

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155617	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/17/2015
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NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 524 ANDERSON RD CHESTERFIELD, IN 46017
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F 0000 Bldg. 00	<p>This survey was for a Recertification and State Licensure Survey.</p> <p>Survey dates: August 11, 12, 13, 14, 17, 2015</p> <p>Facility number: 000524 Provider number: 155617 AIM number: 100267090</p> <p>Census bed type: SNF: 2 SNF/NF: 49 Total: 51</p> <p>Census payor type: Medicare: 8 Medicaid: 36 Other: 7 Total: 51</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000	<p>Ms. Deb Barth, Please accept the following Plan Of Correction as credible allegation of compliance to the deficiences cited at our facility during an annual survey conducted on August 17th, 2015. If you have any questions or need further information, please do not hesitate to contact me here at the facility at 765-378-0213. Respectfully, Troy Clements, Administrator</p>	
F 0241 SS=E Bldg. 00	<p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents</p>			

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>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 observation, interview and record review, the facility failed to provide care and services in a manner to promote resident dignity regarding lengthy meal waits, food related activities, overhead announcement and food served for 8 of 8 residents reviewed for dignified care (Residents #34, #4, #29, #6, #10, #62, #33, and #7).</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. During a 8/17/15, 1:20 p.m., interview, the Director of Nursing indicated it was not culturally acceptable to sit at a dining table waiting to eat for periods of time that were close to an hour. 2. During an 8/13/15, 11:24 a.m. to 12:40 p.m., lunch meal service, the following observations were noted: <p>Cognitively impaired and mobility dependent Residents #6, #34, #4, and #29 were seated at the dining room table as if ready to dine at 11:24 a.m.</p> <p>Music was playing softly in the room. Residents #6, #34, #4, and #29 did not attend to the music. They did not smile, sing along or tap their fingers or toes.</p>	F 0241	<p>F241 Dignity and Respect of Individuality The facility respectfully submits the following plan of correction as proposed remedies to the cited concerns under F-Tag 241, of which all residents had the potential to be affected by. To correct this deficient practice, all residents who have cognitive and/or physical impairments that require staff assistance to the dining room for meals will be taken to the dining room closer to the start time of each meal time. CNA Assignments have been adjusted accordingly to identify which residents should be taken to the dining room last, as to help alleviate long waits before their meal is served. Other residents who take themselves to the dining room or have the cognitive ability to decide when they go to the dining room will still be given the choice as to when they take themselves or ask to be taken down. Staff will be in-serviced on this procedure on Sept. 4th. As residents arrive at their tables in the dining room, they will be served their drinks by staff immediately, or within a prompt and reasonably short amount of time, after being seated. All served drinks will be placed within the residents' reach. All staff will be in-serviced on this procedure</p>	09/08/2015

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	<p>As staff members began to serve drinks and take meal orders, the conversation throughout the dining room drowned out the music and it could no longer be heard.</p> <p>Visually impaired Resident #6 was served a drink at 11:45 a.m., the drink was either out of sight or out of reach. Resident #6 did not drink from her cup until it was handed to her at 12:37 p.m. Resident #6 was not served her meal until 12:24 p.m. (1 hour waiting for the meal to be served). Resident #6 was not cued to eat her food or assisted to find her silverware until 12:38 p.m. (12 minutes after her food was served). After the spoon was placed in her hand and she was cued to eat, Resident #6 began to feed herself her meal. During her 1 hour wait for her meal, Resident #6 slept or rested with her eyes closed and her chin down.</p> <p>Resident #4, who required staff assistance to eat and drink, was served her drink at 11:45 a.m. Resident #4 did not consume any of her drink until staff assisted her to eat. While waiting for her meal, Resident #4 talked in a soft voice that sounded like crying, kept her eyes closed, stated her name repeatedly and shook her hand, which she held up by her mouth. Resident #4 was served a tray at</p>		<p>on Sept. 4th. Additionally, the Activity Department has adjusted their programming to include music videos (Gaithers, etc.) 3 days/week in the dining room, beginning 1 hour before meal times. This will serve as additional entertainment/stimulation before the scheduled meal times and during the now shortened wait-time before food arrives at each table. This change will become effective Sept. 1st. An additional TV is also being placed in the dining room opposite the existing TV so that it's closer and easier to view by residents on that side of the dining room, which also includes the tables where residents are seated who receive most assistance and cueing. To monitor for recurrence of these deficiencies, the Administrator, or designee, will complete the QA Tool entitled "General Observation Of The Facility Review" (Attachment 1-A) 5 days/week for 2 weeks, weekly for 4 weeks and monthly thereafter. All nursing staff will receive re-training during the Sept. 4th in-service on our dining policy as it pertains to residents needing assistance. This will include not leaving residents unattended with food placed in front of them who are not able to feed themselves. To monitor for recurrence of this deficiency, the QA Tool entitled "Quality of Life Dignity Review" (Attachment 2-A)</p>	

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	<p>12:23 p.m. The resident was not assisted to eat the food from this tray. At 12:25 p.m., a staff member indicated Resident #4 needed a different tray and the tray was removed from the table. At 12:28 p.m., Resident #4 was served a second plate of food (a 1 hour and 4 minute wait for her meal). Resident #4's meal sat in front of her until 12:31 p.m. (4 minutes). At 12:31 p.m. the resident was offered 2 bites of food. The staff member who was feeding Resident #4 left the table at 12:31 p.m. after offering her 2 bites. Resident #4 then sat without being fed until 12:37 p.m. (6 minutes) when the Director of Nursing began to feed her.</p> <p>Dependent Resident #34 was assisted to transfer from her wheelchair and sit in a dining room chair at 11:24 a.m. Her chair was pushed up to the table in a manner that would not allow the resident to stand. Resident #34 was served a drink at 11:46 a.m. (22 minutes after being seated at the table). Resident #34 sipped her drink slowly. While waiting for her meal and drink, Resident #34 sat with her eyes closed for brief periods of time. Resident #34 was served her meal at 12:17 p.m. (53 minutes waiting for meals). When served her meal, Resident #34 began to eat.</p> <p>Dependent Resident #29 was assisted to</p>		<p>will be completed by the Social Service Director, or designee, 5 days/week for 2 weeks, weekly for 4 weeks and then monthly thereafter. Furthermore, all department staff will be trained at the Sept. 4th in-service on sensitivity towards residents' dignity as it pertains to their food wishes while employee-gearred food activities are on-going within the facility. During this training, employees will be reminded that while employee-intended food related events are going on within the facility, residents shall be permitted to partake in such events if they ask, and if the food is within their prescribed dietary allowance. The facility policy entitled "Resident Dignity" (Attachment 3-A) will also be reviewed. To monitor for recurrence of these deficiencies, the QA Tool entitled "Quality of Life Dignity Review" (Attachment 2-A) will be completed by the Social Service Director, or designee, 5 days/week for 2 weeks, weekly for 4 weeks and then monthly thereafter. In-compliance date is 9/8/15.</p>				

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	<p>the dining room in his wheelchair and placed at the dining room table as if ready to dine at 11:24 a.m. Resident #29 was served his drink in a cup with 2 handles and a straw at 11:46 a.m. (22 minutes waiting for a drink). Resident #29 tried to reach his cup without success at 11:47 a.m. Resident #29 reached his cup at 11:48 a.m. and attempted to drink. Resident #29 could not get his straw to his mouth and ran the straw up by his ear. As he attempted to drink he licked and smacked his lips. At 11:49 a.m., Resident #29 once again tried to drink and ran the straw up by his eye. After the unsuccessfully attempt to drink, he once again licked and smacked his lips. At no time did staff intervene and assist the resident to drink. At 11:51 a.m. (5 minutes after his drink was served) Resident #29 was able to successfully get his straw to his mouth. He took a lengthy drink after putting his straw in his mouth. Resident #29 was served his meal at 12:16 p.m. (a wait of 52 minutes for meal services). While waiting for his food and drinks to be served Resident #29 sat with his eyes closed and chin down. After he successfully took a drink, he once again closed his eyes and lowered his chin.</p> <p>3. Resident #4's clinical record was reviewed on 8/13/2015 at 10:48 a.m. Resident #4's current diagnoses included,</p>			

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	<p>but were not limited to, Alzheimer's disease, macular degeneration and depression.</p> <p>Resident #4 had a current, 6/22/15, quarterly, Minimum Data Set assessment (MDS) which indicated the resident was severely cognitively impaired, rarely or never made decisions, had moderate hearing difficulty requiring the speaker to raise his volume, moderately impaired vision allowing the resident to see objects but not read newspaper headlines, was totally dependent on the staff for mobility and required staff assistance to eat.</p> <p>Resident #4 had a current, 6/22/15, care plan problem/need regarding impaired vision in both eyes related to blindness. Approaches to this problem included, but were not limited to, assist with meals.</p> <p>Resident #4 had a current, 6/22/15, care plan problem/need regarding displaying excessive nervousness, anxiety and worrying herself to tears. Approaches to this problem included, but were not limited to, "provide support and encouragement as needed."</p> <p>Resident #4 had a current, 6/22/15, care plan problem/need regarding difficulty with communication. Approaches to this problem included, but were not limited</p>			

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	<p>to, "move resident to a low-noise place or remove as much background noise as possible before speaking with resident."</p> <p>Resident #4 had a current, 6/22/15, "Social Service Assessment" which indicated the resident was alert to person only and needed constant cueing to follow conversation.</p> <p>4. Resident #6's clinical record was reviewed on 8/13/2015 at 3:15 p.m. Resident #6's current diagnoses included, but were not limited to, Alzheimer's disease, depression, macular degeneration, and legal blindness.</p> <p>Resident #6 had a current, 7/27/15, quarterly, Minimum Data Set assessment (MDS) which indicated the resident was severely cognitively impaired, rarely or never made decisions, was moderately cognitively impaired, had moderate hearing difficulty requiring the speaker to raise his volume, mildly impaired vision allowing the resident to see large print but not regular print, was totally dependent on the staff for mobility and required limited staff assistance to eat.</p> <p>Resident #6 had a current, 7/27/15, care plan problem/need regarding cognitive impairment related to dementia.</p>			

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	<p>Resident #6 had a current, 7/27/15, care plan problem/need regarding the need for assistance with activities of daily living.</p> <p>5. Resident #34's clinical record was reviewed on 8/13/15 at 8:58 a.m. Resident #34's current diagnoses included, but were not limited to, Alzheimer's disease and anxiety.</p> <p>Resident #34 had a current, 6/30/15, annual, Minimum Data Set assessment (MDS) which indicated the resident was severely cognitively impaired, rarely or never made decisions, had minimal difficulty hearing requiring the speaker to raise his volume, required staff assistance for mobility, would feel down at times and had little energy almost daily.</p> <p>Resident #34 had a current, 6/30/15, care plan problem/need regarding the resident displaying mood issues of excessive nervousness. Approaches to this problem included, but were not limited to, "provide support and encouragement as needed."</p> <p>Resident #34 had a current, 6/30/15, "Social Service Assessment" which indicated the resident was confused most of the time and needed cues and reminders.</p> <p>6. Resident #29's clinical record was</p>			

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	<p>reviewed on 8/14/2015, at 9:16 a.m. Resident #29's current diagnoses included, but were not limited to, dementia, psychosis, hallucinations, depression, and delusional disorders.</p> <p>Resident #29 had a current, 6/10/15, annual, Minimum Data Set assessment (MDS) which indicated the resident was severe cognitive impairment, never/rarely made decisions, used hearing aids, could make self understood, had the ability to understand others, had impaired vision, needed the extensive assist with one person for locomotion on and off the unit, and needed one person physical assist with eating.</p> <p>Resident #29 had a current, 6/14/2015, care plan problem/need regarding depression. The focus indicates resident has potential for signs and symptoms of depression related to: decline in health. Approaches to this problem include, but were not limited to, "provide support and encouragement as needed."</p> <p>Resident #29 had a current, 6/14/2015, care plan problem/need regarding vision impairment due to glaucoma. Approaches to the problem include, but were not limited to, "assist with set up of</p>			

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	<p>meal tray."</p> <p>7. During an observation on 8/13/15 at 10:30 a.m., the area around the nursing station, TV lounge and activity room was filled with the fragrance of food cooking.</p> <p>During an observation on 8/13/15 at 10:36 a.m., an overhead announcement was made. The announcement indicated staff would be served homemade green beans fixed with ham and potatoes and fresh cucumbers and tomatoes. Four residents were seated around the nursing station when this announcement was made. The residents began to discuss the food items that had just been mentioned. One unidentified resident was heard to say "That's what I like. That's down home food." The residents' conversation was such that a listener would believe the residents thought they were having green beans for lunch.</p> <p>On 8/13/15, 11:58 a.m., an unidentified group of residents were heard speaking by the area close to the serving area saying "where are the green beans we snapped yesterday." "Aren't we supposed to get some?" A staff member stated "They are not on the menu."</p> <p>During a 8/13/2015, 11:50 a.m., observation, Resident #7 and Resident #62 were sitting at a dining room table.</p>			

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	<p>Resident #7 indicated the green beans smelled so good and should taste good. Resident #62 indicated she snapped green beans yesterday.</p> <p>During a 8/13/2015, 12:00 p.m., observation, CNA #1 obtained Resident #7's lunch choices. After CNA #1 left the table, Resident #7 indicated to Resident #62 that CNA #1 did not mention the green beans. Resident #7 indicated CNA #1 commented the green beans had tasted good.</p> <p>During a 8/13/15, 11:58 a.m., observation, CNA #1 was obtaining Resident #10's lunch choices. Resident #10 inquired about the green beans. CNA #1 indicated they only had California blend vegetables or French onion soup.</p> <p>During a 8/13/15, 12:10 p.m., observation, Resident #62 was in the activity room, eating green beans with the staff.</p> <p>During a 8/14/15, 11:58 a.m., interview, Resident #10 indicated she did not snap green beans, but did expect to receive green beans for lunch because they smelled so good while they were cooking.</p> <p>During a 8/14/2015, 12:14 p.m.,</p>			

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	<p>interview, Resident #62 indicated the green beans today are not as good as they were yesterday. [Green beans were not listed on the menu or menu cards, some residents were not aware the green beans were available until other residents were seen eating them].</p> <p>During a 8/17/2015, 1:21 p.m., interview, Resident #33 indicated she was one of the two residents involved in snapping the green beans on Wednesday. She indicated the residents were going to eat the green beans after they were cooked the next day for lunch.</p> <p>During a 8/17/2015, 1:37 p.m., interview, the Dietary Manager indicated the kitchen did not cook the green beans the residents had snapped on Wednesday. She indicated the green beans served at Thursday's evening meal were from a can. The Dietary Manager indicated there had been some miscommunication regarding whether the green beans were for the residents or for the staff. She indicated the Activity Director clarified the snapped green beans were for staff.</p> <p>Review of the August 2015 activity calendar which was provided by the Director of Nursing on 8/14/15 at 1:00 p.m. indicated the residents had snapped green beans on 8/12/15.</p>			

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F 0248 SS=D Bldg. 00	<p>During an 8/17/15, 12:40 p.m., interview the Activity Director indicated 2 residents had snapped green beans. She additionally indicated the residents should have been aware they were snapping green beans for the staff to eat. The 12/2011, revised "Resident Rights Handbook" was provided by the Social Services Designee on 8/17/15 at 12:39 p.m. The handbook indicated "...3. The resident has the right to be treated with consideration, respect and recognition of their dignity and individuality...."</p> <p>3.1-3(t)</p> <p>483.15(f)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES 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 observation, interview and record review, the facility failed to provide meaningfully activities for cognitively impaired dependent residents for 3 of 4 residents reviewed for activity programming (Residents #34, #4 and #6).</p> <p>Findings include:</p>	F 0248	F248 Activities Interests/Needs Of Each Resident The facility respectfully submits the following plan of correction as proposed remedies to the cited concerns under F-Tag 248, of which all residents who require 1:1 activity programming had the potential to be affected by. The facility has	09/08/2015

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	<p>1. Review of the "Resident Census and Conditions of Residents" form completed by the Director of Nursing on 8/12/15 indicated the following: 32 of the facility's 51 residents had a diagnosis of depression, 34 of the facility's 51 residents had a diagnosis of dementia or a related disorder.</p> <p>Review of the CNA assignment sheet, provided by the Director of Nursing on 8/14/15 at 8:42 a.m., indicated 13 residents were planned rest daily in both the morning and afternoon. Residents #34, #4 and #6 were included in the group of 13 who rested daily.</p> <p>2. Resident #4 was observed during the following dates and times:</p> <p>On 8/11/2015 at 10:33 a.m., Resident #4 was in bed, with her eyes closed and appeared to be asleep. At this time, the room lacked any form of audio or visual stimulation (such as music, television, books on tape).</p> <p>On 8/11/2015 at 2:29 p.m., Resident #4 was in bed, with her eyes closed and appeared to be asleep. At this time, the room lacked any form of audio or visual stimulation.</p>		<p>a policy entitled "Individual Programming" (Attachment 1-B) whereby procedures for providing 1:1 activity interaction are outlined. This policy has been reviewed with the Activity Director and other Activity Personnel and they have been retrained on the importance of effective 1:1 activity programming and implementation strategies. The Activity Director is responsible for overseeing and ensuring the quality and quantity of these 1:1 activities as is outlined in the residents' individual care plan needs. 1:1 activities such as book reading/books-on-tape, appropriate music playing, clergy visits, massages/lotions, etc., are a few of the 1:1 activities that will be provided. All 1:1 visits will be documented per our policy entitled "Group and 1:1 Participation Records" (Attachment 2-B). To monitor for recurrence of this deficiency, the QA Tool entitled "Activity 1:1 Review" (Attachment 3-B) will be completed by the Social Service Director, or designee, 5 days/week for 2 weeks and then weekly for 4 weeks. The Activity Director, or designee, will complete this QA Tool monthly thereafter. In-compliance date is 9/8/15.</p>				

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	<p>On 8/11/2015 at 3:23 p.m., Resident #4 was in bed with her eyes closed and appeared to be asleep. At this time, the room lacked any form of audio or visual stimulation.</p> <p>On 8/12/2015 at 8:55 a.m., Resident #4 was in bed with her eyes closed and appeared to be asleep. At this time, the room lacked any form of audio or visual stimulation.</p> <p>On 8/12/2015 at 9:57 a.m., Resident #4 was in bed with her eyes closed and appeared to be asleep. At this time, the room lacked any form of audio or visual stimulation.</p> <p>On 8/12/2015 at 10:52 a.m., Resident #4 was in bed with her eyes closed and appeared to be asleep. At this time, the room lacked any form of audio or visual stimulation.</p> <p>On 8/12/2015 at 2:59 p.m., Resident #4 was in bed with her eyes closed and appeared to be asleep. At this time, the room lacked any form of audio or visual stimulation.</p> <p>On 8/12/2015 at 3:29 p.m., Resident #4 was in bed awake and making a soft noise that sounded like talking and crying</p>			

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	<p>at the same time. At this time, the room lacked any form of audio or visual stimulation.</p> <p>On 8/13/2015 at 8:39 a.m., Resident #4 was in bed awake and making a soft noise that sounded like talking and crying at the same time. At this time, music was playing softly in her room.</p> <p>On 8/13/2015 at 8:45 a.m., Resident #4 was in bed awake and making a soft noise that sounded like talking and crying at the same time. At this time, the room lacked any form of audio or visual stimulation.</p> <p>On 8/13/2015 at 9:36 a.m., Resident #4 was in bed awake and making a soft noise that sounded like talking and crying at the same time. At this time, the room lacked any form of audio or visual stimulation.</p> <p>On 8/13/2015 at 10:12 a.m., Resident #4 was in bed awake and making a soft noise that sounded like talking and crying at the same time. At this time, the room lacked any form of audio or visual stimulation.</p> <p>On 8/13/2015 at 11:01 a.m., Resident #4 was in bed awake and making a soft noise that sounded like talking and crying</p>			

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	<p>at the same time. At this time, the room lacked any form of audio or visual stimulation.</p> <p>On 8/13/2015 at 2:15 p.m., Resident #4 was in bed with her eyes closed and appeared to be asleep. At this time, the room lacked any form of audio or visual stimulation.</p> <p>On 8/13/2015 at 2:41 p.m., Resident #4 was in bed with her eyes closed and appeared to be asleep. At this time, the room lacked any form of audio or visual stimulation.</p> <p>On 8/14/2015 at 8:49 a.m., Resident #4 was sitting in the lounge with a group of residents. The TV was on. Resident #4 had her eyes closed and her head down. She did not appear to be watching the television.</p> <p>Resident #4's clinical record was reviewed on 8/13/2015 at 10:48 a.m. Resident #4's current diagnoses included, but were not limited to, Alzheimer's disease, macular degeneration and depression.</p> <p>Resident #4 had a current, 6/22/15, quarterly, Minimum Data Set assessment (MDS) which indicated the resident was severely cognitively impaired, rarely or</p>			

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	<p>never made decisions, had moderate hearing difficulty requiring the speaker to raise his volume, moderately impaired vision allowing the resident to see objects but not read newspaper headlines, was totally dependent on the staff for mobility and required staff assistance to eat.</p> <p>Resident #4 had a current, 6/22/15, care plan problem/need regarding displaying excessive nervousness, anxiety and worrying herself to tears. Approaches to this problem included, but were not limited to, "provide support and encouragement as needed."</p> <p>Resident #4 had a current, 6/22/15, care plan problem/need regarding the need for activities regarding the benefit from socialization/stimulation due to the inability to self initiate activities. Approaches to this problem included, but were not limited to, "Remind and encourage attendance in musical programs and Provide musical tapes for individual listening if resident desires."</p> <p>Resident #4 had a current, 6/22/15, care plan problem/need regarding depression. Approaches to this problem included, but were not limited to "Encourage resident to attend activities and praise all efforts and Provide support and encouragement as needed."</p>						

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	<p>Resident #4 had a current, 8/22/15, "Activity-Quarterly Assessment" which indicated the resident enjoyed small groups, sensory, music, church and going outdoors."</p> <p>Resident #4 had a current, 6/22/15, "Social Service Assessment" which indicated the resident was alert to person only and needed constant cueing to follow conversation.</p> <p>A review of Resident #4's activity attendance record from July 1, 2015 to August 14, 2015 (45 days) indicated the resident had attended no activities for 27 of 45 days. Resident #4 had 2 periods of 5 days in a row when she attended no activities 7/22/15 to 7/26/15 and 8/7/15 to 8/11/15. The clinical record did not indicate the resident was sick during this period or was refusing to attend activities during this period.</p> <p>During an 8/17/15, 12:40 p.m., interview, the Activity Director indicated Resident #4 was frequently in bed. She additionally indicated she had not worked with the nursing department to ensure Resident #4 was out of bed and available for activities.</p> <p>3. Resident #6 was observed during the</p>			

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	<p>following dates and times:</p> <p>On 8/11/15 at 2:30 p.m., Resident #6 was in bed with her eyes closed and appeared to be asleep. At this time, the room lacked any form of audio or visual stimulation.</p> <p>On 8/12/2015 at 9:12 a.m., Resident #6 was seated in a wheelchair in her room. Her eyes were closed and her head was down. She was mumbling. At this time, the room lacked any form of audio or visual stimulation.</p> <p>On 8/12/2015 at 3:00 p.m., Resident #6 was in bed with her eyes closed and appeared to be asleep. Her room was dark. At this time, the room lacked any form of audio or visual stimulation.</p> <p>On 8/12/2015 at 3:31 p.m., Resident #6 was in bed with her eyes closed and appeared to be asleep. Her room was dark. At this time, the room lacked any form of audio or visual stimulation.</p> <p>On 8/13/2015 at 8:41 a.m., Resident #6 was in bed with her eyes closed and appeared to be asleep. Her room was dark. At this time, the room lacked any form of audio or visual stimulation.</p> <p>On 8/13/2015 at 9:37 a.m., Resident #6</p>			

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	<p>was in bed with her eyes closed and appeared to be asleep. Her room was dark. At this time, the room lacked any form of audio or visual stimulation.</p> <p>On 8/13/2015 at 10:13 a.m., Resident #6 was in bed with her eyes closed and appeared to be asleep. Her room was dark. At this time, the room lacked any form of audio or visual stimulation.</p> <p>On 8/13/2015 at 10:59 a.m., Resident #6 was in bed with her eyes closed and appeared to be asleep. Her room was dark. At this time, the room lacked any form of audio or visual stimulation.</p> <p>On 8/13/2015 at 2:16 p.m., Resident #6 was in bed with her eyes closed and appeared to be asleep. Her room was dark. At this time, the room lacked any form of audio or visual stimulation.</p> <p>On 8/13/2015 at 2:42 p.m., Resident #6 was in bed with her eyes closed and appeared to be asleep. Her room was dark. At this time, the room lacked any form of audio or visual stimulation.</p> <p>On 8/14/2015 at 8:46 a.m., Resident #6 was seated in her room in a wheelchair. Her TV was on but she was not watching the TV. She indicated she was eating. At this time, there was not a meal tray in</p>			

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	<p>her room.</p> <p>On, 8/14/2015 at 10:11 a.m., Resident #6 was seated in her room in a wheelchair. Her eyes were closed. She was holding her head. Her TV was on but she was not watching the TV.</p> <p>On 8/14/2015 at 11:43 a.m., Resident #6 was seated at a table in the dining room awaiting her meal. The Activity Director showed Resident #6 the newspaper. The Activity Director talked about the newspaper and then walked away at 11:44 a.m. The Activity Director interacted with the resident for 1 and 1/2 minutes.</p> <p>Resident #6's clinical record was reviewed on 8/13/2015 at 3:15 p.m. Resident #6's current diagnoses included, but were not limited to, Alzheimer's disease, depression, macular degeneration, and legal blindness.</p> <p>Resident #6 had a current, 7/27/15, quarterly, Minimum Data Set assessment (MDS) which indicated the resident was severely cognitively impaired, rarely or never made decisions, was moderately cognitively impaired, had moderate hearing difficulty requiring the speaker to raise his volume, mildly impaired vision allowing the resident to see large print</p>			

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	<p>but not regular print, was totally dependent on the staff for mobility and required limited staff assistance to eat.</p> <p>Resident #6 had a current, 7/27/15, care plan problem/need regarding activities and the need for increased socialization/stimulation due to the inability to self initiate activities. Approaches to this problem included, but were not limited to, "Remind and encourage attendance in musical programs, Resident states it is important for them to do things with groups of people. Group activities the resident enjoys include: church, music... Resident states in that it is important to participate in religious activities: singing praying, taking communion...Resident needs assist to/from activities."</p> <p>Resident #6 had a current, 7/27/15, care plan problem/need regarding cognitive impairment related to dementia.</p> <p>Resident #6 had a current, 7/27/15, "Activity-Quarterly Assessment' which indicated the resident "loves to go outdoors, small groups, reminisce, sensory."</p> <p>Resident #6 had a current, 7/27/15, "Social Service Assessment" which indicated the resident was severely</p>				

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	<p>cognitively impaired, had poor vision and "sees shadows and large print."</p> <p>A review of Resident #6's activity attendance record from July 1, 2015 to August 14, 2015 (45 days) indicated the resident had attended no activities for 24 of 45 days. Resident #6 had 1 period of 5 days in a row when she attended no activities 8/7/15 to 8/11/15. Resident #6 had 1 period of 4 days in a row when she attended no activities 7/9/15 to 7/12/15. The clinical record did not indicate the resident was sick during this period or was refusing to attend activities during this period.</p> <p>During an 8/17/15, 12:40 p.m., interview the Activity Director indicated Resident #6 was frequently in bed.</p> <p>4. Resident #34 was observed during the following dates and times:</p> <p>On 8/11/2015 at 10:33 a.m., Resident #34 was in bed with her eyes closed and appeared to be asleep. At this time, the room lacked any form of audio or visual stimulation.</p> <p>On 8/11/2015 at 2:29 p.m., Resident #34 was in bed with her eyes closed and appeared to be asleep. At this time, the room lacked any form of audio or visual</p>			

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	<p>stimulation.</p> <p>On 8/11/2015 at 3:23 p.m., Resident #34 was in bed with her eyes closed and appeared to be asleep. At this time, the room lacked any form of audio or visual stimulation.</p> <p>On 8/12/2015 at 8:55 a.m., Resident #34 was in bed with her eyes closed and appeared to be asleep. At this time, the room lacked any form of audio or visual stimulation.</p> <p>On 8/12/2015 at 9:57 a.m., Resident #34 was in bed with her eyes closed and appeared to be asleep. At this time, the room lacked any form of audio or visual stimulation.</p> <p>On 8/12/2015 at 10:52 a.m., Resident #34 was in bed restlessly moving about. At this time, the room lacked any form of audio or visual stimulation.</p> <p>On 8/12/2015 at 3:29 p.m., Resident #34 was in bed with her blanket over her head and appeared to be asleep. At this time, the room lacked any form of audio or visual stimulation.</p> <p>On 8/13/2015 at 8:39 p.m., Resident #34 was in bed with her eyes closed and appeared to be asleep. At this time, the</p>			

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	<p>room lacked any form of audio or visual stimulation.</p> <p>On 8/13/2015 at 9:36 a.m., Resident #34 was in bed with her eyes closed and appeared to be asleep. At this time, the room lacked any form of audio or visual stimulation.</p> <p>On 8/13/2015 at 10:13 a.m., Resident #34 was in bed with her eyes closed and appeared to be asleep. At this time, the room lacked any form of audio or visual stimulation.</p> <p>On 8/13/2015 at 11:01 a.m., Resident #34 was in bed with her blanket over her head and appeared to be asleep. At this time, the room lacked any form of audio or visual stimulation.</p> <p>On 8/13/2015 at 2:15 p.m., Resident #34 was in bed with her blanket over her head and appeared to be asleep. At this time, the room lacked any form of audio or visual stimulation.</p> <p>On 8/14/2015 at 8:47 a.m., Resident #34 was in bed with her eyes closed and appeared to be asleep. At this time, the room lacked any form of audio or visual stimulation.</p> <p>ON 8/14/2015 at 10:14 a.m., Resident</p>			

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	<p>#34 was in bed with her blanket over her head and appeared to be asleep. At this time, the room lacked any form of audio or visual stimulation.</p> <p>Resident #34's clinical record was reviewed on 8/13/15 at 8:58 a.m. Resident #34's current diagnoses included, but were not limited to, Alzheimer's disease and anxiety.</p> <p>Resident #34 had a current, 6/30/15, annual, Minimum Data Set assessment (MDS) which indicated the resident was severely cognitively impaired, rarely or never made decisions, had minimal difficulty hearing requiring the speaker to raise his volume, required staff assistance for mobility, would feel down at times and had little energy almost daily.</p> <p>Resident #34 had a current, 6/30/15, care plan problem/need regarding the resident displaying mood issues of excessive nervousness. Approaches to this problem included, but were not limited to, provide support and encouragement as needed.</p> <p>Resident #34 had a current, 6/30/15, care plan problem/need regarding the need for activities due to the resident wandering in and out of activities. Approaches to this problem included, but were not limited to</p>			

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	<p>,"Assist to and from activities. Encourage attendance in these activities of interest or important to the resident : exercise, bingo, sp [special] events...Encourage participation in groups that are active, such as exercise."</p> <p>Resident #34 had a current, 6/30/15, "Activity-Quarterly Assessment' which indicated the resident enjoyed "snacks, movies, sp events, out doors, small groups, reminisce."</p> <p>Resident #34 had a current, 6/30/15, "Social Service Assessment" which indicated the resident was confused most of the time and needed cues and reminders.</p> <p>A review of Resident #34's activity attendance record from July 1, 2015 to August 14, 2015 (45 days) indicated the resident had attended no activities for 29 of 45 days. Resident #34 had 1 period of 5 days in a row when she attended no activities 7/22/15 to 7/16/15. Resident #34 had 1 period of 6 days in a row when she attended no activities 8/7/15 to 8/12/15. The clinical record did not indicate the resident was sick during this period or was refusing to attend activities during this period.</p> <p>During an 8/17/15, 12:40 p.m., interview</p>			

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	<p>the Activity Director indicated Resident #34 was frequently in bed. She additionally indicated she had not worked with the nursing department to ensure Resident #34 was out of bed and available for activities.</p> <p>During an 8/17/15, 12:40 p.m., interview, the Activity Director indicated she was aware that many residents rest daily and are often times not available for the scheduled activities. She also indicated she had never worked with nursing to develop an activity program for the times when the resting residents were out of bed. In addition, she indicated "Shenanigans" was moving from resident to resident as they sat at their tables in the dining room waiting for meals. She indicated she spent 1 to 2 minutes with each participating resident during this activity.</p> <p>The August 2015, Activity Calendar was provided by the Director of Nursing on 8/14/15 at 1:00 p.m., and indicated the following activities were offered on the following dates and times:</p> <p>8/11/15 at: 9:30 a.m. - Exercise/snack 10:00 a.m. - Bible Study 11:00 a.m. - Shenanigans 1:00 p.m. - Small Group 1:30 p.m. - H2O [hydration] Cart</p>			

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F 0329 SS=D Bldg. 00	<p>3:00 p.m. - Christian Church</p> <p>8/12/15 at: 9:30 a.m. - Exercise/snack 10:00 a.m. - Manicures 1:00 p.m. - Small Group 1:30 p.m. - Snap Green Beans 1:30 p.m. - H2O Cart 2:00 p.m. - Bingo</p> <p>8/13/15 at: 9:30 a.m. - Exercise/snack 10:00 a.m. - Granny's Kitchen 12:00 p.m. - Lunch Ladies 2:00 p.m. - Annie Oakley and Popcorn</p> <p>8/14/15 at: 9:30 a.m. - Exercise 10:00 a.m. - Coffee and Donuts 11:00 a.m. - Shenanigans 1:00 p.m. - Room Visits 1:30 p.m. - H2O Cart 2:00 p.m. - Dream Cycle Bingo</p> <p>3.1-33(a)</p> <p>483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS 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</p>			

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	<p>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 observation, record review, and interview, the facility failed to ensure a resident with failed Gradual Dose Reductions (GDR) had supporting documentation of behavioral symptoms and identified symptoms for use of psychoactive medications for 1 of 5 residents reviewed for unnecessary medications. (Resident #29)</p> <p>Findings include:</p> <p>Resident #29 was observed calm, with no maladaptive behaviors exhibited on the following dates and times:</p> <p>8/12/15 at 3:00 p.m., 8/13/15 at 8:02 a.m., 8/13/15 at 11:08 a.m., 8/13/15 at 11:23 a.m., 8/13/15 at 11:34 a.m.,</p>	F 0329	<p>F329 Drug Regimen is Free From Unnecessary Drugs</p> <p>The facility respectfully submits the following plan of correction as proposed remedies to the cited concerns under F Tag 321, of which all residents had the potential to be affected by. It is the policy of Miller's Merry Manor to ensure that the residents' medication regimen helps promote or maintain the resident's highest practicable mental, physical and psychosocial well-being. Resident #29 had no adverse reactions as a result of this deficient practice. He has been reviewed by the interdisciplinary team and will continue to be reviewed to assure that medication therapy is based upon adequate indication for use. On-going monitoring of target mood indicators will be</p>	09/08/2015

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	<p>8/13/15 at 3:18 p.m., 8/14/15 at 9:06 a.m., 8/14/15 at 10:27 a.m., 8/14/15 at 11:18 a.m., 8/14/15 at 11:50 a.m., 8/14/15 at 12:09 p.m., 8/14/15 at 12:20 p.m., and 8/17/15 at 7:25 a.m.</p> <p>The clinical record for Resident #29 was reviewed on 8/13/15 at 9:37 a.m. Diagnoses for Resident #29 included, but were not limited to, psychosis, dementia, hallucinations, depression, and psychotic disorder with delusions.</p> <p>Current physician's orders for Resident #29 included, but were not limited to, the following orders:</p> <p>a. Lexapro (an antidepressant medication) 20 milligrams (mg) by mouth once a day.</p> <p>b. Seroquel (an antipsychotic medication) 25 mg by mouth once a day in the morning.</p> <p>c. Seroquel (an antipsychotic medication) 75 mg by mouth once a day at bedtime.</p> <p>Review of the 5/19/15, psychiatric progress note indicated on 9/23/14: "...Despite the increase in his visual hallucinations, pt [patient] does not seem to be overly concerned or disturbed by</p>		<p>documented as they occur in the clinical record, along with interventions used to reduce behaviors and the results of the interventions. Each resident who the attending physician or psychiatrist feels as through a gradual dose reduction would be contraindicated will be thoroughly documented on. The documentation on these contraindicated reductions will include specific clinical rationale on why these reductions would be not warranted/indicated. To prevent recurrence of this deficient practice, the facility IDT will continue to conduct behavior meetings monthly and all residents who are receiving psychoactive medications will be reviewed to ensure there is a schedule for gradual dose reduction in place. The Social Service Director will also complete the QA tool entitled "Psychotropic Medication Review" (Attachment 1-C) weekly for 4 weeks, monthly for 3 months and quarterly thereafter to monitor for compliance. Any concerns will be corrected immediately and documented on the QA Summary Log and reviewed and followed through with at the monthly QA meeting. The Social Service Director has met with our psych services on 8/18 and reviewed our psychotropic medication/GDR policies with them. Additionally, all nurses will be in-serviced on these same</p>	

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	<p>these. His family is, however. I will go ahead and increase his Seroquel back to 75 mg at night and consider his GDR failed due to the increase in hallucinations...." The 5/19/15, psychiatric progress note, further indicated on 5/19/15: "...Pt [patient] watching TV while sitting in his room. His affect remains bright though somewhat constricted. Pt denies any depression. He remains with visual hallucinations which are unchanged from before per his report. He is still denying any agitation or upset over these. Pt is smiling easily and agrees he has a sense of humor....Nursing notes were reviewed since her [sic] last visit. Lexapro was decreased from 20 mg on 4/21/15. No psychiatric or behavioral issues noted...His mood remains stable, and he has successfully tolerated the reduction of his Lexapro from 20 mg am to 15 mg am. His family are expressing concerns about his mood, but pt is still smiling, denies depression, and is making jokes....Talked with pts [patient's] daughter who says pt is asking her at night to take him home and she feels 'it is just a matter of time till he is crying daily again like he did last time.'...We discussed pts increasing dementia sx [symptoms], and agreed to increase his Lexapro for failed GDR...."</p> <p>During an interview with the Social</p>		<p>policies on 9/4. In-compliance date will be 9/8/15.</p>	

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	<p>Services Designee (SSD) on 8/17/15 at 9:37 a.m., additional information was requested related to documented symptoms and/or behaviors for Resident's #29's Lexapro failed GDR in April/ May of 2015.</p> <p>During an interview with the SSD on 8/17/15 at 1:06 p.m., she indicated Resident #29's daughter visits every evening, and she had only reported the behaviors/symptoms for Resident #29 to the psychiatric physician and not the facility staff. She indicated she did not have any documented behaviors/symptoms for the the failed Lexapro GDR. The SSD indicated the staff did not observe or document any behaviors/symptoms for Resident #29 related to depression for the failed Lexapro GDR. Documented behaviors for Resident #29's failed Seroquel GDR in August/September of 2014, were requested.</p> <p>A nurse's note, dated 8/27/14, indicated the psychiatric Nurse Practitioner had a visit with Resident #29, and decreased his bedtime dose of Seroquel to 50 mg as an attempted GDR. August 2014, and September 2014, documented behaviors for Resident #29 were provided by the SSD on 8/17/15 at 1:37 p.m. Resident #29 had 2 documented behaviors from</p>			

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	<p>8/27/14 through 9/23/14.</p> <p>Review of the current, 2008, facility policy, title "PSYCHOTROPIC DRUG USE", provided by the Director of Nursing on 8/17/15 at 1:50 p.m., included, but was not limited to, the following:</p> <p>"...Purpose: to ensure that medication regimen helps promote or maintain the resident's highest practicable mental, physical, and psychosocial well-being.... Gradual Dose Reductions [GDR] will be attempted, unless clinically contraindicated, in an effort to discontinue these drugs. Ongoing monitoring will be in place to assess risks vs benefits of continued medication use... ...Procedure: 1. The facility will assure that medication therapy is based upon an adequate indication for use by documenting the supporting diagnosis/indication of use at the time the order for psychotropic medication is obtained/received. 2. On-going monitoring of target behaviors will be documented as they occur in the clinical record along with the interventions used to reduce and the results..."</p> <p>3.1-48(b)(2)</p>			

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

PRINTED: 09/01/2015

FORM APPROVED

OMB NO. 0938-0391

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