

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

PRINTED: 08/25/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155564		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/02/2023	
NAME OF PROVIDER OR SUPPLIER  MILLER'S MERRY MANOR				STREET ADDRESS, CITY, STATE, ZIP COD 259 W HARRISON ST MOORESVILLE, IN 46158			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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 Complaint IN00414135.</p> <p>Complaint IN00414135 - Federal/State deficiencies related to the allegations are cited at F760.</p> <p>Survey date: August 2, 2023</p> <p>Facility number: 000398 Provider number: 155564 AIM number: 100291110</p> <p>Census Bed Type: SNF: 14 SNF/NF: 53 Total: 67</p> <p>Census Payor Type: Medicare: 14 Medicaid: 41 Other: 12 Total: 67</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed August 8, 2023.</p>			F 0000	<p><i>Please accept this Plan of Correction for the Health Survey ending August 2, 2023 as the Provider's Letter of Credible Allegation of Compliance. This Provider respectfully requests consideration for paper compliance in lieu of a revisit survey for this Plan of Correction, with a completion date of 8/3/2023.</i></p>		
F 0760 SS=D Bldg. 00	<p>483.45(f)(2) Residents are Free of Significant Med Errors The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors.</p> <p>Based on interview and record review, the facility failed to ensure residents were free from significant medication errors for 1 of 3 residents</p>			F 0760	<p><i>It is the policy of Miller's Merry Manor, Mooresville to ensure that all medications are inputted correctly including right dosage,</i></p>		08/03/2023

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

TITLE

(X6) DATE

Cassandra Sigmund

DON

08/24/2023

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>reviewed. (Resident B)</p> <p>Finding includes:</p> <p>On 8/2/23 at 11:00 a.m., the clinical record for Resident B was reviewed. The diagnoses included, but were not limited to, cerebral vascular accident (CVA) and hypertension.</p> <p>A review of the admission home health orders, dated 6/29/23, included, but were not limited to:</p> <ul style="list-style-type: none"> <li>- Chlorthalidone (a diuretic medication) 25 mg (milligrams), give one half tablet daily, dated 6/29/23.</li> </ul> <p>A review of the signed orders physician's orders included, but were not limited to:</p> <p>Chlorthalidone 25 mg, one tablet daily, initiated 7/19/23</p> <p>Resident B's MAR (Medication Administration Record), dated 7/1/2023 through 7/31/2023, indicated Resident B received Chlorthalidone 25 mg daily while in the facility.</p> <p>On 8/2/23 at 12:56 p.m., the DON (Director of Nursing) indicated Resident B was to receive Chlorthalidone 25 mg, one half tablet daily. After Resident B was discharged to home, it was discovered Resident B was given a whole tablet of Chlorthalidone 25 mg daily. She indicated when the nursing staff received the orders from the home health agency, they entered it into the computer and sent it to the physician for verification. The DON indicated the staff should have reviewed the medications put into the computer, but they did not.</p> <p>On 8/2/23 at 1:35 p.m., the DON provided the facility Physician Order Transcription Policy,</p>				<p><i>route, frequency and time to be given Resident B received Chlorthalidone 25mg daily. Blood pressures remained within normal limits while receiving incorrect dosage, resulting in no harm to the resident. All newly admitted residents have been audited to ensure medications have been inputted accurately.</i></p> <p><i>All residents have the potential to be affected by this deficient practice. All residents newly admitted to the facility have been audited to ensure that all medications have been verified by two nurses to check for accuracy. An admission chart audit is also completed within 72 hours of admission. All licensed nursing staff were inserviced on 8/3/2023 on the Physician Order Transcription Procedure and New Admission Chart Audit Tool (Attachment A).</i></p> <p><i>All licensed nursing staff were inserviced on 8/3/2023 on the Physician Order Transcription Procedure and the New Admission Chart Audit Tool. Director of Nursing/Designee will monitor new admission orders to ensure medications are inputted correctly including right dosage, and ensure the new admission chart audit is completed within 72 hours of admission to the facility.</i></p>		

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	<p>revised 6/15/10, and indicated it was the policy currently in use. The policy indicated if orders were entered directly into the PCC (point click care software) just add the new orders.</p> <p>This Federal tag relates to Complaint IN00414135.</p> <p>3.1-48(c)(2)</p>				<p><i>New Admission Medication Review Quality Assurance Tool (Attachment B) will be utilized daily x4 weeks, weekly x4 weeks, monthly x3 months, and quarterly thereafter to ensure two licensed nurses are verifying orders for accuracy and chart audits are being completed within 72 hours of admission to the facility.</i></p>		