

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

PRINTED: 12/04/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155297</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>11/28/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>MILLER'S HEALTH &amp; REHAB BY MILLER'S MERRY MANOR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>3530 MONROE STREET LA PORTE, IN 46350</b>		
(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
F 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00421482.</p> <p>Complaint IN00421482 - Federal/state deficiencies related to the allegations are cited at F689.</p> <p>Survey date: November 28,2023</p> <p>Facility number: 000194 Provider number: 155297 AIM number: 100267790</p> <p>Census Bed Type: SNF: 16 NF: 37 Total: 53</p> <p>Census Payor Type: Medicare: 22 Medicaid: 21 Other: 10 Total: 53</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 000	<p>Past noncompliance: no plan of correction required.</p>		
F 689 SS=D	<p>Quality review completed on 12/1/23.</p> <p>Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2)</p> <p>§483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate</p>	F 689			

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 689	<p>Continued From page 1</p> <p>supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure a resident was assessed and monitored after a fall, and failed to ensure the responsible party and Physician were notified after a fall for 1 of 3 residents reviewed for falls. (Resident C)</p> <p>The deficient practice was corrected on 10/31/23, prior to the start of the survey, and was therefore past noncompliance. The facility completed an investigation and inserviced staff regarding post fall procedures.</p> <p>Finding includes:</p> <p>Resident C's closed record was reviewed on 11/28/23 at 9:55 a.m. The resident was admitted to the facility on 10/15/23. Diagnoses included, but were not limited to, encounter for surgical aftercare following surgery of the digestive system, congestive heart failure and anxiety. The resident was transferred to the hospital on 10/20/23 where he later passed away.</p> <p>The Admission Minimum Data Set assessment, dated 10/20/23, indicated the resident had moderate cognitive impairment, and required partial/ moderate staff assistance for toileting and transfers.</p> <p>A General Note, dated 10/20/23 at 9:45 a.m., indicated at 8:00 a.m. the resident was noted to have a change in condition, was sleepy/ lethargic, confused, unable to respond appropriately to questions, garbled speech and unable to follow</p>	F 689	Past noncompliance: no plan of correction required.		

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F 689	<p>Continued From page 2</p> <p>commands. Vitals signs were in normal limits. Unable to perform stroke assessment due to change in condition. The Physician was notified and orders received to send to emergency room for evaluation. Daughter was notified.</p> <p>A Grievance was made by the resident's daughter on 10/30/23, after the resident had passed away, asking if the resident had fallen in the bathroom on 10/20/23 and had to crawl back to bed. The investigation indicated the resident had slid off the toilet with staff assistance. There had been no documentation of the fall, any post-fall assessment, notification of family and Physician, or a fall occurrence initiated.</p> <p>A late entry General Note, dated 10/20/23 at 9:15 a.m. and recorded on 10/31/23, indicated the nurse was called into the room by a CNA. Upon entering the room, the resident was on the floor in the bathroom with a CNA holding him under the arms. The CNAs indicated he was falling off the toilet and they lowered him to floor, he had not hit his head. A change in condition was noted to level of consciousness, the Physician had been notified of the change in condition, and ordered to be sent to emergency room. Family was notified he was sent to hospital.</p> <p>Telephone interview with CNA 1 on 11/28/23 at 2:00 p.m., indicated she was in the resident's room assisting the roommate and another aide was with Resident C in the bathroom. Resident C was fidgeting and antsy, the aide indicated he was falling off the toilet, CNA 1 assisted her lowering the resident to the ground. She then notified the nurse, who checked his vital signs, then they assisted him into bed and got him dressed.</p>	F 689			

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F 689	<p>Continued From page 3</p> <p>Interview with the Administrator, on 11/28/23 at 11:20 a.m., indicated management knew nothing about the resident's fall until a phone call with the resident's daughter on 10/30/23. She had been told by her father's roommate he had seen the resident crawling on the floor after he fell in the bathroom. They initiated an investigation and determined the resident had been lowered to the floor and it had not been reported. The Administrator indicated it was an agency nurse, who was not aware a lowering to the floor was considered a fall. They had since completed education with the nurse and all nursing staff regarding fall management. The Administrator provided copies of fall in-services completed on 10/31/23.</p> <p>The current policy, "Fall Management Procedure", was provided by the Administrator, indicated, "...2. A. Complete a fall risk assessment located in the EMR [electronic medical record] upon admission, with each fall, annually and with significant change...B. Immediately post fall- an intervention must be put into place to prevent reoccurrence...", and "...3. Post Fall Investigation...will be completed as soon as possible by completing the paper QAPI [Quality Assurance] protected OCCURRENCE INVESTIGATION form...."</p> <p>The citation relates to Complaint IN00421482.</p> <p>3.1-45(a)</p>			F 689			