

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155039		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  06/25/2012	
NAME OF PROVIDER OR SUPPLIER  MILLER'S MERRY MANOR				STREET ADDRESS, CITY, STATE, ZIP CODE 317 BLAIR PIKE PERU, IN 46970			
(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	<p>This visit was for the Investigation of Complaints IN00109497, IN00110223 and IN00110432.</p> <p>Complaint IN00109497-Unsubstantiated, due to lack of evidence. Complaint IN00110223-Substantiated, Federal/State Deficiency related to the allegation is cited at F-425. Complaint IN00110432-Substantiated, Federal/State Deficiency related to the allegation is cited at F-425.</p> <p>Survey Dates: June 21, 22, &amp; 25, 2012</p> <p>Facility number: 000014 Provider number: 155039 AIM number: 100288670</p> <p>Survey team: Angela Strass, RN Sue Brooker, RD</p> <p>Census bed type: SNF: 11 SNF/NF: 57 Total: 68</p> <p>Census payor type: Medicare: 10 Medicaid: 41 Other: 17</p>	F0000	Please accept this as our credible allegation of compliance. We respectfully request consideration for paper compliance related to the following plan of correction.				

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>Total: 68</p> <p>Sample: 6</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review 6/27/12 by Suzanne Williams, RN</p>				

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F0425 SS=D	<p>483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH</p> <p>The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>Based on record review and interview, the facility failed to ensure a medication ordered by the physician was not given due to the resident having the medication listed as an allergy for 1 (Resident A) of 3 resident records reviewed from a sample of 6.</p> <p>Finding includes:</p> <p>Review of the clinical record for Resident (A) on 6/21/12 at 2:00 p.m. indicated the resident was admitted to the facility on 5/5/12 with a diagnosis of Alzheimer Dementia. On 6/17/12 at approximately</p>	F0425	<p>It is the intent of this facility to ensure that pharmaceutical services (including procedures that assure the accurate acquiring, receiving and dispensing of all drugs and biologicals) are provided to meet the needs of each resident. It has been determined that Resident A does not have an allergy to Ativan and the physician has removed this allergy from his medical record. the resident suffered no negative consequences as a result of this finding. All residents with known allergic reactions to medications have the potential to be affected by this deficient practice. Allergies are noted on</p>	07/06/2012			

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	<p>5:00 a.m. the resident became combative and was hitting at staff. Staff gave the resident space and allowed him to ambulate in the hallway. The resident was going into other resident rooms and swinging at staff and another resident who had come out of her room. The staff were unable to redirect the resident and were concerned other residents were getting up for the morning and ambulating in the hallway. Nurse #7 phoned the physician at approximately 5:30 a.m. and received an order for Ativan (anti-anxiety medication) 1 milligram intramuscularly every two hours as needed.</p> <p>Interview with Resident (A's) wife on 6/22/12 at 11:35 a.m. indicated she had listed Ativan as an allergy because he had had a "reverse reaction" to Ativan about a year ago but indicated the resident was on other medication and maybe it was not an allergy. Further discussion with the Resident (A's) wife indicated it worked this time because it calmed the resident down.</p> <p>Review of the clinical record for Resident (A) indicated the resident had "Ativan" listed as an allergy. Interview with nurse #7 on 6/22/12 at 11:45 a.m. indicated he did not check the chart for allergies prior to giving the ativan.</p>		<p>the MAR for each resident as well as a red allergy sticker on the resident's chart. All nursing staff will be inserviced on the following procedures: 1. Physician Order Transcription Procedure (Exhibit #1) 2. Medication Administration Procedure (Exhibit #2)Both inservices indicate the need to check for allergies. Nurse #7 has been conseled regarding his failure to check the chart for allergies prior to giving the medication. (Exhibit #3)All nursing staff are being inserviced on Physician Order Transcription Procedure and medication Administration Procedure to ensure that they understand the need to check for allergies prior to giving resident medications. (Exhibit #4)Allergies will be verified and documented upon admission - on the MAR and with a red Allergy sticker placed on the chart.. This will be monitored through review of all new admissions using Admission QA Audit (Exhibit #5) for the next 30 days and quarterly thereafter. The 24 Hour Condition Report QA Tool (Exhibit #6) will also be used to monitor new orders for appropriate check of allergies weekly x4 and quarterly thereafter.Any discrepancies will be corrected and finding submitted to the QA committee for review monthly.Nursing responsibleQA committee will monitorCompletion Date - 7/6/12</p>		

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	<p>On 6/25/12 at 2:00 p.m., review of the facility policy for Medication Administration, dated 3/23/11, indicated to check the resident's allergy.</p> <p>This Federal tag relates to Complaints IN00110223 and IN00110432.</p> <p>3.1-25(a)</p>				