, Alzheimer's Disease, anxiety and depression.</p> <p>During an 8/21/12, 3:00 p.m. interview, when questioned, the spouse of Resident #111 indicated he would like his spouse's teeth brushed twice a day as they were prior to admission. He indicated he had arrived and found Resident #111 with unclean teeth and food particles in</p>	F0312	<p>F 312: ADL CARE PROVIDED FOR DEPENDENT RESIDENTS It is the policy of Miller's Merry Manor that oral care will be provided to all dependent residents during AM &amp; PM care every day. All dependent residents in the facility have the potential to be affected by this practice. All residents' care plans have been reviewed and updated with dental care needs and residents with dentures or partials have been added to the CNA assignment sheets. All nursing staff will be in-serviced on the Oral Care Policy (attachment 5-A) and that oral care will be documented in Point Of Care charting in the computer on 9/21/12. The DON or designee will complete the Dental Review QA Tool (attachment 3-B) weekly for 4 weeks and then monthly thereafter for ongoing compliance. Furthermore, Primesource Dental will be conducting an in-service for all nursing staff on 10/5/12 on "Basic Oral Care". Any issues will be corrected immediately, logged on the facility QA tracking Log and reviewed in the monthly QA Meeting, with any new</p>	09/27/2012	

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	<p>her mouth. He had talked with the nurse and she was working on a system to correct the problem.</p> <p>Resident #111 had a current, 6/22/12, care plan problem/need which indicated she needed assistance with all activities of daily living. An approach to this problem was for staff to assist the resident in brushing her teeth 2 times daily.</p> <p>An 8/23/12, dental note indicated the dentist had tried to treat Resident #111 two times without success due to non compliance (due to dementia). He recommended "normal home care."</p> <p>A review of Resident #111's computerized documentation of activities of daily living assistance for 7/25/12 through 8/23/12 indicated 11 of 30 days the resident only received oral care one time daily: 7/29/12, 8/1/12, 8/2/12, 8/3/12, 8/7/12, 8/10/12, 8/13/12, 8/15/12, 8/17/12, 8/20/12 and 8/21/12.</p> <p>An 8/23/12, 3:00 p.m., review of the CNA assignment sheet (guide for resident care and services) lacked any documentation of Resident #111's dental needs.</p>		<p>recommendations implemented. Corrective actions will be completed by 9-27-12.</p>		

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	<p>During an 8/23/12, 3:03 p.m., interview, CNA #5 indicated she knew Resident #111 needed her teeth brushed two times a day. CNA #5 indicated she worked the unit often enough to just "know" the resident's dental needs. CNA #5 indicated there was not a formal method to communicate resident oral care needs.</p> <p>During an 8/24/12, 10:00 a.m., interview, the ADON indicated there is not a formal method to communicate individual resident oral care needs. The CNA's know from the supplies in the room such as denture cups or tooth brushes. She indicated she did not know why Resident #111 did not receive oral care two times daily during the past 30 days. She indicated oral care two times daily during morning and evening care was the expectation.</p> <p>2. During an 8/21/12, 10:45 a.m., observation, Resident #59 was observed to have lost missing or broken upper and lower front teeth.</p> <p>Resident #59's record was reviewed on 8/22/12 at 4:00 p.m.</p> <p>Resident #59's current diagnoses included, but were not limited to,</p>			

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	<p>senile dementia and hypertension.</p> <p>Resident #59 had a 1/24/12 Dental progress note which indicated she had broken upper and lower teeth and tooth decay. The resident had difficulty cooperating due to dementia. Because the resident would require sedation to treat her, the dentist would not treat unless the resident became symptomatic.</p> <p>Resident #59 had a 2/1/11-Dental progress note indicated the resident presented with poor oral health. The resident was fairly uncooperative. she did not express any discomfort in any teeth. Increased brushing at home would be her best therapy.</p> <p>An 8/22/12, 4:00 p.m., review of Resident #59's care plan lacked any plan to address missing/broken teeth and tooth decay.</p> <p>An 8/24/12, 9:30 a.m., review of the CNA assignment sheet for Resident #59 lacked any guidance or instructions regarding Resident #59's oral health needs.</p> <p>A current, 8/12/12, Significant Change Minimum Data Set assessment (MDS) indicated the</p>						

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	<p>resident did not have any missing/broken teeth or tooth decay.</p> <p>During an 8/22/12, 4:30 p.m. interview the MDS Coordinator indicated the 8/12/12 MDS had been coded in error, and the coding error resulted in the lack of care plan development.</p> <p>Review of Resident #59's computerized activities of daily living record for 7/26/12 thorough 8/24/12 indicated the resident had her teeth brushed only once a day 8 of 30 days: 8/2/12, 8/8/12, 8/15/12, 8/16/12, 8/17/12, 8/21/12, 8/22/12 and 8/23/12.</p> <p>During an 8/24/12, 10:00 a.m., interview, the ADON indicated there was not a formal method to communicate individual resident oral care needs. The CNAs know from the supplies in the room such as denture cups or tooth brushes.</p> <p>3.1-38(a)(3)(C)</p>			

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F0329 SS=D	<p>483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS</p> <p>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 record review and interview, the facility failed to ensure a blood pressure medication was monitored for effectiveness and indication for use, for 1 of 10 residents reviewed for unnecessary medication use. (Resident # 128)</p> <p>Finding include:</p> <p>The record for Resident # 128 was reviewed on 8/22/12 at 4:17 p.m.</p>	F0329	<p>F 329: DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS</p> <p>It is the policy of Miller's Merry Manor that adequate monitoring will be in place for all medications ordered. All residents in the facility have the potential to be affected. Blood Pressure</p>	09/27/2012	

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	<p>Current diagnoses included, but were not limited to hypertension.</p> <p>Physician orders for August 2012 indicated an order for Altace 2.5 milligrams to be given daily and to hold the medication if the resident's systolic blood pressure was less than 90. The order indicated this medication was given for hypertension.</p> <p>The July and August 2012 Medication Administration Record (MAR) lacked any documentation of blood pressures prior to the administration of the Altace.</p> <p>During interview on 8/22/12 at 4:34 p.m., LPN # 10 indicated the blood pressures should be documented in the MAR. She indicated the blood pressures had not been completed and there should have been a line on the MAR for the blood pressure to be documented.</p> <p>3.1-48(a)(3)</p>		<p>monitoring has been added to resident #128's MAR and as a complete audit has been completed for all other medications ordered for all residents, to ensure adequate monitoring is in place. To ensure this does not recur, all nurses will be in-serviced on the Medication Administration Policy (attachment 6-A) on 9/21/12. The DON or designee will complete the Medication Review QA Tool (attachment 6-B) on all new medication orders weekly for 4 weeks then monthly thereafter, for ongoing compliance. Any new concerns will be corrected immediately, logged on the facility QA tracking Log and reviewed in the monthly QA Meeting, with any new</p>	

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			recommendations implemented. Corrective actions will be completed by 9-27-12.	

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F0412 SS=D	<p><b>483.55(b)</b> <b>ROUTINE/EMERGENCY DENTAL SERVICES IN NFS</b> The nursing facility must provide or obtain from an outside resource, in accordance with §483.75(h) of this part, routine (to the extent covered under the State plan); and emergency dental services to meet the needs of each resident; must, if necessary, assist the resident in making appointments; and by arranging for transportation to and from the dentist's office; and must promptly refer residents with lost or damaged dentures to a dentist.</p> <p>Based on record review, observation, and interview, the facility failed to ensure a dental appointment was made timely for 1 of 3 residents reviewed for dental services. (Resident # 122)</p> <p>Findings include:</p> <p>During an observation of Resident # 122 on 08/21/2012, at 12:24 p.m., the resident had multiple teeth on the bottom that were broken and blackened.</p> <p>During an interview with Resident # 122 on 08/21/2012, 3:35 p.m., she indicated she was unable to bite down very hard due to broken and painful teeth. She indicated she had had a tooth ache at times, about a month ago, and needed to get her teeth worked on. She indicated she</p>	F0412	F 412: ROUTINE/EMERGENCY DENTAL SERVICES IN NFS It is the policy of Miller's Merry Manor that the we will follow recommendations made by all medical providers, including dentists, and ensure that any new appointment referrals made by such will be scheduled and followed through with, as recommended by that medical provider. All residents in the facility have the potential to be affected by this practice. All residents's charts were reviewed to ensure that no other dental appointments failed to be scheduled and followed through with. Resident #122's dental appointment has been scheduled, as per the original dentist referral. All nurses will be in-serviced on prompt scheduling of appointments made by all medical providers, including dentists. This in-service will be conducted on 9/21/12. To monitor for on-going compliance,	09/27/2012	

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	<p>was supposed to have an appointment to get her teeth pulled and dentures. She indicated she had not been out to the dentist since admitted to the facility.</p> <p>A 6/22/12 dental exam note indicated the resident was to be referred to Dentist for extraction of retained roots.</p> <p>An 8/1/12 physician order indicated to schedule an appointment with a dentist for tooth pain and face swelling and to call the physician when the dental appointment was made. The order also indicated an order for an antibiotic for the tooth pain,</p> <p>Additional information was requested from the Assistant Director of Nursing on 8/23/12 at 4:30 p.m., regarding the dental appointment.</p> <p>Additional information was requested from the Social Service Director on 8/24/12 at 9:35 a.m., regarding the dental appointment.</p> <p>On 8/24/12 9:50 a.m., the Social Service Director indicated the resident requested to see a dentist in Elwood. She indicated the appointment was made for Sept 4, 2012 at 3:30 p.m.</p>		<p>the Social Service Director will review notes from all ancillary medical provider appointments for new recommendations/referrals and ensure that follow-up by nursing is promptly taking place. This will be documented on the QA tool entitled Dental Review (attachment 3-B) and will be completed weekly for 4 weeks and monthly thereafter. Any concerns will be corrected immediately, logged on the facility QA tracking Log and reviewed in the facility QA Meeting monthly, with any new recommendations implemented. Corrective actions will be completed by 9-27-12.</p>		

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	<p>The Social Service Director was queried if an earlier appointment could be obtained for the resident.</p> <p>During interview with the Assistant Director of Nursing on 8/24/12 at 10:20 a.m., she indicated they did call today and the dentist will work her in next Thursday.</p> <p>A nursing progress note dated 8/24/12 at 9:49 a.m., indicated an appointment was made for the dentist at 3:30 p.m., no date included.</p> <p>A nursing progress note dated 8/24/12 at 11:38 a.m., indicated the dentist appointment was moved up to August 30, 2012.</p> <p>3.1-24(a)(2)</p>				

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F0428 SS=D	<p>483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON</p> <p>The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.</p> <p>The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon.</p> <p>Based on record review and interview, the facility failed to ensure pharmacy reviews captured the need for blood pressure monitoring for medication administration for 1 of 10 residents reviewed for unnecessary medications. (Resident # 128)</p> <p>Findings include:</p> <p>The record for Resident # 128 was reviewed on 8/22/12 at 4:17 p.m.</p> <p>Current diagnoses included, but were not limited to hypertension.</p> <p>Physician orders for August 2012 indicated an order for Altace 2.5 milligrams to be given daily and to hold the medication if the resident's systolic blood pressure was less than 90. The order indicated this medication was given for hypertension.</p> <p>The July and August 2012 Medication</p>	F0428	<p>F428 DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON</p> <p>Resident #128 had no negative effects from lack of blood pressure monitoring. B/P monitoring was initiated per MD order for resident #128 on 8/22/12. All other residents' physicians orders were reviewed on 8/22/12 to ensure medication orders were followed as prescribed. Consultant Pharmacist was contacted and it was found the monthly Medication Regimen Reviews had been done and this was missed by the pharmacist. Unit Managers have been re-educated on reviewing all physician orders to ensure they are being followed as written. All nurses will be re-educated on including ordered parameters such as pulses or blood pressures on the Medication Administration Record when orders are obtained. To ensure continued compliance, all physicians' orders will be double-checked by a second nurse to determine if it was transcribed correctly to the</p>	09/27/2012			

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	<p>Administration Record (MAR) lacked any documentation of blood pressures prior to the administration of the Altace.</p> <p>During interview on 8/22/12 at 4:34 p.m., LPN # 10 indicated the blood pressures should be documented in the MAR. She indicated the blood pressures had not been completed and there should have been a line on the MAR for the blood pressure to be documented.</p> <p>Pharmacy reviews were completed monthly without any indication there was a lack of blood pressure monitoring for the administration of the Altace.</p> <p>Additional information was requested from Unit Manager # 7 on 8/24/12 at 9:45 a.m., regarding any pharmacy recommendations for Resident # 128.</p> <p>On 8/24/12 at 10:20 a.m., Unit Manager # 7 provided pharmacy reviews that indicated the pharmacist had reviewed the record but had not made recommendations regarding the need for blood pressures prior to administration of Altace.</p> <p>3.1-25(i)</p>		<p>administration record, with parameters, and it will be monitored through the QA tool entitled Medication Review (attachment 6-B). An electronic audit will be completed 9/21/12 to ensure all physician orders were inputted into the EMR properly to prompt staff to complete. Corrective actions will be completed by 9/27/12.</p>		

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F0431 SS=D	<p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS &amp; BIOLOGICALS</p> <p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>Based on observation, interviews, and record review, the facility failed to ensure a Schedule II controlled medication (narcotic) was maintained</p>	F0431	F431 DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS It is the policy of Miller's Merry Manor that all Schedule II controlled	09/27/2012			

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NAME OF PROVIDER OR SUPPLIER  MILLER'S MERRY MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 300 FAIRGROUNDS RD TIPTON, IN 46072		
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	<p>within a double locked compartment located in a medication cart for 1 resident whose narcotic medication was randomly observed. (Resident # 155)</p> <p>Findings include:</p> <p>On 8/23/12 at 10:56 a.m., a narcotic count was completed with RN #8 on the Orchard medication cart. As the count began and during an interview at this same time, RN #8 indicated Resident #155's narcotic medication card was in the treatment cart being used by the student nurses, who were passing medications. She also indicated Resident #155 was given 1 tablet of his Hydrocodone 5/500mg (milligrams) at 8:00 a.m. for pain. At this same time with the Student Nurse's Instructor and RN #8 present, the treatment cart being used by the student nurses was observed. Resident #155's narcotic medication, Hydrocodone, was observed inside the single locked treatment cart with other residents' medications being passed by the student nurses. During an interview at this same time, the Student Nurse's Instructor indicated the narcotic medication should have been doubled locked due to the safety issue.</p>		<p>medications are maintained within a double-locked compartment. All residents in the facility receiving Schedule II controlled medications have the potential to be affected by this practice. Resident #155's controlled medications were immediately placed back under a double lock. All medication storage locations in the facility have been inspected to ensure that no other Schedule II controlled medications were not being stored under a double lock. All nurses will be in-serviced on 9/21/12 on the policy entitled Storage Of Medications (attachment 9-A). To prevent recurrence of this deficient practice, the DON or designee will complete the QA audit tool entitled Medication Review (Attachment 6-B) weekly for 4 weeks and then monthly thereafter. New concerns will be corrected immediately, logged on the facility QA tracking log and reviewed in the monthly QA meeting. Corrective action will be completed by 9/27/12.</p>		

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	<p>The "Counting and Disposing of Schedule II Narcotics" policy was provided by the Assistant Director of Nursing on 8/23/12 at 3:25 p.m. This current policy indicated the following:</p> <p>"1. PURPOSE: To reconcile Schedule II narcotics. A. Medications listed in schedules II are stored under double lock, in a locked cabinet located in the medication room or in the medication cart in a locked compartment...."</p> <p>The "GERIATRIC DOSAGE HANDBOOK" 12th edition indicated Hydrocodone 5/500mg was an analgesic combination (narcotic) and a schedule II medication.</p> <p>3.1-25(n)</p>				

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F0465 SS=E	<p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. Based on observations and interviews, the facility failed to ensure a clean, sanitary and home like environment related to wheelchair storage (second floor TV lounge) in 1 of 2 TV lounges observed and for 1 of 3 shower rooms (South Terrace) observed and for 5 of 11 rooms (Room #s 43, 46, 38, 36, and 51) observed in 2 of 7 halls (Orchard and Meadows) observed. This deficient practice had the potential to affect 116 of 134 residents residing on the affected units.</p> <p>Findings include:</p> <p>1. On 8/21/2012 at 10:48 a.m., room 43 was observed. The bedside table for the door bed was observed with an uneven, chewed up-like edge around it. On 8/22/12 at 7:55 a.m., room 43's bathroom was observed. A small saucer sized orange stain was observed on the floor tile behind the toilet. A plastic red container with a dried white substance inside the container was observed on the back of the toilet.</p>			F0465	<p>F465 SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRONMENT It is the policy of Miller's Merry Manor to provide an environment that is safe, functional, sanitary and comfortable for its residents, employees and visitors. The following deficient practices have been, or are in the process of being, corrected:1. The bedside table in room 43 was removed from resident use and replaced with a newer one. The bathroom floor tiles will be taken up and replaced with new tiles by 9/27/12. The red container from this bathroom was removed and discarded with the permission of the resident.2. The bathroom floor tiles in room 36 will be taken up and replaced with new tiles by 9/27/12.3. The bathroom floor tiles in room 38 will be taken up and replaced with new tiles by 9/27/12. The stained toilet paper in this bathroom was discarded.4. The 2 stained bathroom floor tiles in room 51 will be replaced by 9/27/12.5. The bathroom floor tiles in room 46 were top-scrubbed and cleaned of all existing stains.6. Alternate storage arrangements are being made to no longer store</p>		09/27/2012

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	<p>2. On 8//21/2012 at 11:31 a.m., room 36 was observed. In the bathroom three of the three 12 inch floor tiles were observed with a dark substance between these floor tiles. Overall the floor in the bathroom was discolored and dull.</p> <p>3. On 8/21/2012 at 2:28 p.m., room 38 was observed. In the bathroom a rust like ring was observed 1/2 inch away from the caulking around the toilet. The floor was discolored and dull with a dark brown substance observed between 2 of the 12 inch floor tiles next to the right side of the toilet. A roll of toilet paper with scattered brown dried stains on top of it was observed and was located on the back of the toilet tank.</p> <p>4. On 8/21/2012 at 3:45 p.m., room 51 was observed. In the bathroom the 2 rows of 12 inch floor tiles in front of the toilet were discolored and dull.</p> <p>5. On 8/21/2012 at 4:05 p.m., room 46 was observed. In the bathroom the 12 inch floor tiles in front of the toilet were discolored and dull. The 12 inch floor tile next to the toilet by the entry door to the bathroom was observed with a saucer sized orange stained area extending into the</p>		<p>wheelchairs in the 2nd floor lounge.7. The shower curtain in the South Terrace shower room was replaced with a curtain that does not drag the floor.8. The toilet seat in room 36 was replaced with new.To monitor and prevent recurrence of these deficient practices, the QA Tool entitled General Observations Of The Facility Review (attachment 10-A) will be conducted twice per week for 4 weeks, with the Administrator and Maintenance Director each completed this audit once each per week, and then monthly thereafter by the Administrator. All new concerns will be corrected immediately, logged on the facility QA tracking log and reviewed in the monthly QA meeting. All corrective actions will be completed by 9/27/12.</p>				

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	<p>adjacent 12 inch floor tile. A second 2 1/2 inch orange colored stained strip was observed at the entry door to the bathroom.</p> <p>6. On 8/21/12 at 3:15 p.m., the second floor lounge was observed with over 15 wheelchairs stored in the TV lounge. Also, 3 residents were watching TV in this same TV lounge and were observed looking over the wheelchair tops.</p> <p>On 8/23/12 at 10:30 a.m., the second floor lounge was observed with 10 wheelchairs being stored in the TV lounge with 2 residents looking over the top of these wheelchairs.</p> <p>On 8/23/12 at 1:45 p.m. during the environmental tour with the Maintenance Supervisor, the TV lounge on the second floor was observed. At this same time, at least 10 wheelchairs were observed stored all together in this TV lounge with 4 residents watching TV. One of these residents was observed to be watching TV over one of these wheelchairs. At this same time during an interview, the Maintenance Supervisor indicated the wheelchairs were from the residents on the floor and were being stored in this TV lounge when not in use.</p>			

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	<p>On 8/24/12 at 8:55 a.m. during an interview, the Administrator indicated he had no area to store the wheelchairs upstairs, so they were stored in the tv lounge. He also indicated the wheelchair storage did look unsightly.</p> <p>7. On 8/23/12 at 1:45 p.m. during the environmental tour with the Maintenance Supervisor, the following was observed:</p> <p>In the South Terrace hall's shower room, the shower curtain was observed dragging on the shower room floor. A bed wedge (to keep heels off of the bed) and 2 wheelchair leg rests were observed on the floor with both presently picked up by the Maintenance Supervisor.</p> <p>In the Orchard hall in room 36, the toilet seat was observed with several deep, rough scratches on both sides of the toilet seat.</p> <p>At this same time during an interview, the Maintenance Supervisor indicated he was unaware of any future plans to redo the bathroom floors. Also, at this same time during an interview, the Maintenance Assistant, who was indicated as being in charge of</p>			

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	<p>cleaning the floors by the Maintenance Supervisor, indicated he could clean the dull and discolored floors but would be unable to get the orange stains on the floors removed.</p> <p>3.1-19(f)</p>			