STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155059	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 07/26/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLER'S MERRY MANOR	1500 GRANT ST HUNTINGTON, IN 46750

(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 a Recertification and State Licensure Survey. Survey dates: July 23, 24, 25 & 26, 2012 Facility number: 000020 Provider number: 155059 AIM number: 100288690 Survey Team: Virginia Terveer, RN-TC Linn Mackey, RN Shelley Reed, RN Julie Call, RN Census bed type: SNF: 9 SNF/NF: 51 Total: 60 Census payor type: Medicare: 4 Medicaid: 45 Other: 11 Total: 60 These deficiencies reflect state findings cited in accordance with 410 IAC 16.2. Quality review completed 7/30/12 Cathy Emswiller RN	F0000	Please accept the following Plan of Correction as our Credible Allegation of Compliance .We respectfully request your consideration for paper compliance for the deficiencies cited .Attachments A through E have been uploaded for submission with this POC.	

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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F0258 SS=B	483.15(h)(7) MAINTENANCE OF COMFORTABLE SOUND LEVELS The facility must provide for the maintenance of comfortable sound levels. Based on observation and interview the facility failed to ensure comfortable sound levels in resident's room and bathroom for 6 of 32 rooms observed during stage 1 of the survey (Rooms 51, 52, 54, 56, 58, 60). Findings include: During an observation of the Resident's bathrooms in Center Hall from 7/23/12 through 7/25/12, the light/exhaust fan was found to be loud when the light was turned on. The sound of the fan could be heard when bathroom door was closed. Room 58 During an observation of the resident's room on 7/23/12 at 11:45 a.m., the bathroom had a loud bathroom fan. Room 56 During an observation of the resident's room on 7/23/12 at 12:40 p.m., the bathroom had a very noisy bathroom fan when the light was turned on. Room 51	F0258	It is the policy of Miller's Merry Manor ,Huntington that the facility will provide maintenance services necessary to ensure comfortable sound levels. New light/exhaust fans are being installed in rooms 51,52,54,56,58,and 60. Installation of these six rooms will be completed by 8/24/12. Residents affected by this deficient practice did not incur any injury because of the deficient practice and remain in the facility at this time . All residents have the potential to be effected by this deficient practice. All staff will be in-serviced on 8/10/12 on the process for communicating environmental issues to ensure prompt repair by maintenance staff. The maintenance department will complete preventative maintenance checks as part of our on-line TELS system to ensure that environmental issues are identified and addressed. Attachment (E) This corrective action and continued compliance will be monitored by Administrator or Designee using Q/A tool Attachment (A). this tool will be completed daily for seven days ,weekly for 4 weeks and then monthly thereafter. Any concerns noted on audit will be addressed immediately .tools will be	08/24/2012

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	During an observation of the resident's room on 7/23/12 at 3:20 p.m., the bathroom had a very loud and noisy bathroom fan and it was difficult to hear anything outside of the bathroom, even with door open. Room 54 During an observation of the resident's room on 7/23/12 at 4:00 p.m., the bathroom had a loud bathroom fan. Room 52 During an observation of the resident's room on 7/24/12 at 11:30 a.m., the bathroom had a loud bathroom fan. Room 60 on 7/25/12 at 4:25 p.m. during medication pass, the bathroom had a loud bathroom fan when the light was turned on for handwashing. An interview with Resident #52 on 7/24/12 at 11:20 a.m., indicated the bathroom fan was very loud and indicated the facility had tried to work on the bathroom fan, but it was still loud. An interview with the Maintenance Supervisor during the Environmental Tour on 7/26/12 at 11:00 a.m., indicated the bathroom fans in Center		reviewed in monthly Q/A meeting. Completed date 8/24/12	

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	Hall were old and would need to be replaced with new ones 3.1-19(f)			

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F0282 SS=A	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. Based on observation and record review, the facility failed to follow physician's order for providing a medication within the ordered time frame for 1 of 1 residents in a sample of 11 residents observed during medication administration (Resident #33). Findings include: During medication administration on 7/25/12 at 7:21 a.m., LPN #5 administered oral Amlodipine (a medication used to treat hypertension) to Resident #33 and she also administered oral Risperidone (a medication used to treat mood behaviors) to Resident #33 at 7:24 a.m. During medication reconciliation on 7/25/12 at 8:48 a.m., the Medication Administration Record (MAR) indicated both Amlodipine and Risperidone were to be given at 9:00 a.m. Review of a current facility policy	F0282	It is the policy of Miller's Merry Manor Huntington that services will be provided to residents by qualified persons in accordance with each resident's written plan of care. Resident #33 had no adverse effects related to this deficiency. An order has been written to change the administration times of medications to ensure all medications administered together will be administered at the correct time. All residents have the potential to be affected by this deficient practice. All medication administration times will be reviewed by the DON or other designee by 8/24/2012. All physician orders are to be followed as stated per facility policy. All facility nurses will be in-serviced on the policy for following and transcribing physician orders by 8/24/2012. Charge nurses will be instructed that a written physician order will be required to change administration time of medications. All physician orders for each resident are reviewed/audited at a minimum of monthly to ensure the delivery of care as specifically ordered by the physician. This corrective action	08/24/2012

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	dated 3/23/11 titled "Medication Administration Procedure" which was provided by the Director of Nursing on 7/26/12 at 3:45 p.m., indicated the following: "Ensure that the resident received the med at the correct time- 60 min before or after scheduled time". 3.1-35(g)(2)		will be monitored utilizing the QA tool “Medication Error Review”. The DON/Designee will utilize this tool during observation of random medication passes. This tool will be completed on a weekly basis for 4 weeks, monthly for 4 months, then quarterly thereafter by the DON or other designee. Any issues noted will be addressed immediately. All results of tools will be reviewed and discussed in the monthly facility Quality Assurance meeting. Any identified issues will be documented on a QA tracking log and discussed during Quality Assurance meeting to ensure ongoing compliance. Completion date 8/24/2012	

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F0465 SS=D	483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFOR TABLE ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. Based on observation, interview and record review, the facility failed to ensure resident rooms were free of urine odor for 2 of 32 rooms observed (Room 72-2 and 82-1). The facility failed to ensure resident rooms were free of dead bugs, cobwebs and dust in 2 of 32 rooms observed (Rooms 72 and 75). The facility failed to ensure the caulking in resident's rooms were free from cracks and discoloration for 3 of 32 rooms observed (Rooms 37, 66, 75). The facility failed to ensure the walls and baseboards were in good repair for 5 of 32 rooms (Rooms 59, 66, 72, 73, 75, 93). The facility failed to ensure smooth non-sharp edges of baseboard heater and smooth handrails in west hall of the common areas observed. Findings include: Room 59 During an observation of resident's room on 7/23/12 at 11:21 a.m., the bathroom had cracked baseboard with pieces of baseboard missing, and the tiles around toilet were discolored.	F0465	It is the policy of Miller's Merry Manor ,Huntington that the facility will provide a safe ,functional, sanitary and comfortable environment for residents ,staff and the public. Room 82 and 72 were cleaned/disinfected and are free of urine odor. Room 72 toilet has been repaired to ensure proper flushing. Call light in Room 93 is functional and in good repair. Rooms 72 and 75 have been cleaned ensuring that the rooms are free of bugs ,cobwebs and dust. Rooms 37 and 75 has been caulked and are free of cracks and discoloration .Room 37 call light is functional and in good repair. Bathroom Walls, door frames and base board have been repaired in rooms 59,72,73,75 and 93 .Holes in wall in rooms 73,75 have been repaired. Room 66, nails were removed from wall immediately . Room 66 all walls will be repaired and painted .Repairs will be made to door , window sill and caulking replaced. Room 66 remodel will be completed 8/24/12. Handrail outside administrator's office has been repaired . Metal end of baseboard heater located outside furnace room has been replaced. Residents affected by	08/24/2012

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	Room 82 During an observation of the resident's room on 7/23/12 at 11:51 a.m., the bathroom had a strong odor. Room 93-2 During an observation of the resident's room on 7/23/12 at 12:29 p.m., the call button had wire exposed. Room 66-2 During an observation of the resident's room on 7/23/12 at 12:32 p.m., there was an exposed nail on the wall above the bed, about 1 1/4" out from the wall with exposed plaster. The wall also had pealed paint behind the recliner and the room's exterior door was scratched. Room 37 During an observation of the resident's room on 7/23/12 at 4:28 p.m., the bathroom caulking was cracked around sink and a piece of gray duct tape was on the call light switch. The call light did function. Room 66-1 During an observation of the resident's room on 7/24/12 at 8:48 a.m., the room had cracks around window sill, and dirty caulk around the		this deficient practice did not incur any injury because of the deficient practice and remain in the facility at this time . All residents have the potential to be effected by this deficient practice. All staff will be in-serviced on 8/10/12 on the process for communicating environmental issues to ensure prompt repair/cleaning by maintenance/housekeeping staff. The maintenance department will complete preventative maintenance checks as part of our on-line TELS system to ensure that environmental issues are identified and addressed. Attachment (E) Housekeeping staff in-serviced 8/10/12 on Housekeeping Policy and Procedures. Attachment (B) The housekeeping Supervisor or Designee will complete Q/A tool , Housekeeping Services Review ,Attachment (C) daily for 7 days ,weekly for 4 weeks and then monthly. This corrective action and continued compliance will be monitored by Administrator or Designee using Q/A tool Attachment (A) This tool will be completed daily for seven days ,weekly for 4 weeks and then monthly thereafter. Any concerns noted on audit will be addressed immediately, tools will be reviewed in monthly Q/A meeting.	

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	air conditioner unit. Room 72 During an observation of the resident's room on 7/24/12 at 9:10 a.m.., the room had dust and dead gnat type bugs on window ledge. The bathroom's door frame and wall were scuffed. The bathroom had a urine odor. The toilet did not flush well and the water went down slowly. Room 73 During an observation of the resident's room on 07/24/12 at 9:48 a.m., the bathroom had several un-repaired small holes, 1/4" in size, on wall and the wall was scuffed near the vinyl baseboard. Room 75 During an observation of the resident's room on 7/24/12 at 10:08 a.m., on the left side of bed-1, there were 4 holes in the wall, and cobwebs with small dead spiders were in the corner behind the the bathroom door. The bathroom had a scuffed bathroom door, holes in the ceramic tile in the bathroom and two areas on the tile that were repaired with grout but the grout did not cover the areas completely. The grout was stained yellow around the sink and the repaired area.			

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	Observations during initial tour on 7/23/12 at 9:40 a.m. and during the environmental tour 7/26/12 at 10:10 a.m., the wood handrails were rough with gouged wood outside the Administrator's office. An Observation in the West Hall near the main dining room, beneath the bulletin board where the Resident's Rights and information was posted, was made of a white, painted metal baseboard heater/radiator which had the outer edges dented, bent and protruding out causing a sharp edge. An interview with the Maintenance Supervisor during the environmental tour indicated he was unaware of the above problems and made a list of needed repairs to be done. The Maintenance Supervisor indicated housekeeping would also be informed of the problems. An interview with the DON on 7/26/12 at 2:45 p.m., indicated the facility does not have a Housekeeping policy. They have a procedure for "Cleaning Resident's Rooms". Record review of "Cleaning Resident's Rooms" on 7/26/12 at 2:50 p.m. indicated, Housekeeping is to			

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	"Pull bed and other furniture out away from walls to vacuum behind them...Vacuum entire floor areas.. Spot clean walls.... Record Review of Quality Assessment/Improvement Program for Housekeeping Services Review, Indicated the housekeeping services were to make sure "Bathrooms are cleaned...No objectionable odors present...Window sills are free of dust...Floor base boards are clean.... 3.1-19(f)			

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F9999	Based on interview and record review, the facility failed to hold or attempt to hold a fire and disaster drill in conjunction with the local fire department during the past 12 months with the potential to affect 60 of 60 residents who resided in the facility. Findings include: The Maintenance Manager (E#10) was interviewed on 7-26-2012 at 2:25 P.M. and indicated for the past 2 years since he had been here, none of the fire drills in the past 12 months had been held in conjunction with the fire department. The Maintenance Manager indicated he had no knowledge of this requirement. The record review of the the Fire and Evacuation Drill/Event forms for the past 12 months indicated the facility did not contact the fire department to hold a fire drill in conjunction with the fire department for at least one of the fire drills. 3.1-51(d)	F9999	It is the policy of Miller's Merry Manor ,Huntington that the facility will attempt to hold a fire Drill in conjunction with local fire department annually. Maintenance Supervisor was instructed to conduct a fire drill with local fire department annually . A Fire Drill was conducted on 7/31/12 with local fire Department Fire Chief ,Tim Albertson. Residents affected by this deficient practice did not incur any injury because of the deficient practice and remain in the facility at this time . All residents have the potential to be effected by this deficient practice. . This corrective action and continued compliance will be monitored by Administrator or Designee using Q/A tool Attachment (A) This tool will be completed monthly, for three months and then quarterly thereafter. Any concerns noted on audit will be addressed immediately, tools will be reviewed in monthly Q/A meeting.	08/24/2012

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