

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/15/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155102	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/24/2023
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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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F 000	<p>INITIAL COMMENTS</p> <p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: February 20, 21, 22, 23, & 24, 2023</p> <p>Facility number: 000041 Provider number: 155073 AIM number: 100275400</p> <p>Census Bed Type: SNF/NF: 50 SNF: 3 Total: 53</p> <p>Census Payor Type: Medicare: 7 Medicaid: 34 Other: 12 Total: 53</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed 2/28/23.</p>	F 000		
F 656 SS=D	<p>Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3)</p> <p>§483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive</p>	F 656		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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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F 656	Continued From page 1 assessment. The comprehensive care plan must describe the following - (i) 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 §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv) In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview, the facility failed to develop a	F 656			

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F 656	<p>Continued From page 2</p> <p>person-centered care plan for 1 of 22 residents whose care plans were reviewed. (Resident 17)</p> <p>Finding includes:</p> <p>During an observation, on 2/21/2023 at 9:53 A.M., Resident 17's left right was very edematous, and scratches were noted. Resident 17 indicated his leg itched sometimes and he scratched it earlier that morning.</p> <p>A clinical record review, done on 2/23/2023 at 9:58 A.M., Resident 17's Admission MDS (Minimum Data Set) Assessment, dated 2/10/2023, indicated, a BIMS (Brief Interview of Mental Status) was 15, which indicated no impairment. His active diagnoses included, but were not limited to, diabetes mellitus. He required extensive assist of 2 staff for bed mobility, transfers, and toileting, and extensive assist of 1 staff for dressing. He had a surgical wound with wound care due to a knee replacement. No pressure ulcers or other skin conditions were noted.</p> <p>Other diagnoses included, but were not limited to, unspecified edema.</p> <p>Physician orders for Resident 17 included, but were not limited to, on 2/3/2023 bumetanide 1 mg (milligram), a diuretic; on 2/3/2023 hydrochlorothiazide 25 mg, a diuretic; and on 2/6/2023 a moisture barrier cream to his buttocks and perineal area.</p> <p>A care plan problem, dated 2/14/2023, indicated, but was not limited to, edema to his lower extremities. Interventions included, but were not limited to, administer medication as ordered;</p>	F 656			

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F 656	Continued From page 3 assist to elevate legs; and observe edema and notify physician as needed. A care plan for the scratches to his right leg was not found. During an interview, on 2/23/2023 at 2:08 P.M., LPN 8 indicated there was no care plan for the scratches but there should have been. A policy titled, "Care Plan Development and Review" and dated, 1/24/202, was provided by the Director of Nursing on, 2/23/2023 at 4:19 P.M. The policy indicated, but was not limited to, " ...Show evidence that treatment or services provided are to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being"	F 656			
F 657 SS=D	3.1-35(d)(1)(2)(A) Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident	F 657			

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F 657	<p>Continued From page 4</p> <p>and their resident representative is determined not practicable for the development of the resident's care plan.</p> <p>(F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.</p> <p>(iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, observation and record review, the facility failed to revise a care plan for the use of an antidepressant medication in 1 of 22 residents whose care plans were reviewed. (Resident 31)\</p> <p>Finding includes:</p> <p>A clinical record review was completed on, 2/23/2023 at 9:51 A.M. Resident 31's diagnoses included, but were not limited to: dementia, malnutrition, insomnia, dysphagia, and benign prostate.</p> <p>A Quarterly MDS, dated 1/4/2023, indicated the resident required extensive assist of 2 staff for bed mobility, toilet use, 1 staff for dressing and eating and total assist for transfers. Received antianxiety and antidepressant medications and was receiving Hospice services.</p> <p>A current care plan, dated 12/23/2022, indicated the resident had sleeplessness/insomnia and had a routine medication prescribed for sleep (trazadone).</p> <p>Resident 31's current medication orders indicated</p>	F 657			

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F 657	Continued From page 5 the previous order for trazadone was discontinued on 2/7/2023. A NP (Nurse Practitioner) Note, dated 2/7/2023, indicated she did a GDR(gradual dose reduction) for the residents' trazadone. Medication is to be stopped. During an interview, on 2/23/2023 at 10:50 A.M., the Director of Nursing indicated the care plan was not updated and should have been. On 2/23/2023 at 4:19 P.M., the Director of Nursing provided the policy titled, "Care Plan Development and Review", dated 1/24/2020, and indicated the policy was the one currently used by the facility. The policy indicated"... 3. Care Plan Revision: A. Care plans will be revised daily and PRN as changes in the resident's condition dictate. Changes include but are not limited to changes in Physician orders...."	F 657			
F 684 SS=D	3.1-35(d)(2)(b) Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by:	F 684			

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F 684	<p>Continued From page 6</p> <p>Based on observation, interview, and clinical record review, the facility failed to ensure that 1 out of 22 residents reviewed received treatment and care in accordance with professional standards of practice and the comprehensive care plan. (Resident 17)</p> <p>Finding includes:</p> <p>During an observation, on 2/21/2023 at 9:53 A.M., Resident 17's right leg was very edematous, and scratches were noted. Resident 17 indicated his leg itched sometimes and he scratched it earlier that morning.</p> <p>During a clinical record review, done on 2/23/2023 at 9:58 A.M., Resident 17's Admission MDS (Minimum Data Set) Assessment, dated 2/10/2023, indicated, but was not limited to, a BIMS (Brief Interview of Mental Status) was 15, which indicated no impairment. His active diagnoses included, but were not limited to, diabetes mellitus. He required extensive assist of 2 staff for bed mobility, transfers, and toileting, and extensive assist of 1 staff for dressing. He had a surgical wound with wound care due to a knee replacement. No pressure ulcers or other skin conditions were noted. Other diagnoses included, but were not limited to, unspecified edema.</p> <p>Physician orders for Resident 17 included, but were not limited to, on 2/3/2023 bumetanide 1 mg (milligram), a diuretic; on 2/3/2023 hydrochlorothiazide 25 mg, a diuretic; and on 2/6/2023 a moisture barrier cream to his buttocks and perineal area. No orders were found for scratches on his right leg.</p>	F 684			

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F 684	<p>Continued From page 7</p> <p>A care plan problem, dated 2/14/2023, for Resident 17 indicated, but was not limited to, edema to his lower extremities. Interventions included, but were not limited to, administer medication as ordered; assist to elevate legs; and observe edema and notify physician as needed.</p> <p>Another care plan problem, dated 2/3/2023, for Resident 17 indicated, but was not limited to, skin risk for breakdown. Interventions included but were not limited to, monitor skin daily during care and notify physician and family of any change in skin integrity.</p> <p>Daily nursing assessments for Resident 17, dated 2/21/2023, 2/22/2023, and 2/23/2023, indicated but were not limited to, skin checks with no new skin issues.</p> <p>During an interview on, 2/23/2023 at 2:08 P.M., LPN 8 indicated she was not aware of any skin issues on resident 17's legs. She also indicated that night shift does daily assessments and that a skin assessment would include a head to toe check of resident's skin.</p> <p>An observation of Resident 17's legs with LPN 8 on, 2/23/2023 at 3:25 P.M., indicated his legs were red with several scratches.</p> <p>A policy titled "Charting Procedure" and dated, 4/15/2014, provided by the Director of Nursing on, 2/24/2023 at 10:30 A.M., indicated, but was not limited to, " ...Any new physical or emotional symptom or complaint will be documented in the EMR (electronic medical record). Use of the SBAR (Situation, Background, Assessment, and Request) will be used to communicate changes to the physician/nurse practitioner...."</p>	F 684			

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F 684	Continued From page 8 3.1-37(a)	F 684			