

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155102	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/02/2013
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NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 635 OAKHILL AVE PLYMOUTH, IN 46563
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F000000	<p>This visit was for the Investigation of Complaint IN00136454.</p> <p>Complaint IN00136454-Substantiated.</p> <p>Federal/state deficiencies related to the allegations are cited at F282 and F309.</p> <p>Survey date: December 2, 2013</p> <p>Facility number: 000041 Provider number: 155102 AIM number: 100275400</p> <p>Survey team: Christine Fodrea, RN TC</p> <p>Census bed type: SNF: 8 SNF/NF: 78 Residential: 1 Total: 87</p> <p>Census payor type: Medicare: 12 Medicaid: 65 Other: 10</p>	F000000	Miller's Merry Manor submits this as our credible plan of correction. We are also requesting paper compliance for the two deficient practices.	

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: 87</p> <p>Sample: 3</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on December 3, 2013 by Randy Fry RN.</p>			

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F000282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on observation, interview and record review the facility failed to ensure pain medication effectiveness was monitored as outlined on the care plan for 2 of 3 residents reviewed receiving pain medication. (Resident #O, and Resident #P) The facility further failed to implement fall prevention interventions as outlined in the care plan for one of three residents reviewed for fall prevention interventions (Resident #O) in a sample of 3.</p> <p>Findings include:</p> <p>1. Resident #O's record was reviewed 12-2-2013 at 2:16 PM. Resident #O's diagnoses included, but were not limited to, depression, diabetes, and heart disease.</p> <p>Resident #O's current care plan titled Pain with an initiated date of 9-8-2009 included interventions of Assess pain using the 0-10 scale; monitor the effectiveness of pain medications; Notify MD (physician) as needed;</p>	F000282	<p>F282 Services by Qualified Person/Per Care Plan: It is the policy of Miller's Merry Manor, Plymouth that services provided or arranged by the facility are provided by qualified persons in accordance with each resident's written plan of care. Resident O: No adverse effects occurred related to the deficiency cited. Care plan was reviewed. Resident P: No adverse effects occurred related to the deficiency cited. Care plan was reviewed. Resident P: No adverse effects occurred related to the deficiency cited. Care plan reviewed and updated. All residents have the potential to be affected by this deficient practice. The facility will review all resident's Fall prevention care plans to ensure interventions are current and in place. Resident's with risk for pain have also had their care plans reviewed. Licensed nurses re-educated on the proper documentation and follow up for pain medication administration on 12/20/2013. The MDS coordinator will alert the nursing unit managers when a resident triggers for pain on the MDS. The unit manager will then reassess the resident's regimen for pain</p>	01/01/2014			

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	<p>Acknowledge presence of pain and discomfort; Listen to resident's concerns; and Reposition as needed for comfort.</p> <p>A physician's order dated 3-5-2012 indicated to give Resident #O 50 milligrams (mg) of Tramadol (a pain medication) twice daily for back pain.</p> <p>A review of Resident #O's Nurse's Progress Notes for the period of 10-1 through 10-14-2013 did not indicate Resident #O was in any pain.</p> <p>A review of Resident #O's weekly nursing assessments for 10-2, 10-9, and 10-16 did not indicate Resident #O was in any pain.</p> <p>A review of Resident #O's PRN Pain Management Flow Sheet did not indicate any effectiveness of medication had been monitored for the month of October.</p> <p>A review of Resident #O's Minimum Data Set (MDS) dated 10-11-2013 indicated Resident #O had occasional pain that was a 6 on a scale of 1-10 (with 10 being the worst pain).</p> <p>In an interview on 12-2-2013 at 4:08 PM, the Director of Nursing (DON) indicated the MDS interviewer should</p>		<p>control. The physician will be updated as needed if a change is needed. To ensure this does not reoccur the DON/Designee will complete the QA tool "Pain Management Review" (Attachment A) on 25% of the resident population monthly x4 and then quarterly thereafter ongoing. Any identified issues will be addressed immediately and logged on the "QA Problem Summary Log" (Attachment B). To ensure facility reviews care plans for falls and puts interventions in place, the DON/Designee will complete the QA tool "Fall Risk Management Review" (Attachment D). Fall Risk Management Review (attachment D) will be done monthly to ensure interventions continue to be in place. The DON/Designee will also complete the QA tool "Care Plan Review" (Attachment C) on 25% of the resident population monthly x4 and then quarterly thereafter ongoing. Any identified issues will be addressed immediately and logged on the "QA Problem Summary Log" (Attachment B). This will be followed and reviewed through the monthly facility Quality Assurance Improvement meeting. Date of Compliance January 1, 2014.</p>		

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	<p>have reported Resident #O's statement of pain so the effectiveness of Resident #O's pain medication could have been assessed and documented as outlined in the care plan.</p> <p>2. Resident #P's record was reviewed 12-2-2013 at 3:10 PM. Resident #P's diagnoses included, but were not limited to, diabetes, dementia, and anemia.</p> <p>Resident #P's current care plan titled Pain with an initiated date of 9-23-2013 included the interventions of: Administer pain medication as per MD (physician) orders and note the effectiveness; Give PRN (as necessary) medications for breakthrough (pain) as per MD orders and note the effectiveness; Reposition as needed for comfort.</p> <p>Resident #P's Medication Administration Record (MAR) dated November 2013 indicated Resident #P received Norco (a pain reliever) on 11-19, 11-22, 11-26, 11-27, and 11-30. There was no indication of effectiveness on the medication noted on the record.</p> <p>A review of Resident #P's Nursing</p>			

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	<p>progress notes on 11-19, 11-22, 11-26, 11-27, and 11-30 did not indicate the effectiveness of the pain medication given.</p> <p>A review of Resident #P's PRN pain management Flow Sheet indicated pain medication was effective on 11-19, and 11-30.</p> <p>A review of Resident #P's daily Medicare assessment indicated pain medication effectiveness was addressed only on 11-22.</p> <p>There was no documentation of pain medication effectiveness on 11-26 and 11-27.</p> <p>In an interview on 12-2-2013 at 3:30 PM, the Director of Nursing indicated the effectiveness of pain medication should have been assessed and documented as outlined on the care plan.</p> <p>3. Resident #O's current care plan titled Fall Risk with an initiated date of 5-3-2009 included the intervention of replace worn gripper tape in the bathroom.</p> <p>In an observation on 12-2-2013 at 11:21 AM, the bathroom did not have any gripper tape on the floor.</p>						

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	<p>A review of Resident #O's occurrence report dated 11-13-2013 indicated staff were assisting Resident #O with toileting when Resident #O's knees gave out and fell. According to the report, there was no injury. The intervention initiated by the facility was to use the Hoyer lift for transfers, and to have therapy evaluate.</p> <p>In an interview on 12-2-2013 at 4:08 PM, the Director of Nursing indicated the gripper tape should have been on the floor as the care plan indicated, but because Resident #O always wore non skid footwear and was assisted by staff, the gripper tape was now unnecessary.</p> <p>This Federal tag relates to Complaint IN00136454.</p> <p>3.1-35(g)(2)</p>				

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F000309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on interview and record review the facility failed to monitor the effectiveness of pain medication for 2 of 3 residents reviewed receiving pain medication in a sample of 3. (Resident #O and Resident #P)</p> <p>Findings include:</p> <p>. Resident #O's record was reviewed 12-2-2013 at 2:16 PM. Resident #O's diagnoses included, but were not limited to, depression, diabetes, and heart disease.</p> <p>Resident #O's current care plan titled Pain with an initiated date of 9-8-2009 included interventions of Assess pain using the 0-10 scale; monitor the effectiveness of pain medications; Notify MD (physician) as needed; Acknowledge presence of pain and discomfort; Listen to resident's concerns; and Reposition as needed for comfort.</p>	F000309	F309 Provide Care/Services for highest Well Being: It is the policy of Miller's Merry Manor, Plymouth to provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. Resident O: Suffered no adverse effects related to the cited deficiency. Resident has been reassessed for pain. Care plan has been reviewed. Resident P: Resident suffered no adverse effects related to the cited deficiency. Care plan has been reviewed. All residents have the potential to be affected by this deficient practice. No negative outcomes have been identified. All resident MDS have been reviewed to ensure that pain has been appropriately addressed. The facility will re-educate all licensed staff on proper documentation and follow up for residents receiving pain medication on 12/20/13. To ensure this does not reoccur the DON/Designee will complete the QA tool "Pain Management	01/01/2014	

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	<p>documented.</p> <p>2. Resident #P's record was reviewed 12-2-2013 at 3:10 PM. Resident #P's diagnoses included, but were not limited to, diabetes, dementia, and anemia.</p> <p>Resident #P's current care plan titled Pain with an initiated date of 9-23-2013 included the interventions of: Administer pain medication as per MD (physician) orders and note the effectiveness; Give PRN (as necessary) medications for breakthrough (pain) as per MD orders and note the effectiveness; Reposition as needed for comfort.</p> <p>Resident #P's Medication Administration Record (MAR) dated November 2013 indicated Resident #P received Norco (a pain reliever) on 11-19, 11-22, 11-26, 11-27, and 11-30. There was no indication of effectiveness on the medication noted on the record.</p> <p>A review of Resident #P's Nursing progress notes on 11-19, 11-22, 11-26, 11-27, and 11-30 did not indicate the effectiveness of the pain medication given.</p>				

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