

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

PRINTED: 01/08/2025  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155589		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/06/2024	
NAME OF PROVIDER OR SUPPLIER  MILLER'S MERRY MANOR				STREET ADDRESS, CITY, STATE, ZIP COD 730 SCHOOL ST CULVER, IN 46511			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 0000  Bldg. 00	This visit was for a Recertification and State Licensure Survey.  Survey dates: December 3, 4, 5 and 6, 2024.  Facility number: 000489 Provider number: 155589 AIM number: 100291210  Census Bed Type: SNF/NF: 48 Total: 48  Census Payor Type: Medicare: 1 Medicaid: 35 Other: 3 Total: 48  These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1  Quality Review completed on 12/13/2024			F 0000			
F 0580 SS=D Bldg. 00	483.10(g)(14)(i)-(iv)(15) Notify of Changes (Injury/Dcline/Room, etc.)  Based on record review and interview, the facility failed to to notify the physician of out of range blood sugars for 1 of 2 residents reviewed for insulin (Resident 30).  Finding includes:  A record review for Resident 30 was completed on 12/4/2024 at 9:06 A.M. Diagnoses included, but were not limited to: unspecified dementia, diabetes			F 0580	The facility requests paper compliance for this citation. This Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the		12/26/2024

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

TITLE

(X6) DATE

Craig Clemons

Administrator

12/26/2024

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 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 30 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>mellitus, epilepsy, atrial fibrillation, hypertension, hemiparesis and hemiplegia following cerebral infarction, bilateral visual field deficits and depression.</p> <p>A Quarterly Minimum Data Set (MDS) assessment, dated 11/4/2024, indicated the resident was moderately cognitively impaired.</p> <p>Physicians' Orders included, but were not limited to: notify MD if blood sugar less than 70 milligrams per deciliter (mg/dL) or greater than 350 mg/dL, dated 8/12/2021.</p> <p>A current Care Plan, dated 7/14/2021, indicated Resident 30 was to be monitored for low blood sugar. Interventions included, but were not limited to: call MD if blood sugar less than 70 mg/dL or greater than 350 mg/dL.</p> <p>The October 2024 Medication Administration Record (MAR) indicated Resident 30's blood glucose readings on the following dates were: -10/23/2024 7:11 A.M. as 57 mg/dL - 10/26/2024 8:52 A.M. as 60 mg/dL.</p> <p>The November 2024 MAR indicated Resident 30 had a blood glucose reading of 60 mg/dL on 11/25/2024 at 7:09 A.M.</p> <p>Resident 30's clinical record lacked documentation the physician was notified of any of these out of range low blood sugar assessments.</p> <p>During an interview, on 12/4/2024 at 2:24 P.M., Employee 1 indicated physician notification of an out of range blood sugar should be documented in the nursing progress notes of the clinical record.</p>				<p>statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</p> <p>F- 580 Notify of Changes It is the policy of Miller's Merry Manor to monitor blood glucose per physician orders and notify physician when value is outside ordered parameters.</p> <p>1 Physician was notified of blood sugars outside of call parameters. Resident was assessed and had no signs or symptoms related to abnormal blood sugar level.</p> <p>2 An audit of all residents with blood glucose monitoring orders was completed. No other resident identified to be affected by this deficient practice.</p> <p>3 To ensure that the deficient practice does not recur all nurses will be in-serviced on the policy titled, Blood Glucose Monitoring, Attachment A.</p> <p>4 To monitor the corrective actions and ensure the deficient practice will not recur, the DON/Designee will complete the QA Tool titled, Annual Survey 12-6-24 POC, (Attachment B). This tool will be completed daily (5 days/week) for 2 weeks, then weekly for 4 weeks, then monthly for 3 months, and quarterly thereafter and will be reviewed in one year by the Quality</p>		

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F 0658 SS=D Bldg. 00	<p>During an interview, on 12/6/2024 at 2:24 P.M., the Director of Nursing (DON) indicated the nurse should have documented physician notification in the nursing progress notes of the electronic medical record or on the medication administration record but failed to provide documentation of the notification of the MD for blood sugars less than 70 mg/dL for Resident 30.</p> <p>On 12/6/2024 at 3:15 P.M., the DON provided a policy titled, "New Order Transcription", dated 10/16/2023 and indicated the policy was the one currently used by the facility. The policy indicated "...is the policy of (Miller's Merry Manor Culver) to ensure that physician orders...maintained in a manner that ensures safety upon administration..."</p> <p>3.1-5(a)(2)</p> <p>483.21(b)(3)(i) Services Provided Meet Professional Standards</p> <p>Based on interview and record review, the facility failed to ensure physician services met professional standards of quality related to diagnosis of schizophrenia for 1 of 2 residents reviewed for unnecessary medications. (Residents 1, 25)</p> <p>Finding includes:</p> <p>A record review for Resident 1 was completed on 12/4/2024 at 2:41 P.M. Diagnosis included but were not limited to: Dementia without behavioral disturbances, major depressive disorder, delusional disorder, schizophrenia and hypertension.</p> <p>Resident 1's Physician Orders included, but were</p>			F 0658	<p>Assurance (QA) team to determine the frequency of the audit. Any concerns will be addressed immediately and have a Quality Assurance and Quality Improvement Action Plan completed. The action plan will be reviewed at the monthly QAPI meeting with changes made as appropriate. .</p> <p>5 All systemic changes will be completed by 12/26/2024</p> <p>The facility requests paper compliance for this citation. This Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</p>		12/26/2024

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	<p>not limited to: Zoloft (antidepressant) 100 milligram (mg), 1 tablet by mouth one time a day, Risperidone (antipsychotic) 0.25 mg 1 tablet by mouth one time a day every Wednesday and give 1 tablet by mouth two times all other days.</p> <p>A Care Plan, initiated 3/14/2024 and revised 11/20/2024, indicated Resident 1's behaviors included the following: mood changes such as distress, screaming/yelling, delusions (believing her name is another name other than her given name, her brother is upstairs). Interventions include but were not limited to: redirect/reassure, administer psychological medications as ordered (risperidone), monitor for gradual dose reduction (GDR) and notify physician as needed.</p> <p>The record indicated Resident 1 was admitted to facility on 9/15/2022 with no diagnosis of delusional disorder or schizophrenia.</p> <p>A Facility Behavior/Psychotropic Medication Quarterly Review form, dated 3/18/2024, indicated Resident 1 had began exhibiting distress, screaming/yelling, and delusions on 2/14/2024.</p> <p>A Nursing Progress Note, dated 6/4/2024, indicated the Psych Nurse Practitioner (NP) initiated orders for risperidone 0.25 mg two times a day and to increase the Zoloft medication to 100 mg and added a new diagnosis of delusional disorder.</p> <p>Review of Resident 1's behaviors from May 2024 to November 2024 indicated the following: May there were 31 behaviors. June there were seventeen behaviors. July there were four behaviors. August and September there were three</p>				<p><b>F- 658 Services Provided Meet Professional Standards</b> It is the policy of Miller's Merry Manor 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</p> <p><b>1 Prescriber and Medical Director notified of finding. Diagnosis discontinued.</b></p> <p><b>2 All residents have the potential to be affected by the same deficient practice. An audit was completed and no other residents are affected.</b></p> <p><b>3 To ensure that the deficient practice does not recur all nurses and routine prescribers will be in-serviced on the policy titled, Psychotropic Medication Use, Attachment C. In-service will include not adding a diagnosis solely because the insurance requires it to be covered.</b></p> <p><b>4 To monitor the corrective actions and ensure the deficient practice will not recur, the DON/Designee will complete the QA Tool titled, Annual Survey 12-6-24 POC, (Attachment B). This tool will</b></p>		

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	<p>behaviors.</p> <p>October there was one behavior.</p> <p>November there were two behaviors.</p> <p>A Rounding Providers Psych Progress Note, dated 11/19/2024, indicated the resident was pleasant, coherent, had current delusions, no hallucinations and no risk of harm to self or others.</p> <p>A General Progress Note, dated 11/19/2024 at 2:03 P.M., indicated the NP had visited with the resident and a new order to add the diagnosis of Schizophrenia was received.</p> <p>According to the DSM-5 criteria for schizophrenia "an individual must have Two (or more) of the following, each present for a significant portion of time during a 1-month period (or less if successfully treated). At least one of these must be delusions, hallucinations or disorganized speech: Delusions, Hallucinations, Disorganized speech (e.g., frequent derailment or incoherence), Grossly disorganized or catatonic behavior, Negative symptoms (i.e., diminished emotional expression or avolition)".</p> <p>The clinical record for Resident 1 lacked the documentation of any other exhibited criteria other than delusions.</p> <p>Review of a pharmaceutical communication form, dated 11/4/2024, indicated the risperidone was not covered by Resident 1's prescription plan.</p> <p>Review of a pharmaceutical communication form, dated 11/14/2024, indicated prior authorization was required for the risperidone medication.</p> <p>During an interview, on 12/6/2024 at 10:57 A.M,</p>				<p><b>be completed daily (5 days/week) for 2 weeks, then weekly for 4 weeks, then monthly for 3 months, and quarterly thereafter and will be reviewed in one year by the Quality Assurance (QA) team to determine the frequency of the audit. Any concerns will be addressed immediately and have a Quality Assurance and Quality Improvement Action Plan completed. The action plan will be reviewed at the monthly QAPI meeting with changes made as appropriate.</b></p> <p><b>5 All systemic changes will be completed by 12/26/2024</b></p>		

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	<p>the Social Service Director indicated the diagnosis of schizophrenia was given by the NP, and "the resident should have been given that diagnosis earlier." The Social Service staff indicated Resident 1 had not been seen by a psychiatrist and the insurance company for Resident 1 wanted a more appropriate diagnosis in order to cover the cost of the medication.</p> <p>During an interview, on 12/6/2024 at 11:05 A.M., the Director of Nursing indicated the NP had spoken with the insurance company via the telephone and changed the diagnosis in order for the insurance company be able to cover the cost of the medication.</p> <p>A policy was provided on 12/06/2024 at 1:50 P.M. by the DON. The policy titled "Psychotropic Medication Use" indicated: "...The facility will assure that medication therapy is based upon an adequate indication for use by documenting the supporting diagnosis ..."</p> <p>3.1-35(g)(1)</p>						