

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155235	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/22/2016
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NAME OF PROVIDER OR SUPPLIER  MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 200 26TH ST LOGANSPORT, IN 46947
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint #IN00190400.</p> <p>Complaint #IN00190400-Substantiated. Federal/State deficiency related to the allegation is cited at F224.</p> <p>Survey dates: January 21 &amp; 22, 2016.</p> <p>Facility number: 000140 Provider number: 151401 AIM number: 100266960</p> <p>Census bed type: SNF: 13 SNF/NF: 93 Total: 106</p> <p>Census payor type: Medicare : 7 Medicaid: 73 Other: 26 Total: 106</p> <p>Sample: 12</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review was completed by 21662</p>	F 0000	<p>Please accept the attached plan of correction as credible allegation of compliance to the deficiency cited during the Investigation of Complaint conducted on January 21 &amp; 22, 2016. Hopefully, you will find the remedies aresufficient, thoroughly explained, and able to provide a clear picture of how wecorrected the concern. I would like toformally request your consideration for granting this facility papercompliance. If after reviewing our planof correction you have any questions or require additional information, please do not hesitate to contact Terrence Jent, Administrator, at 574-722-4006.</p>	
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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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F 0224 SS=E Bldg. 00	<p>on January 25, 2016.</p> <p>483.13(c) PROHIBIT MISTREATMENT/NEGLECT/MISAPPROP RIATN The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. Based on record review and interview, the facility failed to implement procedures that prevented the misappropriations of narcotic medications for 12 of 108 residents who had orders for narcotic medications. (Residents B, C, D, E, F, G, H, I, J, K, L, and M)</p> <p>Findings include:</p> <p>During clinical record reviews on 1/21/16 at 10 a.m., the following was noted:</p> <p>1. Resident B with diagnoses including but not limited to: Sepsis, Compression Fracture of Third Lumbar, UTI, Low Back Pain, had Hydrocodone-acetaminophen (a narcotic) 5/325 mg (milligram) ordered for pain.</p> <p>2. Resident C with diagnoses including but not limited to: Fracture of Femur,</p>	F 0224	<p>It is the policy of Miller's Merry Manor to prohibit mistreatment, neglect, abuse, and misappropriation of resident property. The deficient practice was corrected immediately following identification. All residents who received narcotic medications had the potential to be affected by the deficient practice. Upon discovery, a complete audit was conducted on all residents with narcotic medication orders. The individual involved admitted to the diversion and was immediately terminated. The narcotic counting procedure was revised and the Narcotic Item Count Form was implemented (Attachment 1). In-service and re-education were provided to all staff covering the topic of abuse prohibition (Attachment 2). To ensure continued compliance with the prohibition of mistreatment, neglect, abuse, and misappropriation of resident property, the Director of</p>	02/05/2016
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	<p>Osteoarthritis, had Hydrocodone-acetaminophen 5/325 mg ordered for pain.</p> <p>3. Resident D with diagnoses including but not limited to: Cerebrovascular Disease, Disc Degeneration, Major Depressive Disorder, Aortic Aneurysm, had Hydrocodone-acetaminophen 5/325 mg ordered for pain.</p> <p>4. Resident E with diagnoses including but not limited to: Cerebral Infarction, Diabetes, Anxiety Disorder, Major Depressive Disorder, Hereditary and idiopathic Neuropathies, Peripheral Vascular Disease, had Hydrocodone-acetaminophen 5/325 mg ordered for pain.</p> <p>5. Resident F with diagnoses including but not limited to: Nontraumatic Subdural hemorrhage, Major Depressive Disorder, Anxiety Disorder, Generalized Arthritis, had Hydrocodone-acetaminophen 5/325 mg ordered for pain.</p> <p>6. Resident G with diagnoses including but not limited to: Chronic Pain, Mood Disorder, Anxiety Disorder, Chronic Gout, had Hydrocodone-acetaminophen 5/325 mg ordered for pain.</p>		<p>Nursing or her designee will complete the Narcotic Medication Review (Attachment 3) daily for 14 days, weekly for 90 days, and monthly thereafter. Any findings will be addressed immediately and documented on the Narcotic Medication Review and Quality Assurance Summary Log (Attachment 4). The Quality Assurance Summary Log will be reviewed by the Quality Assurance Committee on a monthly basis. All systemic changes will be completed by February 5th, 2016.</p>	

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	<p>7. Resident H with diagnoses including but not limited to: Pathological Right Femur Fracture, Multiple Sclerosis, Muscle Weakness, Malignant Neoplasm of Bronchus or Lung, had Hydrocodone-acetaminophen 5/325 mg ordered for pain.</p> <p>8. Resident I with diagnoses including but not limited to: Osteomyelitis, Mood Disorder, Osteoarthritis, Chronic Gout, Osteoporosis, Connective Tissue and Disc Stenosis, had Hydrocodone-acetaminophen 5/325 mg ordered for pain.</p> <p>9. Resident J with diagnosis including but not limited to: Quadriplegia, Anoxic Brain Damage, Chronic Pain, Convulsions, Contracture, had Hydrocodone-acetaminophen 5/325 mg ordered for pain.</p> <p>10. Resident K with diagnoses including but not limited to: Personality Disorder, Insomnia, Arthropathy, Gout, had Hydrocodone-acetaminophen 5/325 mg ordered for pain.</p> <p>11. Resident L with Diagnoses including but not limited to: Cerebral Aneurysm, Atherosclerosis, Emphysema, COPD, Esophagitis, Diverticulosis of Large Intestine, Arthritis, had</p>			

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	<p>Hydrocodone-acetaminophen 5/325 mg ordered for pain.</p> <p>12. Resident M with diagnoses including but not limited to: Obesity, Peripheral Vascular Disease, COPD, had Hydrocodone-acetaminophen 5/325 mg ordered for pain.</p> <p>During an interview with Director of Nursing (DON) and Executive Director (ED) on 1/22/16 at 11:00 a.m., the DON indicated on 1/4/16, she was reviewing medication, paperwork from previous weekend, a change in narcotic order was noted for Resident B and this action would prompt a medication destruction action. Further review indicated no destruction paperwork was generated. This investigation led the DON to discover no medication card and no medication count sheet found. The DON and the ED did an audit and found that 12 residents as noted above had narcotic medication that was missing. They indicated the nurse involved in the action, had take the current card of narcotics and count sheet when a new card had arrived. The ED indicated the nurse that had been involved in the diversion of the narcotics admitted to the action. The ED indicated a police report was filed, Indiana State Department of Health and the Medical Director were notified.</p>				

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	3.1-28(a)				