

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

PRINTED: 12/10/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155128		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/14/2024	
NAME OF PROVIDER OR SUPPLIER  MILLER'S AT OAK POINTE				STREET ADDRESS, CITY, STATE, ZIP COD 411 N WOLF RD COLUMBIA CITY, IN 46725			
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F 0000  Bldg. 00	This visit was for a Recertification and State Licensure Survey.  Survey dates: November 12, 13 and 14, 2024  Facility number: 000055 Provider number: 155128 AIM number: 100288410  Census Bed Type: SNF/NF: 52 Total: 52  Census Payor Type: Medicare: 2 Medicaid: 20 Other: 30 Total: 52  These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.  Quality review completed November 14, 2024			F 0000	Based upon the facility's submitted Plan of Correction and supporting documents, we would respectfully ask that consideration be given for paper compliance. Thank you.		
F 0761 SS=E Bldg. 00	483.45(g)(h)(1)(2) Label/Store Drugs and Biologicals  Based on observation, interview, and record review the facility failed to ensure medications and treatment supplies were secured, insulin was dated upon opening and discarded upon expiration for 4 of 11 reviewed (Resident 15, Resident 27, Resident 45, and Resident 1).  Findings include:			F 0761	F761 3.1-25(j)(o). It is the policy of Miller's Merry Manor Oak Pointe that resident's medications and biologicals used in the facility are appropriately labeled, stored, and dispensed, and will meet professional standards of practice.		11/20/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Stephen C. Baker

Administrator

12/05/2024

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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>1) During an observation on 11/12/24 at 9:20 AM, Resident 15 was seated in a recliner in her room with a cup containing 11 round pills of various colors in her hand, and an additional cup with a large oblong pill was observed on her bedside table within her reach. No staff member was in the room or in the hall in the line of vision of Resident 15. Resident 15 indicated she took some of her pills and was going to let the rest of them sit for a little while before she took them. She indicated nurses would normally leave her pills with her to take when she was ready.</p> <p>During an interview, on 11/12/24 at 9:29 AM, Licensed Practical Nurse (LPN) 6 indicated she left the pills with Resident 15 and intended to come back to make sure she had taken them.</p> <p>Resident 15's record was reviewed on 11/12/24 at 10:36 AM. Diagnoses included dissociative and conversion disorder, diabetes mellitus type 2, and dementia, unspecified severity with anxiety.</p> <p>Resident 15's current quarterly, Minimum Data Set (MDS), dated 8/28/24 indicated their Basic Interview for Mental Status (BIMS) score was 14 (cognitively intact).</p> <p>Resident 15's current care plan titled behavior ... indicated the resident had a problem of excessive nervousness, worrying about things she could not control, with a goal date of 2/11/25. Interventions included administering medications as ordered.</p> <p>Resident 15's current care plan titled hyperthyroidism ... indicated the resident had a problem of a risk for complications, with a goal date of 2/11/25. Interventions included</p>				<p>On 11/12/24, the DON was informed that there was a bottle of rubbing alcohol found in Resident #27's room. The bottle of rubbing alcohol was removed from the resident's room on 11/12/24.</p> <p>On 11/12/24, the DON was informed that a vial of insulin for Resident #45 was found opened, but without an open date written on it. The insulin was discarded on 11/12/24.</p> <p>On 11/13/24, the DON was informed that a vial of insulin for Resident #1 had expired on 11/12/24. The insulin had been administered earlier on 11/13/24. The insulin was discarded on 11/13/24.</p> <p>On 11/13/24, the DON held a meeting with licensed nursing staff to address the opened, but un-dated insulin vials, observing medications being administered in resident rooms, and chemicals/hazards in resident rooms.</p> <p>On 11/20/24, the DON inserviced nursing staff on medication administration, medication labeling, checking for expired medications, and that resident rooms are kept free of chemicals/hazards (Please see Attachment N-1). Audits were started on 11/18/24 (Please see</p>		

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	<p>administering medications as ordered.</p> <p>During an interview, on 11/12/24 at 2:04 PM, The Director of Nursing (DON) indicated nurses should watch residents swallow their medications and should not leave pills at the bedside.</p> <p>A current policy, titled Medication Administration Procedure, dated 8/29/16, provided by the Administrator on 11/12/24 at 1:55 PM, indicated staff should remain with the resident until each medication is swallowed. Staff should never leave medication with the resident.</p> <p>2) During an observation, on 11/12/24 at 9:18 AM, a labeled bottle of rubbing alcohol, about 2/3 full of clear liquid, was observed at Resident 27's bedside table, visible from the hallway.</p> <p>During an interview, on 11/12/24 at 9:30 AM, LPN 6 indicated she was not aware the bottle of rubbing alcohol was at her bedside before this encounter. She indicated there was not a current physician's order regarding Resident 27's use of the alcohol. She indicated the Nurse Practitioner should evaluate the appropriateness of the use of rubbing alcohol and provide an order with guidelines for use. She indicated the label indicated the liquid was rubbing alcohol and the amount on the label was 32 ounces. She indicated about 1/3 of the bottle was empty.</p> <p>During an interview, on 11/12/24 at 9:29 AM, Resident 15 indicated her family brought the bottle of rubbing alcohol and she used it to cleanse her chin. She indicated she always kept the bottle on her table.</p> <p>Resident 27's record was reviewed on 11/12/24 at 10:49 AM. Diagnoses included cerebral infarction,</p>				<p>Attachment N-2, Attachment N-3, and Attachment N-4).</p> <p>The DON or designee will be responsible to complete the QA tools "Medication Room/Refrigeration Storage &amp; Medication Cart Review" (Please see Attachment N-1), "Medication Cart Audit" (Please see Attachment N-2), and "Room Audit" (Please see Attachment N-3) daily for five (5) days, then three (3) times per week for three (3) weeks, to achieve a compliance rate of 100%. Once the facility achieves 100% compliance the QA tools will continue to be completed monthly for a minimum of six (6) months to monitor for ongoing compliance. Any identified issues/trends will be corrected upon discovery and logged on facility Quality Improvement Summary Log (Please see Attachment QI-1). This will be followed, reviewed and updated as needed in the facility's monthly Quality Assurance and Performance Improvement Meeting.</p> <p>The facility submits this information as credible allegations of compliance. 11/20/24</p>		

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	<p>chronic kidney disease stage 3, and dysphagia, oral phase.</p> <p>Resident 27's current quarterly Minimum Data Set (MDS) dated 9/9/24 indicated their Basic Interview for Mental Status (BIMS) score was 15 (cognitively intact).</p> <p>No physician orders for the use of rubbing alcohol for Resident 27 were available for review.</p> <p>In an interview, on 11/12/24 at 2:04 PM, the DON indicated the bottle of rubbing alcohol should not have been at the bedside due to risk of accidental consumption.</p> <p>A current policy dated 4/24/19, titled Storage of Medications provided by DON on 11/13/24 at 9:54 AM indicated potentially harmful substances should be clearly identified and stored in a locked area separately from medications.</p> <p>3) During an observation, on 11/12/24 at 10:51 AM, LPN 5 removed a bottle of lispro insulin from the 100-hall medication cart labeled for Resident 45. The bottle's seal was removed and the top of the rubber stopper had pinprick sized puncture marks. No open date was indicated on the bottle.</p> <p>During an interview, on 11/12/24 at 10:52 AM, LPN 5 indicated staff should discard the insulin by the expiration date printed on the bottle, or 28 days after opening. She indicated the open date could not be determined because no date was written on the bottle.</p> <p>Resident 45's record was reviewed on 11/13/24 at 9:20 AM. Diagnoses included type 2 diabetes mellitus with hyperglycemia, hyperlipidemia, and acute on chronic congestive heart failure.</p>						

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	<p>Resident 45's current quarterly MDS indicated his BIMS score was 13 (cognitively intact). The MDS indicated Resident 45 used insulin 7 days a week.</p> <p>Current physician orders dated 9/6/24 indicated Resident 45 should receive Insulin Lispro solution as per a sliding scale.</p> <p>A review of Resident 45's medication administration record, dated November 2024, indicated Resident 45 was administered Lispro insulin each day from 11/1/24 through 11/13/24.</p> <p>During an interview, on 11/13/24 at 9:54 AM, the DON indicated insulin bottles should be labeled with an open date and discarded 28 days after opening.</p> <p>A current, undated policy, titled Refrigerated Preparations-Injectables and Liquids, provided by the DON on 11/13/24 at 9:54 AM, indicated insulin vials should be marked with an open date on the label.</p> <p>4) During an observation on 11/13/24 at 8:58 AM, a bottle of Lantus insulin labeled for Resident 1 was labeled with an open date of 10/15/24.</p> <p>During an interview on 11/13/24 at 8:59 AM, Registered Nurse (RN) 7 indicated insulin can be used for 28 days after opening. He indicated the insulin should have been discarded the previous day. He indicated the expired insulin had been administered to Resident 1 earlier that morning.</p> <p>Resident 1's record was reviewed on 11/12/24 at 2:21 PM. Diagnoses included diabetes mellitus without complications, hyperlipidemia and hypertension.</p>						

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F 0812 SS=F Bldg. 00	<p>A current admission MDS dated 10/21/24 indicated Resident 1's BIMS score was 9 (cognitively impaired). The MDS indicated Resident 1 used insulin 7 days a week.</p> <p>Current physician's orders dated 10/14/24 indicated Resident 1 should receive 13 units of Lantus Insulin twice daily for diabetes mellitus.</p> <p>Resident 1's medication administration record, dated November 2024, indicated Resident 1 was administered 13 units of Lantus insulin on 11/13/24.</p> <p>During an interview, on 11/13/24 at 9:54 AM, the DON indicated insulin bottles should be labeled with an open date and discarded 28 days after opening.</p> <p>A current policy, undated, titled Refrigerated Preparations-Injectables and Liquids, provided by the DON on 11/13/24 at 9:54 AM, indicated Lantus insulin vials should be marked with an open date on the label and discarded 28 days after opening.</p> <p>3.1-25(j)(o)</p> <p>483.60(i)(1)(2) Food Procurement,Store/Prepare/Serve-Sanitary</p> <p>Based on observation, interview, and record review, the facility failed to ensure left overs were labeled, equipment was cleaned, gloving, and hand hygiene was observed during tray pass. 52 of 52 residents ate food prepared in the kitchen and were served ice from the ice machine.</p> <p>Findings include:</p>			F 0812	<p><b>F812 483.60(i)(1)(2).</b> During the kitchen tour on 11/12/24, the following item identified as a concern was addressed by the Dietary Manager (DM). This concern was addressed at the time the surveyor brought it to the DM's attention.</p> <p>The chicken patties in the gallon zip lock bag with the date that</p>		12/04/2024

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	<p>1. During a tour of the kitchen, on 11/12/24 at 09:23 AM, Dietary Manager (DM) 3 indicated the left over chicken patties should be kept 3-7 days. The date on the bag was unreadable.</p> <p>In an interview, on 11/12/24 at 09:23 AM, DM 3 indicated the date on the patties in the gallon zip lock was unreadable. She indicated staff should ensure dates are readable on leftover items.</p> <p>A policy, titled Food Protection and Storage, dated 10/06/2015 indicated "X. Food not in original containers are clearly labeled for contents, dated, and stored in food related containers with tight fitting lids."</p> <p>2. During a tour of the clean utility, on 11/12/24 at 10:39 AM, a black residue was observed on the inside white shield of the ice machine.</p> <p>During an interview, on 11/12/24 at 10:39 AM, Licensed Practical Nurse (LPN) 1 indicated she was not sure what the black residue was on the inside white shield of the ice machine, but she would ask maintenance.</p> <p>During an interview, on 11/12/24 at 10:47 AM, Maintenance 2 indicated the ice machine was cleaned in December and June, according to policy.</p> <p>During an observation, on 11/12/24 at 10:47 AM, Maintenance 2 rubbed off the black residue from the white shield inside the ice machine. Maintenance 2 indicated the ice machine served all residents currently residing in the facility.</p> <p>A policy, titled Ice Machine Monthly Maintenance, provided by Maintenance 2 on 11/12/24 at 10:52 AM, indicated to complete</p>				<p>was unreadable was removed and discarded by the DM on 11/12/24. Staff competencies on proper glove use, proper handwashing, covering, labeling, and dating food, and pureeing food were observed by the DM, DON, and/or the Administrator. The competencies were completed between 11/26/24 and 12/3/24 (Please see Attachment D-1).</p> <p>An inservice led by the company's Consultant Registered Dietitian was conducted on 12/4/24. The facility's Administrator and DM also provided instruction. The findings from the IDH Survey 11/12/24 – 11/14/24 were reviewed. Education was provided on, but not limited to, the following; proper use of gloves and utensils, handwashing, safe food storage, proper preparation of puree diets (Please see Attachment D-2).</p> <p>The facility will follow the policy and procedure for Food Protection and Storage (Please see Attachment D-3). Beginning the week of 12/9/24, it will be the responsibility of the Dietary Manager, Assistant Dietary Manager, or their designee, to complete the Quality Assurance/Performance Improvement Tools entitled "Puree Procedure Review" (Please See Attachment D-4) and "Dietary</p>		

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	<p>maintenance on the machine monthly.</p> <p>3. During an observation, on 11/12/24 at 10:59 AM, Dietary Aide (DA) 4 was observed, during pureed meat preparation, to don a glove on his right hand. No hand hygiene had been performed prior to donning the glove. Dietary Aide 4 then touched a bread sack with the gloved hand, put his gloved hand on the menu, handled the beef stock canister, and opened the oven. Without changing the glove, DA 4 completed the pureed meat preparation utilizing the food processor, then placed the pureed meat on the steam table. DA 4 had not changed the glove nor performed hand hygiene. DA 4 then prepared to plate foods for the lunch meal. He did not perform hand hygiene, nor change the glove. DA 4 touched a cart with the gloved hand, then touched serving tongs, then touched the utensil drawer. DA 4 obtained measuring spoons, but had not performed hand hygiene or changed his glove. DA 4 handled measuring spoons with his gloved hand, touched his ungloved left hand, handled a coffee cup with his gloved hand, and stirred the meat puree with a spoon. Dietary Aide 4 removed his glove. With his bare right hand, DA 4 obtained some leftover puree in the food processor by touching the inside of the processor with his ungloved right index finger, then licked his finger. Dietary Aide 4 did not wash his hands prior to regloving for food plating.</p> <p>In an interview, on 11/12/24 at 11:25 AM, DM 3 indicated she knew there were problems with gloving and hand hygiene she would need to correct.</p> <p>A policy, titled Handwashing, dated 10/6/2015 indicated Hand hygiene should be performed "G. during food preparation as often as necessary ...to</p>				<p>Food Safety Sanitation Checklist" (Please see Attachment D-5) on a weekly basis for four (4) weeks and then monthly thereafter to ensure that proper procedures are followed. A score of at least ninety percent (90%) must be obtained on each weekly checklist. If the score for any week falls below ninety percent (90%), then the checklist will be continued weekly for another four (4) weeks. Any issues or problems noted from the "Puree Procedure Review" and/or on the "Dietary Food Safety Sanitation Checklist" – including those that cause the score percentage to fall below ninety percent (90%) – will be added to the Quality Improvement Summary Log (Please see Attachment QI-1) and will be reviewed at the facility's monthly Quality Assurance and Performance Improvement Meeting.</p> <p>The facility submits this information as credible allegations of compliance. 12/4/24</p> <p>On 11/12/24, the facility's Maintenance Supervisor cleaned the black residue from the white shield inside the ice machine. On 11/29/24, the facility's Maintenance Supervisor disassembled the ice machine and thoroughly cleaned, sanitized, and disinfected it per the</p>		



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	<p>prevent cross contamination while changing tasks"</p> <p>A policy, titled Glove policy, dated 9/9/2015 indicated when using gloves, they should be used for one task then changed.</p> <p>3.1-21(i)(1) 3.1-21(i)(3)</p>		<p>manufacturer's instructions (Please see photos in Attachment M-1-A, Attachment M-1-B, and Attachment M-1-C). The instructions state that the ice machine's water system "should be cleaned and sanitized a minimum of twice per year", which was and is being completed (Please see Attachment M-2). The routine cleaning and disinfecting of the ice machine will be completed monthly per the facility's policy and procedure and Monthly Preventive Maintenance Report (Please see Attachment M-3 and Attachment M-4). The Monthly Preventative Maintenance Report (Please see Attachment M-4) indicates that the ice machine is to be disinfected and de-limed on a monthly basis. The facility's Maintenance Supervisor has also received specific training relating to the installation, maintenance, and servicing of ice machines (Please see Attachment M-5 and Attachment M-6). It will be the responsibility of the facility's Maintenance Supervisor or Designee to clean and disinfect the ice machine per the facility's policy and procedure.</p> <p>It will be the responsibility of the Maintenance Supervisor or Designee to utilize the monthly Maintenance Services Review (Please see Attachment M-7) to ensure that the facility's ice</p>		

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			machine is being cleaned and disinfected per policy and manufacturer's instructions. Results of the Maintenance Services Review will be reported at the facility's monthly Quality Assurance and Performance Improvement Meeting. Any identified concerns will be addressed immediately, will be logged on the Quality Improvement Summary Log (Please see Attachment QI-1), and reviewed monthly in the facility's QAPI Committee Meeting on an ongoing basis for a minimum of six (6) months to monitor and ensure continued compliance.  The facility submits this information as credible allegations of compliance. 11/29/24		