

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

PRINTED: 01/19/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155173		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/30/2022	
NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR				STREET ADDRESS, CITY, STATE, ZIP COD 505 N BRADNER AVE MARION, IN 46952			
(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	<p>This visit was for the Investigation of Complaints IN00397755 and IN00395030.</p> <p>Complaint IN00397755 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00395030 - Substantiated. Federal/State deficiencies related to the allegations are cited at F584.</p> <p>Survey dates: December 29 and 30, 2022</p> <p>Facility number: 000089 Provider number: 155173 AIM number: 100287760</p> <p>Census Bed Type: SNF/NF: 64 SNF: 6 Total: 70</p> <p>Census Payor Type: Medicare: 8 Medicaid: 54 Other: 8 Total: 70</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed January 4, 2023.</p>			F 0000			
F 0584 SS=D Bldg. 00	<p>483.10(i)(1)-(7) Safe/Clean/Comfortable/Homelike Environment §483.10(i) Safe Environment. The resident has a right to a safe, clean,</p>						

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

TITLE

(X6) DATE

John Velasquez

Administrator

01/13/2023

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 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>comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>The facility must provide-</p> <p>§483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible.</p> <p>(i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk.</p> <p>(ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.</p> <p>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2) (iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels.</p> <p>Based on observation, record review, and</p>			F 0584	What corrective action will be		01/20/2023

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	<p>interview, the facility failed to ensure toilet risers were maintained in a clean and sanitary manner for 1 of 5 resident rooms observed (Room 150).</p> <p>Findings include:</p> <p>During a random observation of Room 150's bathroom, on 12/29/22 at 11:34 a.m., the front of the toilet riser had a dried brown substance, approximately the diameter of a softball.</p> <p>During an interview, on 12/29/22 at 11:39 a.m., the Director of Nursing (DON) indicated she did not like seeing the substance on the toilet riser.</p> <p>During an interview, on 12/29/22 at 11:42 a.m., Licensed Practical Nurse (LPN) 2 indicated the residents in Room 150 required assistance to the bathroom and were unable to independently get into or out of the bathroom. The toilet riser should have been cleaned immediately after it was soiled.</p> <p>During an interview, on 12/30/22 at 11:05 a.m., the Housekeeping Supervisor indicated the housekeepers were responsible for cleaning the toilet risers while on duty. She indicated the housekeeper should have been notified when the toilet riser needed cleaned. When the housekeepers were not on duty the nursing staff was responsible for cleaning the toilet risers if they became soiled.</p> <p>Review of a current facility policy, titled "General Instruction for Cleaning Supplies/Equipment," provided by the Administrator on 12/30/22 at 12:00 p.m., indicated the following: "...Toilet risers are for multiple use and are cleaned by the housekeeping daily per scheduled cleaning...."</p>				<p>accomplished for those residents found to have been affected by the deficient practice? Our housekeeping staff was alerted to the concern and the riser was cleaned immediately. Housekeeping staff are responsible to clean resident bathrooms daily. Housekeeping staff were present on the hall of the affected room cleaning other rooms but had not made it to this particular room yet since it near mid shift.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken? All residents have the potential to be affected. Housekeeping staff were in-serviced on the "Housekeeping policy and procedures" (Attachment A) which includes cleaning resident bathrooms section "W" in the procedures. Inservice with housekeeping staff were completed by 1/20/23. Nursing staff were also in-serviced with an in-service dated 1/12/23 "Nursing staff in-service on cleaning bathroom risers/toilet seat" (Attachment B)</p> <p>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur Housekeeping staff were in-serviced on the Housekeeping</p>		

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	This Federal tag relates to Complaints IN00395030. 3.1-19(f)		<p>policy and procedures pertaining to section W, cleaning resident bathrooms by Jan 20 2023. Nursing staff were in-serviced on cleaning resident bathroom risers as needed by Jan 20 2023.</p> <p>How the corrective actions will be monitored to ensure the deficient practice will not recur (what QAPI program)</p> <p>The Housekeeping/laundry supervisor or designee will complete the QAPI tool labeled "housekeeping Audit tool POC". The housekeeping supervisor or designee will audit 10 resident restrooms on each hall 5 days each week for 2 weeks then three days each week for 30 days then quarterly thereafter until the facility maintains 90% compliance as part of the QAPI program. The Any concerns noted shall be corrected and placed on the QAPI Action Plan (Attachment C) and results shared at the next QAPI meeting.</p> <p>By what date the system changes for the deficiency will be completed? January 20th 2023</p>		