CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/09/2012 FORM APPROVED OMB NO. 0938-0391

	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 155557		(X2) MI A. BUII B. WIN	LDING G	00	(X3) DATE COMP: 12/20/2	LETED
	PROVIDER OR SUPPLIER			1651 N	ADDRESS, CITY, STATE, ZIP CODE CAMPBELL ST ADDRESS IN 16218		
	S MERRY MANOR			INDIAN	APOLIS, IN46218		
(X4) ID PREFIX TAG	(EACH DEFICIEN	FATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	E	(X5) COMPLETION DATE
F0000	This visit was for Complaint IN001 Complaint IN001 Federal deficience allegation are cite Survey dates: Deficiency dates	r the investigation of 100306. 100306: Substantiated. Prices related to the ed at F157 and F282. 1000500 155557 100266220 NTeam Coordinator I. 1. Pr., R.N. N.	FO	TAG 0000	We respectfully request paracompliance for this plan of correction. The resident of (Resident #D) no longer resident in the facility. The nurse responsible for not notifyin MD/NP is no longer employ the facility. There are no cresidents found to be affect this. The facility will diliger follow the corrective measure into place to ensure continuous compliance. Respectfully submitted, Matthew D. shart HFA	ted sides g the yed at other sted by ntly ure put ued	DATE
LADORATOR	V DIRECTORIC OR BROW	/IDED/CITDDI IED DEDDECENTATIVE'C CI	I COLLA TELEDI		TITI E		(V6) DATE

(X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

74K711

Facility ID:

000500

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 155557		(X2) MULTI A. BUILDIN B. WING		o0	(X3) DATE S COMPLI 12/20/20	ETED	
	ROVIDER OR SUPPLIER		10	651 N C	DRESS, CITY, STATE, ZIP CODE AMPBELL ST POLIS, IN46218		
		SATEMENT OF DEPLOYENCES				Ī	Q15)
(X4) ID PREFIX TAG	(EACH DEFICIENC	FATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	PRE	D EFIX AG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	Ē	(X5) COMPLETION DATE
		es reflect State findings ce with 410 IAC 16.2.					
	Quality review completed 12/22/11 Cathy Emswiller RN						
F0157 SS=D	resident; consult wand if known, notifice representative or a when there is an a resident which resident which resident which resident which resident which resident change mental, or psychosocial statuconditions or clinical tertreatment significant change in exist to adverse consequency form of treatment transfer or discharge facility as specified. The facility must all resident and, if known there is a change in reside State law or regular paragraph (b)(1) of the facility must resupdate the address.	is in either life threatening all complications); a need to inificantly (i.e., a need to sting form of treatment due quences, or to commence a ment); or a decision to ge the resident from the d in §483.12(a). Iso promptly notify the pown, the resident's legal interested family member ange in room or roommate excified in §483.15(e)(2); or ent rights under Federal or attions as specified in					
	family member. Based on record	review and interview, the	F0157	7	We respectfully request pape	er	01/09/2012

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: **74K711**

Facility ID: 000500 If continuation sheet

Page 2 of 16

	NT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155557	(X2) MULTIPLE A. BUILDING B. WING	00 	COMPI	(X3) DATE SURVEY COMPLETED 12/20/2011		
	PROVIDER OR SUPPLIE		1651	T ADDRESS, CITY, STATE, ZIP C N CAMPBELL ST ANAPOLIS, IN46218	ODE			
(X4) ID PREFIX		TATEMENT OF DEFICIENCIES NCY MUST BE PERCEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION SE CROSS-REFERENCED TO THE A DEFICIENCY)	RECTION HOULD BE PPROPRIATE	(X5) COMPLETION		
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)		DATE		
	facility failed to	notify and consult with		compliance for this pl				
	the attending ph	ysician and/or Nurse		correction. The resid				
	Practitioner abo	ut the need to evaluate a		(Resident #D) no long in the facility. The nu				
	resident for any	condition changes, as		responsible for not no				
	previously ordered by the Nurse Practitioner, to determine if there was a			MD/NP is no longer e				
				the facility. There we				
		e or alter treatment		residents found to be				
		y course of antipsychotic		this. The facility will of follow the corrective r				
	1	· 1 of 6 residents reviewed		into place to ensure of	•			
	1			F157-D	omphance.			
		ving antipsychotic		1.) Resident D was	discharged			
	medications, in a sample of 6 residents reviewed. [Resident #D]			to home and no longe				
				the facility. The nurse	•			
				for not following the p				
	Findings include	e:		or notifying the MD/N longer employed @ tl				
				The DON was made				
	Following the en	ntrance conference on		fact that the the sero				
	12/19/11 at 10:1	5 A.M., the Administrator		stopped and the MD/				
	provided a list o	f resident admissions and		notified on 11-16-11.				
	_	ne months of October,		investigated and correspond soon as it was known				
	1	December, 2011.		responsible resigned				
	,	,		A medication error wa				
	From the list Re	esident #D was identified		completed which incli				
	1	ole admissions and		that the MD/NP were	not notified			
		igh all 3 months.		appropriately.				
	discharges throt	ign an 5 monuis.		All residents have potential to be affected.				
	The elegated stimi	cal record was reviewed		practice. All current re				
				physicians' orders ha				
		1:35 A.M. The resident		audited for any timed	orders,			
	1	nitted to the facility from		orders to re-evaluate	-			
		spital on 10/10/11. The		MD/NP or any other r				
		ge summary, dated		clarifications or follow be needed. There we				
	10/7/11, listed a primary diagnosis of venous stasis ulcers and lower extremity cellulitis. Other discharge diagnoses were		residents found to be					
			3.) All licensed nurs					
			in-serviced on the imp					
	listed as: lower	extremity edema, chronic		closely evaluating and	d monitoring			

STATEMEN	TEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) M	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUII	LDING	00	COMPL			
		155557	B. WIN			12/20/2	011		
NAME OF I	DROLUDED OD GUDDUIEI		_	STREET A	ADDRESS, CITY, STATE, ZIP CODE				
NAME OF I	PROVIDER OR SUPPLIEI			1651 N	CAMPBELL ST				
	S MERRY MANOR				APOLIS, IN46218				
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		(X5)		
PREFIX	-	ICY MUST BE PERCEDED BY FULL		PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROP DEFICIENCY)			COMPLETION		
TAG		LSC IDENTIFYING INFORMATION)	-	IAG		ooial	DATE		
		betes mellitustype 2,			all medication orders with sp attention to timed medication				
		hyperlipidemia, anemia,			orders, antipsychotic or othe				
		incontinence, and			tapered medications, and				
	asthma. Discharge medications included,				admission/re-admission orde				
		ited to, antibiotics, pain			including the need to notify t				
	and blood pressu	ire medications, and			MD/NP for clarification and/o follow up.	וו			
	anticoagulants.	There were no orders for			In addition to this in-service	this is			
	any psychotropic	e medications.			a part of all new nurse orien				
					Re-education will be comple				
	An "Initial Asse	ssment," completed by the			twice annually for current nu				
		ant psychiatric APRN			and as needed if any concer				
	· ·	tice Registered Nurse			are identified. This education include completely following				
	-	ident had additional			residents' plan of care include				
		olar disease and a history			but not limited to physicians	J			
	-	n/self-harm ("razor			orders. In-service will be hel	d on			
		e last episode in 2006. A			1-6-11.				
	· ·	ation, completed on			 4.) All current residents' medication orders have bee 	n			
	•	•			audited for timed medication				
	•	ted " she showed Social			appropriate MD/NP notificati				
		s and stated 'I used to be a			DON/ADON.				
	_	olar.' She came for with			All resident				
		iatric] diagnoses, no			admission/re-admission orde will be written by a licensed				
		ome or hospital list"			and double checked by a se				
	-	depressant medication]			license nurse with-in the first				
	and Risperdal [a				hours. This will be noted by				
	_	e ordered following the			co-signature on all orders. A				
	evaluation on 10	0/24/11.			orders will also be verified w MD/NP at the time, requesti				
					clarification of any unclear o	•			
	On 11/3/11, the	time not indicated, the			missing orders.	•			
	Nurse Practition	er wrote the following			All medication/ancillary orde	rs are			
	order:	-			inputted into the electronic				
					medical record by a licensed				
	"1. D/C [discon	tinue] Risperdal			nurse. The licensed nurse w audit all orders for any timed				
	_	every other day times 7			tapered medications or cond				
	days then D/C.	- · · · · · · · · · · · · · · · · · · ·			that need to be followed up				
	augo men D/C.				<u>'</u>				

000500

STATEMEN	f '			ULTIPLE CO	NSTRUCTION	(X3) DATE SURVEY		
AND PLAN	ND PLAN OF CORRECTION IDENTIFICATION NUMBER: 155557			LDING	00	COMPL	ETED	
		155557	B. WIN			12/20/2	011	
NAME OF I	DROVIDED OD CUDDI IEI		•	STREET A	ADDRESS, CITY, STATE, ZIP CODE	•		
NAME OF F	PROVIDER OR SUPPLIER	· ·		1651 N	CAMPBELL ST			
	S MERRY MANOR			l	APOLIS, IN46218			
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	`	ICY MUST BE PERCEDED BY FULL		PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			COMPLETION	
TAG		R LSC IDENTIFYING INFORMATION)		TAG			DATE	
	3. Seroquel [an				monitored closely on a track tool. (See attached tool titled			
	_	mg. day 1 at H.S.			Mar's and Tar's) This will the			
	[bedtime]; 100 mg. p.o. [by mouth] on Day 2; 200 mg. p.o. on day 3; 300 mg. on				followed up on by Unit Mana			
					or designee to ensure accur			
	day 4." There w	rere no additional			and compliance.			
	instructions on c	continuing the medication			A 72 hour chart audit is also			
	following the for				completed by the Medical Records Designee and will r	noto		
		-			any areas that need MD/NP	iol e		
	The November	2011 M.A.R. indicated			notification or clarification ar	nd		
	-	to have received the first			inform the appropriate nurse	of		
		1 50 mg. at 8:00 P.M. on			needed follow up.			
	_	ver, a "Progress Notes"			The consultant pharmacist v	vill		
		at 2:12 P.M. indicated			also pay particularly close attention to timed orders and	1		
	1 -				tapered medications as thos			
		transferred to the acute			audits are conducted on a			
		R. at 1:45 P.M. for a			monthly basis.			
	complaint of abo	lominal pain.			A weekly medication			
					administration audits will be completed to ensure on-goir	20		
		irned to the facility on			compliance.	ig		
	11/5/11. A facil	-			All of the above audits will b	е		
	Telephone Order	r," dated 11/5/11 at 6:30			done on an on-going basis ι	ınless		
	P.M. and co-sign	ned by the Nurse			recommended by the Quality			
	Practitioner on 1	1/5/11, indicated:			Assurance Committee or Me	edical		
					Director to do otherwise. As always and per policy any e	rror		
	"Clarification: S	Seroquel 50 mg. tablet 1			discovered will be addresse			
	p.o. at H.S. day	1 times 1 on 11/5/11; then			corrected immediately, and			
	1	g. 1 p.o. at H.S. day 2			responsible will be re-educa	ted		
	, ,	11; then Seroquel 200			and counseled accordingly.	_		
		at H.S. day 3 times 1 on			The DON or Designee will b responsible for all of the abo			
	11/7/11; the Seroquel 300 mg. tablet 1				5.) Date of	, v C .		
		4 times 1 on 11/8/11; then			Completion1-9-11			
	-	Doctor] to evaluate for any						
	_	rders on 11/8/11."						
	change of new 0	14015 011 11/0/11.						
	The November,	2011 M.A.R. indicated						

000500

	STATEMENT OF DEFICIENCIES XI) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 155557		(X2) MU A. BUII B. WIN	LDING	nstruction 00	(X3) DATE (COMPL 12/20/2	ETED
NAME OF I	PROVIDER OR SUPPLIER				DDRESS, CITY, STATE, ZIP CODE		
					CAMPBELL ST		
	S MERRY MANOR			INDIAN	APOLIS, IN46218		
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		(X5)
PREFIX TAG		CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)		PREFIX TAG	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	COMPLETION DATE
		ived the Seroquel 50 mg.					
		P.M., the 100 mg. on 11/6					
		200 mg. on 11/7 at 8:00					
	P.M., and the 30	0 mg. on 11/8 at 8:00					
	P.M.						
		0.4					
		not receive any further					
	9:00 P.M.	oquel until 11/16/11 at					
	7.00 I .IVI.						
	A Nurse Practition	oner progress note, dated					
		P.M., indicated :"I					
	received a call fr	om the staff stating					
	_	ng significant behavior					
	issues and they f						
	I	en stopped on her psych					
	_	asked the staff to trouble					
		and restarted Seroquel as					
	"	s, 200 mg. X 3 days, then ery day thereafter"					
	500 mg. q.u. [evi	ory day; moreaner					
	A "Progress Note	es" entry, dated 11/10/11					
		prior to the restart of the					
	Seroquel medica	tion on 11/16/11,					
	indicated "At 6:5	50 P.M. Indianapolis					
		ived to facility to respond					
	_	placed by client. Metro					
		ited to this writer that call					
	_	resident stating that she					
	_	herself. M.D. on call					
		order received for: 1.) pital for emergency					
		nation for Dx. [diagnosis]					
		n, and means to carry					
	, , , , , , , , , , , , , , , , , , ,	,					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: **74K711**

Facility ID:

000500

If continuation sheet

Page 6 of 16

	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			X2) MULTIF		TRUCTION 00		(X3) DATE COMPL	
THE LEAN	D PLAN OF CORRECTION IDENTIFICATION NUMBER: 155557			A. BUILDING	3			12/20/2	
		100007	В	B. WING				12/20/2	011
NAME OF P	ROVIDER OR SUPPLIER	1				ORESS, CITY, STAT	TE, ZIP CODE		
MILLER'S	S MERRY MANOR					AMPBELL ST POLIS, IN46218	R		
		TATEMENT OF DEPLOYER COM				JEIO, 114-02 10			OVE:
(X4) ID PREFIX		TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY		ID PREF			AN OF CORRECTION ACTION SHOULD BE		(X5) COMPLETION
TAG	`	LSC IDENTIFYING INFORMA		TA		CROSS-REFERENCE	O TO THE APPROPRIAT CIENCY)	E	DATE
		dent was transported o							
		ambulance to an acute							
		2:10 P.M. The residen							
	returned to the facility on 11/11/11 at 7:48								
		s to follow-up with	-						
		ces. The resident was							
		30 minute suicide water	ch						
		by the consultant							
		N on 11/11/11 at 1:45							
	P.M.								
	-								
	Progress notes fr	om the APRN on							
	_	ed the resident was no							
		"Patient was angry wit	th I						
	_	esterday, then regrette							
		st and then 'as always							
		elf.' Denies desire for							
	_	Denies suicidal ideatio							
		ery 30 minute suicide							
		ere discontinued on							
	11/11/11 at 11:30								
		New Behavior7 Day	7						
		ecklist" observation for							
		" was continued throu							
		o further indications fr	_						
	f f	elf-harm or suicidal							
	thoughts.								
	3								
	Electronic record	ds between 11/9 and							
		ed the attending physic	cian						
		tioner had been contact							
		plaint of left wrist pair							
		Ray was ordered, and							
		continued use of eye	2-						
FORM CMS-2	567(02-99) Previous Version		ent ID: 74K	711 F	acility ID:	000500	If continuation sh	neet Par	ge 7 of 16

Page 7 of 16

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 155557		LDING	NSTRUCTION 00	(X3) DATE COMPL 12/20/2	ETED	
	PROVIDER OR SUPPLIER		1651 N	DDRESS, CITY, STATE, ZIP CODE CAMPBELL ST APOLIS, IN46218	_	
(X4) ID PREFIX TAG	SUMMARY S' (EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE	
	infection. There nursing staff had with the physicia about the previous [Medical Doctor change or new or following the 4 do antipsychotic medication and interview of the Director of N Resident #D did following the 30 the medication with 11/16/11. She in have expected a shift on 11/8/11 Nurse Practition or clarification order evaluate for any However, a licential called the physicial for a follow-up to "no one consider"	on 12/20/11 at 2:00 P.M., Itursing confirmed that not receive any Seroquel 0 mg. dose on 11/8 until vas re-instated on indicated she would not nurse on evening or night to call the physician or				

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MU	JLTIPLE CO	NSTRUCTION	(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUII	DING	00	COMPL	ETED
		155557	B. WIN			12/20/2	011
			•		ADDRESS, CITY, STATE, ZIP CODE		
NAME OF P	ROVIDER OR SUPPLIER			1651 N	CAMPBELL ST		
	S MERRY MANOR		INDIANAPOLIS, IN46218		APOLIS, IN46218		
(X4) ID		TATEMENT OF DEFICIENCIES			PROVIDER'S PLAN OF CORRECTION		(X5) COMPLETION
PREFIX	-	CY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATION DEFICIENCY)	ACTION SHOULD BE TO THE APPROPRIATE	
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
F0282 SS=D	facility must be proin accordance with plan of care. Based on record facility failed to depractitioner order evaluation was considered an antipsy an initial 4-day timesidents reviewed psychotropic med 6 residents reviewed Findings include Following the en 12/19/11 at 10:15 provided a list of discharges for the November, and I. From the list, Re as having multiple discharges through the closed clinic on 12/19/11 at 11 was initially adman acute care hos hospital discharge 10/7/11, listed a part of the closed clinic on 12/11, listed a part of the closed cl	ompleted, related to the chotic medication after itrated dose; for 1 of 6 ed who were receiving dications, in a sample of wed. [Resident #D] trance conference on 5 A.M., the Administrator resident admissions and e months of October, December, 2011. sident #D was identified le admissions and	FO	282	F282 1.) Resident D was dischar to home and no longer reside the facility. The nurse responsor for not following the plan of cornotifying the MD/NP is no longer employed @ the facility. The DON was made aware of fact that the the seroquel was stopped and the MD/NP was notified on 11-16-11. This was investigated and corrected as soon as it was known. The N responsible resigned at the tity A medication error was completed which included the that the MD/NP were not not appropriately. 2.) All residents have the potential to be affected by this practice. All current residents physicians' orders have been audited for any timed orders, orders to re-evaluate and not MD/NP or any other needed clarifications or follow up that be needed. There were no of residents found to be affected 3.) All licensed nurses will lin-serviced on the importance closely evaluating and monite all medication orders with speattention to timed medication orders, antipsychotic or other tapered medications, and admission/re-admission orders.	es in sible are ty. of the as not as surse time. e fact iffed tiffy there is coring ecial are the coring ecial are	01/09/2012
	venious stasis uic	ors and lower extremity			including the need to notify the	-	

STRIET ADDRESS, CITY, STATE, ZIP CODE	STATEMEN	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA			ULTIPLE CO	NSTRUCTION	(X3) DATE SURVEY	
NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR MILLER'S MERRY MANOR SIMMARY STATEMENT OF DEFICIENCIES REQUILITORY OF LISC IDENTIFYING INFORMATION) Cellulitis. Other discharge diagnoses were listed as: lower extremity edema, chronic renal failure, diabetes mellitus—type 2, hypothyroidism, hypothipidemia, hypothyroidism, hypothipidemia, anemia, anticoagulation, incontinence, and asthma. Discharge medications included, but were not limited to, antibiotics, pain and blood pressure medications, and anticoagulants. There were no orders for any psychotropic medications. An "Initial Assessment," completed by the facility's consultant psychiatric APRN [Advanced Practice Registered Nurse] indicated the resident had additional diagnoses of bipolar disease and a history of self-mutilation/self-harm ("razor blades") with the last cpisode in 2006. A subsequent evaluation, completed on 10/24/11, indicated " she showed Social Service her arms and stated "lused to be a cutter I'm bipolar." She came for with no psych [psychiatric] diagnoses, no psych meds on home or hospital list" Effevor [an antidepressant medication] and Risperdal [an antipsychotic medication] were ordered following the evaluation on 10/24/11. The October, 2011 M.A.R. [Medication Administration Record] indicated the resident received the Risperdal 0.5 mg.	AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	Δ RIIII	DING	00	COMPL	ETED
MILLER'S MERRY MANOR MILLER'S MERRY MANOR SUMMARY STATEMENT OF DEFICIENCES PREFIX GEACH DEFICIENCY MUST BE PERCEDED BY FULL REQUILATORY OR I.S.C IDENTIFYING INFORMATION) Cellulitis. Other discharge diagnoses were listed as: lower extremity edema, chronic renal failure, diabetes mellitus—type 2, hypothyroidism, hyperlipidemia, anemia, anticoagulation, incontinence, and asthma. Discharge medications included, but were not limited to, antibiotics, pain and blood pressure medications, and anticoagulants. There were no orders for any psychotropic medications. An "Initial Assessment," completed by the facility's consultant psychiatric APRN [Advanced Practice Registered Nurse] indicated the resident had additional diagnoses of bipolar disease and a history of self-mutilation/self-harm ("razor blades") with the last episode in 2006. A subsequent evaluation, completed on 10/24/11, indicated " she showed Social Service her arms and stated "I used to be a cutter I'm bipolar." She came for with no psych [psychiatric] diagnoses, no psych meds on home or hospital list" Effexor [an antiepressant medication] and Risperdal [an antipsychotic medication] were ordered following the evaluation on 10/24/11. The October, 2011 M.A.R. [Medication Administration Record] indicated the resident received the Risperdal 0.5 mg.			155557				12/20/2	011
MILLER'S MERRY MANOR MILLER'S MERRY MANOR SIMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR I.S. CIBENTEYING INFORMATION) PREFIX TAG Cellulitis. Other discharge diagnoses were listed as: lower extremity edema, chronic renal failure, diabetes mellitus—type 2, hypothyroidism, hyperlipidemia, anemia, anticoagulation, incontinence, and asthma. Discharge medications included, but were not limited to, antibiotics, pain and blood pressure medications, and anticoagulants. There were no orders for any psychotropic medications. An "Initial Assessment," completed by the facility's consultant psychiatric APRN [Advanced Practice Registered Nurse] indicated the residents consultation, completed on 10/24/11, indicated " she showed Social Service her arms and stated" tused to be a cutter I'm bipolar.' She came for with no psych [psychiatric] diagnoses, no psych meds on home or hospital list" Effexor [an antidepressant medication] and Risperdal [an antipsychotic medication] were ordered following the evaluation on 10/24/11. The October, 2011 M.A.R. [Medication Administration Record] indicated the resident received the Risperdal 0.5 mg. 1651 N CAMPBELL ST [NDIANAPOLIS, INA6218 InDIAN POLIS, INA6218 PREFIX TAG PREFIX PROFICIENT PROFICIENT PROFICIENT PROFICIENT PROFICIENT PROFICE COMPRISE REJECTO TO Item Proficion (DAT) ADIAN POCI clarification and/or follow up. Completed by following the evaluation of percelulation, and anticoagulation, incontinence, and anticoagulation, and introduced by the facility's consultant psychotic medication and orders and sate of the device and service and an appropriate MDNP politication by DON/ADON. All resident medications and appropriate MDNP politication by DON/ADON. All resident medication by DON/ADON. All resident medication and appropriate MDNP politication by DON/ADON. All resident medication and appropriate MDNP politication by DON/ADON. All resident medication and content of the profice of the profice of the profice of the profice o				D. 17111		DDRESS, CITY, STATE, ZIP CODE		
MILLER'S MERRY MANOR INDIANAPOLIS, IN46218 INDIANAPOLIS, INA6218 INDIA	NAME OF P	ROVIDER OR SUPPLIEF	8					
PREFIX TAG REGULATORY OR LISC IDENTIFYING INFORMATION cellulitis. Other discharge diagnoses were listed as: lower extremity edema, chronic renal failure, diabetes mellitus-type 2, hypothyroidism, hyperlipidemia, anemia, anticoagulation, incontinence, and asthma. Discharge medications included, but were not limited to, antibiotics, pain and blood pressure medications, and anticoagulatis. There were no orders for any psychotropic medications. An "Initial Assessment," completed by the facility's consultant psychiatric APRN [Advanced Practice Registered Nurse] indicated the resident had additional diagnoses of bipolar disease and a history of self-mutilation/self-harm ("razor blades") with the last episode in 2006. A subsequent evaluation, completed on 10/24/11, indicated " she showed Social Service her arms and stated T used to be a cutter I'm bipolar.' She came for with no psych [psychiatric] diagnoses, no psych meds on home or hospital list" Effexor [an antidepressant medication] and Risperdal [an antipsychotic medication] were ordered following the evaluation on 10/24/11. The October, 2011 M.A.R. [Medication Administration Record] indicated the resident received the Risperdal 0.5 mg.	MILLER'S	S MERRY MANOR						
cellulitis. Other discharge diagnoses were listed as: lower extremity edema, chronic renal failure, diabetes mellitustype 2, hypothyroidism, hyperlipidemia, anemia, anticoagulation, incontinence, and asthma. Discharge medications included, but were not limited to, antibiotics, pain and blood pressure medications, and anticoagulants. There were no orders for any psychotropic medications. An "Initial Assessment," completed by the facility's consultant psychiatric APRN [Advanced Practice Registered Nursec] indicated the resident had additional diagnoses of bipolar disease and a history of self-mutilation/self-harm ("razor blades") with the last episode in 2006. A subsequent evaluation, completed on 10/24/11, indicated " she showed Social Service her arms and stated "I used to be a cutter I'm bipolar.' She came for with no psych [psychiatric] diagnoses, no psych meds on home or hospital list" Effexor [an antidepressant medication] and Risperdal [an antipsychotic medication] were ordered following the evaluation on 10/24/11. The October, 2011 M.A.R. [Medication Administration Record] indicated the resident received the Risperdal 0.5 mg.	(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
cellulitis. Other discharge diagnoses were listed as: lower extremity edema, chronic renal failure, diabetes mellitustype 2, hypothyroidism, hyperlipidemia, anemia, anticoagulation, incontinence, and asthma. Discharge medications included, but were not limited to, antibiotics, pain and blood pressure medications, and anticoagulants. There were no orders for any psychotropic medications. An "Initial Assessment," completed by the facility's consultant psychiatric APRN [Advanced Practice Registered Nurse] indicated the resident had additional diagnoses of bipolar disease and a history of self-mutilation/self-harm ("razor blades") with the last episode in 2006. A subsequent evaluation, completed on 10/24/11, indicated " she showed Social Service her arms and stated 'I used to be a cutter I'm bipolar.' She came for with no psych [psychiatric] diagnoses, no psych meds on home or hospital list" Effexor [an antidepressant medication] and Risperdal [an antipsychotic medication] were ordered following the evaluation on 10/24/11. The October, 2011 M.A.R. [Medication Administration Record] indicated the resident received the Risperdal 0.5 mg. MD/NP for clarification and/or follow up. In addition to this in-service this is a part of all new nurse orientation. Re-education will be completed twice annually for current nurses and as needed if any concerns are identified. This education will enclude completed the timical twice annually for current nurses and as needed if any concerns are electuation will ecompleted twice annually for current nurses and as needed if any concerns are identified. This education will enclude completed by following the residents' plan of care including but not limited to physicians or des. In section of the residents' plan of care including but not limited to prescribe will be held on 1-6-11. 4.) All current residents' medication and appropriate MD/NP notification by DoN/ADON. All resident administration by DoN/ADON. All resident administration and appropriate MD/NP notification of	PREFIX	(EACH DEFICIEN	CY MUST BE PERCEDED BY FULL		PREFIX	CROSS-REFERENCED TO THE APPROPRIA	ΓE	COMPLETION
listed as: lower extremity edema, chronic renal failure, diabetes mellitustype 2, hypothyroidism, hyperlipidemia, anemia, anticoagulation, incontinence, and asthma. Discharge medications included, but were not limited to, antibiotics, pain and blood pressure medications, and anticoagulants. There were no orders for any psychotropic medications. An "Initial Assessment," completed by the facility's consultant psychiatric APRN [Advanced Practice Registered Nurse] indicated the resident had additional diagnoses of bipolar disease and a history of self-mutilation/self-harm ("razor blades") with the last episode in 2006. A subsequent evaluation, completed on 10/24/11, indicated " she showed Social Service her arms and stated "I used to be a cutter I'm bipolar.' She came for with no psych [psychiatric] diagnoses, no psych meds on home or hospital list" Effexor [an antidepressant medication] and Risperdal [an antipsychotic medication] were ordered following the evaluation on 10/24/11. The October, 2011 M.A.R. [Medication Administration Receved libras-type 2, hypothysical and part of all new nurse orientation. Re-education will be completed twice annually for current nurses and as needed if any concerns are identified. This education will include completelely following the residents' plan of care including but not limited to physicians orders. In-service will be held on 1-6-11. 4.) All current residents' medication orders have been audited for timed medication by DON/ADON. All resident administration by DON/ADON. Solve the administration orders will be offered with MD/NP at the time, requesting clarification of any unclear or missing orders. All medication/ancillary orders are inputted into the electronic medical record by a licensed nurse will audit all orders for any time the problem of the proposal proposal and to be a licensed nurse will audit all orders for any time the problem of the proposal proposal and to be a licensed nurse will audit all orders for any time the problem of the proposal proposal	TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
In addition to this in-service this is a part of all new nurse orientation. Re-education will be completed twice annually for current nurses and asthma. Discharge medications included, but were not limited to, antibiotics, pain and blood pressure medications, and anticoagulants. There were no orders for any psychotropic medications. An "Initial Assessment," completed by the facility's consultant psychiatric APRN [Advanced Practice Registered Nurse] indicated the resident had additional diagnoses of bipolar disease and a history of self-mutilation/self-harm ("razor blades") with the last episode in 2006. A subsequent evaluation, completed on 10/24/11, indicated " she showed Social Service her arms and stated 'I used to be a cutter I'm bipolar.' She came for with no psych [psychiatric] diagnoses, no psych meds on home or hospital list" Effexor [an antidepressant medication] and Risperdal [an antipsychotic medication] were ordered following the evaluation on 10/24/11. The October, 2011 M.A.R. [Medication Administration Record] indicated the resident Resident Re-Evaluation) This will then be followed up on by Unit the polacy of the product of the prod		cellulitis. Other	discharge diagnoses were				r	
hypothyroidism, hyperlipidemia, anemia, anticoagulation, incontinence, and asthma. Discharge medications included, but were not limited to, antibiotics, pain and blood pressure medications, and anticoagulants. There were no orders for any psychotropic medications. An "Initial Assessment," completed by the facility's consultant psychiatric APRN [Advanced Practice Registered Nurse] indicated the resident had additional diagnoses of bipolar disease and a history of self-mutilation/self-harm ("razor blades") with the last episode in 2006. A subsequent evaluation, completed on 10/24/11, indicated " she showed Social Service her arms and stated 'I used to be a cutter I'm bipolar.' She came for with no psych [psychiatric] diagnoses, no psych meds on home or hospital list" Elfexor [an antidepressant medication] and Risperdal [an antipsychotic medication] were ordered following the evaluation on 10/24/11. The October, 2011 M.A.R. [Medication Administration Re-education will be completed twice annually for current nurses and saneded if any concerns are identified. This education will include completely following the residents plan of care including but not limited by physicians orders. In-service will be held on 1-6-11. 4.) All current residents' medication orders had additional adulted for timed medication orders had appropriate MD/NP notification by DON/ADON. All resident admission/re-admission orders will be written by a licensed nurse and double checked by a second license nurse with-in the first 8 hours. This will be noted by co-signature on all orders. All orders will also be verified with MD/NP at the time, requesting clarification of any unclear or missing orders. All medication/ancillary orders are inputted into the electronic medical record by a licensed nurse will audit all orders for any timed, tapered medications or conditions that need to be followed up on or monitored closely on a tracking tool. (See attached tool titled Resident Re-Evaluation) This will then be followed up on by Unit		<u>-</u>				-		
hypothyroidism, hyperlipidemia, anemia, anticoagulation, incontinence, and ashma. Discharge medications included, but were not limited to, antibioticis, pain and blood pressure medications, and anticoagulants. There were no orders for any psychotropic medications. An "Initial Assessment," completed by the facility's consultant psychiatric APRN [Advanced Practice Registered Nurse] indicated the resident had additional diagnoses of bipolar disease and a history of self-mutilation/self-harm ("razor blades") with the last episode in 2006. A subsequent evaluation, completed on 10/24/11, indicated " she showed Social Service her arms and stated 'I used to be a cutter I'm bipolar.' She came for with no psych [psychiatric] diagnoses, no psych meds on home or hospital list" Effexor [an antidepressant medication] and Risperdal [an antipsychotic medication] were ordered following the evaluation on 10/24/11. The October, 2011 M.A.R. [Medication Administration Record] indicated the resident received the Risperdal 0.5 mg.		renal failure, dia	betes mellitustype 2,					
anticoagulation, incontinence, and asthma. Discharge medications included, but were not limited to, antibiotics, pain and blood pressure medications, and anticoagulants. There were no orders for any psychotropic medications. An "Initial Assessment," completed by the facility's consultant psychiatric APRN [Advanced Practice Registered Nurse] indicated the resident had additional diagnoses of bipolar disease and a history of self-mutilation/self-harm ("razor blades") with the last episode in 2006. A subsequent evaluation, completed on 10/24/11, indicated " she showed Social Service her arms and stated 'I used to be a cutter I'm bipolar.' She came for with no psych [psychiatric] diagnoses, no psych meds on home or hospital list" Effexor [an antidepressant medication] and Risperdal [an antipsychotic medication] were ordered following the evaluation on 10/24/11. The October, 2011 M.A.R. [Medication Administration Record] indicated the resident Resident Re-Evaluation) This will then be followed up on or you full then be followed up on or by Unit then be followed up on by Unit the providence and as needed if any care including and are including but not limited to physicians or ders. In the residents will include completely following the residents' planed for time the seldent in will include completely following the residents' planed in the residents' planed for time the seldent in limited to physicians or ders. In		1						
asthma. Discharge medications included, but were not limited to, antibiotics, pain and blood pressure medications, and anticoagulants. There were no orders for any psychotropic medications. An "Initial Assessment," completed by the facility's consultant psychiatric APRN [Advanced Practice Registered Nurse] indicated the resident had additional diagnoses of bipolar disease and a history of self-mutilation/self-harm ("razor blades") with the last episode in 2006. A subsequent evaluation, completed on 10/24/11, indicated " she showed Social Service her arms and stated 'I used to be a cutter I'm bipolar.' She came for with no psych [psychiatric] diagnoses, no psych meds on home or hospital list" Effexor [an antidepressant medication] and Risperdal [an antipsychotic medication] were ordered following the evaluation on 10/24/11. The October, 2011 M.A.R. [Medication Administration Record] indicated the resident received the Risperdal 0.5 mg.								
but were not limited to, antibiotics, pain and blood pressure medications, and anticoagulants. There were no orders for any psychotropic medications. An "Initial Assessment," completed by the facility's consultant psychiatric APRN [Advanced Practice Registered Nurse] indicated the resident had additional diagnoses of bipolar disease and a history of self-mutilation/self-harm ("razor blades") with the last episode in 2006. A subsequent evaluation, completed on 10/24/11, indicated " she showed Social Service her arms and stated 'I used to be a cutter I'm bipolar.' She came for with no psych [psychiatric] diagnoses, no psych meds on home or hospital list" Effexor [an antidepressant medication] and Risperdal [an antipsychotic medication] were ordered following the residents plan for are including but not limited to physicians orders. In-service will be held on 1.6-1.1. 4.) All current residents' medication orders have been audited for timed medication and appropriate MD/NP notification by DON/ADON. All resident admission/re-admission orders will be written by a licensed nurse and double checked by a second license nurse with-in the first 8 hours. This will be noted by co-signature on all orders. All orders will also be verified with MD/NP at the time, requesting darification of any unclear or missing orders. All medication vill include completed put not limited to physicians orders. In-service will be held on 1.6-1.1. 4.) All current residents' medication and appropriate MD/NP notification by DON/ADON. All resident admission/re-admission orders will be written by a licensed nurse will be vorticed by a second license nurse with-in the first 8 hours. This will be noted by orosingature on all orders. All orders will also be verified with MD/NP at the time, requesting darification of any unclear or missing orders. All redication orders will be verified. The residents orders will be noted by co-signature on all orders. All orders will also be verified with MD/NP at the time, requesting darification of any								
and blood pressure medications, and anticoagulants. There were no orders for any psychotropic medications. An "Initial Assessment," completed by the facility's consultant psychiatric APRN [Advanced Practice Registered Nurse] indicated the resident had additional diagnoses of bipolar disease and a history of self-mutilation/self-harm ("razor blades") with the last episode in 2006. A subsequent evaluation, completed on 10/24/11, indicated " she showed Social Service her arms and stated 'I used to be a cutter I'm bipolar.' She came for with no psych [psychiatric] diagnoses, no psych meds on home or hospital list" Effexor [an antidepressant medication] and Risperdal [an antipsychotic medication] were ordered following the evaluation on 10/24/11. The October, 2011 M.A.R. [Medication Administration Record] indicated the resident received the Risperdal 0.5 mg.			=					
anticoagulants. There were no orders for any psychotropic medications. An "Initial Assessment," completed by the facility's consultant psychiatric APRN [Advanced Practice Registered Nurse] indicated the resident had additional diagnoses of bipolar disease and a history of self-mutilation/self-harm ("razor blades") with the last episode in 2006. A subsequent evaluation, completed on 10/24/11, indicated " she showed Social Service her arms and stated 'I used to be a cutter I'm bipolar.' She came for with no psych [psychiatric] diagnoses, no psych meds on home or hospital list" Effexor [an antidepressant medication] and Risperdal [an antipsychotic medication] were ordered following the evaluation on 10/24/11. The October, 2011 M.A.R. [Medication Administration Record] indicated the resident received the Risperdal 0.5 mg.			· · ·					
any psychotropic medications. An "Initial Assessment," completed by the facility's consultant psychiatric APRN [Advanced Practice Registered Nurse] indicated the resident had additional diagnoses of bipolar disease and a history of self-mutilation/self-harm ("razor blades") with the last episode in 2006. A subsequent evaluation, completed on 10/24/11, indicated " she showed Social Service her arms and stated 'I used to be a cutter I'm bipolar.' She came for with no psych [psychiatric] diagnoses, no psych meds on home or hospital list" Effexor [an antidepressant medication] and Risperdal [an antipsychotic medication] were ordered following the evaluation on 10/24/11. The October, 2011 M.A.R. [Medication Administration Record] indicated the resident received the Risperdal 0.5 mg.		_				·	ing	
An "Initial Assessment," completed by the facility's consultant psychiatric APRN [Advanced Practice Registered Nurse] indicated the resident had additional diagnoses of bipolar disease and a history of self-mutilation/self-harm ("razor blades") with the last episode in 2006. A subsequent evaluation, completed on 10/24/11, indicated " she showed Social Service her arms and stated 'I used to be a cutter I'm bipolar.' She came for with no psych [psychiatric] diagnoses, no psych meds on home or hospital list" Effexor [an antidepressant medication] and Risperdal [an antipsychotic medication] were ordered following the evaluation on 10/24/11. The October, 2011 M.A.R. [Medication Administration Record] indicated the resident received the Risperdal 0.5 mg.							l on	
An "Initial Assessment," completed by the facility's consultant psychiatric APRN [Advanced Practice Registered Nurse] indicated the resident had additional diagnoses of bipolar disease and a history of self-mutilation/self-harm ("razor blades") with the last episode in 2006. A subsequent evaluation, completed on 10/24/11, indicated " she showed Social Service her arms and stated 'I used to be a cutter I'm bipolar.' She came for with no psych [psychiatric] diagnoses, no psych meds on home or hospital list" Effexor [an antidepressant medication] and Risperdal [an antipsychotic medication] were ordered following the evaluation on 10/24/11. The October, 2011 M.A.R. [Medication Administration Record] indicated the resident received the Risperdal 0.5 mg. 4.) All current residents' medication orders have been audited for timed medication and appropriate MD/NP notification and appropriate MD/NP notification by DON/ADON. All resident MD/NP notification by DON/ADON. All resident medication appropriate MD/NP notification by DON/ADON. All resident medication appropriate MD/NP notification by DON/ADON. All resident medication and appropriate MD/NP notification by DON/ADON. All resident medication appropriate MD/NP notification by DON/ADON. All resident medication and appropriate MD/NP of limpson relieved by DON/ADON. All resident medi		any psychotropic	e medications.				1 011	
An "Initial Assessment," completed by the facility's consultant psychiatric APRN [Advanced Practice Registered Nurse] indicated the resident had additional diagnoses of bipolar disease and a history of self-mutilation/self-harm ("razor blades") with the last episode in 2006. A subsequent evaluation, completed on 10/24/11, indicated " she showed Social Service her arms and stated 'I used to be a cutter I'm bipolar.' She came for with no psych [psychiatric] diagnoses, no psych meds on home or hospital list" Effexor [an antidepressant medication] and Risperdal [an antipsychotic medication] were ordered following the evaluation on 10/24/11. The October, 2011 M.A.R. [Medication Administration Record] indicated the resident received the Risperdal 0.5 mg. medication orders have been audited for timed medication and appropriate MD/NP notification by DON/ADON. All resident admission/re-admission orders will be written by a licensed nurse will be written by a licensed nurse will and lorders. All orders will be noted by co-signature on all orders. All orders will as ob everified with MD/NP at the time, requesting clarification of any unclear or missing orders. All medication/arcillary orders are inputted into the electronic medical record by a licensed nurse will audit all orders for any timed, tapered medications or conditions that need to be followed up on or monitored closely on a tracking tool. (See attached tool titled Resident Re-Evaluation) This will then be followed up on by Unit								
[Advanced Practice Registered Nurse] indicated the resident had additional diagnoses of bipolar disease and a history of self-mutilation/self-harm ("razor blades") with the last episode in 2006. A subsequent evaluation, completed on 10/24/11, indicated " she showed Social Service her arms and stated 'I used to be a cutter I'm bipolar.' She came for with no psych [psychiatric] diagnoses, no psych meds on home or hospital list" Effexor [an antidepressant medication] and Risperdal [an antipsychotic medication] were ordered following the evaluation on 10/24/11. The October, 2011 M.A.R. [Medication Administration Record] indicated the resident received the Risperdal 0.5 mg.		An "Initial Asses	ssment," completed by the			•	1	
[Advanced Practice Registered Nurse] indicated the resident had additional diagnoses of bipolar disease and a history of self-mutilation/self-harm ("razor blades") with the last episode in 2006. A subsequent evaluation, completed on 10/24/11, indicated " she showed Social Service her arms and stated 'I used to be a cutter I'm bipolar.' She came for with no psych [psychiatric] diagnoses, no psych meds on home or hospital list" Effexor [an antidepressant medication] and Risperdal [an antipsychotic medication] were ordered following the evaluation on 10/24/11. The October, 2011 M.A.R. [Medication Administration Record] indicated the resident received the Risperdal 0.5 mg.		facility's consult	ant psychiatric APRN			audited for timed medication	and	
indicated the resident had additional diagnoses of bipolar disease and a history of self-mutilation/self-harm ("razor blades") with the last episode in 2006. A subsequent evaluation, completed on 10/24/11, indicated " she showed Social Service her arms and stated 'I used to be a cutter I'm bipolar.' She came for with no psych [psychiatric] diagnoses, no psych meds on home or hospital list" Effexor [an antidepressant medication] and Risperdal [an antipsychotic medication] were ordered following the evaluation on 10/24/11. The October, 2011 M.A.R. [Medication Administration Record] indicated the resident received the Risperdal 0.5 mg.						appropriate MD/NP notification	on by	
diagnoses of bipolar disease and a history of self-mutilation/self-harm ("razor blades") with the last episode in 2006. A subsequent evaluation, completed on 10/24/11, indicated " she showed Social Service her arms and stated 'I used to be a cutter I'm bipolar.' She came for with no psych [psychiatric] diagnoses, no psych meds on home or hospital list" Effexor [an antidepressant medication] and Risperdal [an antipsychotic medication] were ordered following the evaluation on 10/24/11. The October, 2011 M.A.R. [Medication Administration Record] indicated the resident received the Risperdal 0.5 mg.		-	2					
of self-mutilation/self-harm ("razor blades") with the last episode in 2006. A subsequent evaluation, completed on 10/24/11, indicated " she showed Social Service her arms and stated 'I used to be a cutter I'm bipolar.' She came for with no psych [psychiatric] diagnoses, no psych meds on home or hospital list" Effexor [an antidepressant medication] and Risperdal [an antipsychotic medication] were ordered following the evaluation on 10/24/11. The October, 2011 M.A.R. [Medication Administration Record] indicated the resident received the Risperdal 0.5 mg. will be written by a licensed nurse and double checked by a second license nurse with-in the first 8 hours. This will be noted by co-signature on all orders. All orders will also be verified with MD/NP at the time, requesting clarification of any unclear or missing orders. All medication/ancillary orders are inputted into the electronic medical record by a licensed nurse. The licensed nurse will audit all orders for any timed, tapered medications or conditions that need to be followed up on or monitored closely on a tracking tool. (See attached tool titled Resident Re-Evaluation) This will then be followed up on by Unit								
blades") with the last episode in 2006. A subsequent evaluation, completed on 10/24/11, indicated " she showed Social Service her arms and stated 'I used to be a cutter I'm bipolar.' She came for with no psych [psychiatric] diagnoses, no psych meds on home or hospital list" Effexor [an antidepressant medication] and Risperdal [an antipsychotic medication] were ordered following the evaluation on 10/24/11. The October, 2011 M.A.R. [Medication Administration Record] indicated the resident received the Risperdal 0.5 mg. and double checked by a second license nurse with-in the first 8 hours. This will be noted by co-signature on all orders. All orders will also be verified with MD/NP at the time, requesting clarification of any unclear or missing orders. All medication/ancillary orders are inputted into the electronic medical record by a licensed nurse. The licensed nurse will audit all orders for any timed, tapered medications or conditions that need to be followed up on or monitored closely on a tracking tool. (See attached tool titled Resident Re-Evaluation) This will then be followed up on by Unit		-	_					
subsequent evaluation, completed on 10/24/11, indicated " she showed Social Service her arms and stated 'I used to be a cutter I'm bipolar.' She came for with no psych [psychiatric] diagnoses, no psych meds on home or hospital list" Effexor [an antidepressant medication] and Risperdal [an antipsychotic medication] were ordered following the evaluation on 10/24/11. The October, 2011 M.A.R. [Medication Administration Record] indicated the resident received the Risperdal 0.5 mg. license nurse with-in the first 8 hours. This will be noted by co-signature on all orders. All orders soll orders will also be verified with MD/NP at the time, requesting clarification of any unclear or missing orders. All medication/ancillary orders are inputted into the electronic medical record by a licensed nurse. The licensed nurse will audit all orders for any timed, tapered medications or conditions that need to be followed up on or monitored closely on a tracking tool. (See attached tool titled Resident Re-Evaluation) This will then be followed up on by Unit			· ·					
hours. This will be noted by co-signature on all orders. All orders will also be verified with MD/NP at the time, requesting clarification of any unclear or missing orders. psych meds on home or hospital list" Effexor [an antidepressant medication] and Risperdal [an antipsychotic medication] were ordered following the evaluation on 10/24/11. The October, 2011 M.A.R. [Medication Administration Record] indicated the resident received the Risperdal 0.5 mg. hours. This will be noted by co-signature on all orders. All orders will also be verified with MD/NP at the time, requesting clarification of any unclear or missing orders. All medication/ancillary orders are inputted into the electronic medical record by a licensed nurse will audit all orders for any timed, tapered medications or conditions that need to be followed up on or monitored closely on a tracking tool. (See attached tool titled Resident Re-Evaluation) This will then be followed up on by Unit		· ·	-			_		
Service her arms and stated 'I used to be a cutter I'm bipolar.' She came for with no psych [psychiatric] diagnoses, no psych meds on home or hospital list" Effexor [an antidepressant medication] and Risperdal [an antipsychotic medication] were ordered following the evaluation on 10/24/11. The October, 2011 M.A.R. [Medication Administration Record] indicated the resident received the Risperdal 0.5 mg. Orders will also be verified with MD/NP at the time, requesting clarification of any unclear or missing orders. All medication/ancillary orders are inputted into the electronic medical record by a licensed nurse. The licensed nurse will audit all orders for any timed, tapered medications or conditions that need to be followed up on or monitored closely on a tracking tool. (See attached tool titled Resident Re-Evaluation) This will then be followed up on by Unit		-	-					
cutter I'm bipolar.' She came for with no psych [psychiatric] diagnoses, no psych meds on home or hospital list" Effexor [an antidepressant medication] and Risperdal [an antipsychotic medication] were ordered following the evaluation on 10/24/11. The October, 2011 M.A.R. [Medication Administration Record] indicated the resident received the Risperdal 0.5 mg. MD/NP at the time, requesting clarification of any unclear or missing orders. All medication/ancillary orders are inputted into the electronic medical record by a licensed nurse. The licensed nurse will audit all orders for any timed, tapered medications or conditions that need to be followed up on or monitored closely on a tracking tool. (See attached tool titled Resident Re-Evaluation) This will then be followed up on by Unit		-				9		
clarification of any unclear or missing orders. All medication/ancillary orders are inputted into the electronic medication] were ordered following the evaluation on 10/24/11. The October, 2011 M.A.R. [Medication Administration Record] indicated the resident received the Risperdal 0.5 mg. clarification of any unclear or missing orders. All medication of any unclear or missing orders. All medication of any unclear or missing orders. All medication/ancillary orders are inputted into the electronic medical record by a licensed nurse. The licensed nurse will audit all orders for any timed, tapered medications or conditions that need to be followed up on or monitored closely on a tracking tool. (See attached tool titled Resident Re-Evaluation) This will then be followed up on by Unit		Service her arms	and stated 'I used to be a					
missing orders. All medication/ancillary orders are inputted into the electronic medication] were ordered following the evaluation on 10/24/11. The October, 2011 M.A.R. [Medication Administration Record] indicated the resident received the Risperdal 0.5 mg. missing orders. All medication/ancillary orders are inputted into the electronic medical record by a licensed nurse. The licensed nurse will audit all orders for any timed, tapered medications or conditions that need to be followed up on or monitored closely on a tracking tool. (See attached tool titled Resident Re-Evaluation) This will then be followed up on by Unit		cutter I'm bipo	olar.' She came for with				-	
psych meds on home or hospital list" Effexor [an antidepressant medication] and Risperdal [an antipsychotic medication] were ordered following the evaluation on 10/24/11. The October, 2011 M.A.R. [Medication Administration Record] indicated the resident received the Risperdal 0.5 mg. All medication/ancillary orders are inputted into the electronic medical record by a licensed nurse. The licensed nurse will audit all orders for any timed, tapered medications or conditions that need to be followed up on or monitored closely on a tracking tool. (See attached tool titled Resident Re-Evaluation) This will then be followed up on by Unit		no psych [psychi	iatric] diagnoses, no			-		
Effexor [an antidepressant medication] and Risperdal [an antipsychotic medication] were ordered following the evaluation on 10/24/11. The October, 2011 M.A.R. [Medication Administration Record] indicated the resident received the Risperdal 0.5 mg. inputted into the electronic medical record by a licensed nurse. The licensed nurse will audit all orders for any timed, tapered medications or conditions that need to be followed up on or monitored closely on a tracking tool. (See attached tool titled Resident Re-Evaluation) This will then be followed up on by Unit						· ·	s are	
and Risperdal [an antipsychotic medication] were ordered following the evaluation on 10/24/11. The October, 2011 M.A.R. [Medication Administration Record] indicated the resident received the Risperdal 0.5 mg. medical record by a licensed nurse will audit all orders for any timed, tapered medications or conditions that need to be followed up on or monitored closely on a tracking tool. (See attached tool titled Resident Re-Evaluation) This will then be followed up on by Unit		1 2	*			-	5 UI 5	
medication] were ordered following the evaluation on 10/24/11. The October, 2011 M.A.R. [Medication Administration Record] indicated the resident received the Risperdal 0.5 mg. nurse. The licensed nurse will audit all orders for any timed, tapered medications or conditions that need to be followed up on or monitored closely on a tracking tool. (See attached tool titled Resident Re-Evaluation) This will then be followed up on by Unit		_	-			•		
evaluation on 10/24/11. The October, 2011 M.A.R. [Medication Administration Record] indicated the resident received the Risperdal 0.5 mg. addit all orders for any tirried, tapered medications or conditions that need to be followed up on or monitored closely on a tracking tool. (See attached tool titled Resident Re-Evaluation) This will then be followed up on by Unit			* *			nurse. The licensed nurse wi	II	
that need to be followed up on or monitored closely on a tracking tool. (See attached tool titled Resident Record) indicated the resident received the Risperdal 0.5 mg. that need to be followed up on or monitored closely on a tracking tool. (See attached tool titled Resident Re-Evaluation) This will then be followed up on by Unit		_	•					
The October, 2011 M.A.R. [Medication Administration Record] indicated the resident received the Risperdal 0.5 mg. monitored closely on a tracking tool. (See attached tool titled Resident Re-Evaluation) This will then be followed up on by Unit		evaluation on 10	// / ' ' / / 1 1 .					
Administration Record] indicated the resident received the Risperdal 0.5 mg. tool. (See attached tool titled Resident Re-Evaluation) This will then be followed up on by Unit		Administration Record] indicated the			•			
resident received the Risperdal 0.5 mg. Resident Re-Evaluation) This will then be followed up on by Unit					-	ı ıy		
resident received the Risperdal 0.5 mg. then be followed up on by Unit					•	s will		
		[milligrams] dail	ly at 8:00 P.M. on 10/24,			Managers or designee to ens		
10/25, and 10/26/11. A "Progress Notes" accuracy and compliance.		10/25, and 10/26	5/11. A "Progress Notes"			accuracy and compliance.		

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) M	ULTIPLE CO	ONSTRUCTION 00	(X3) DATE COMPL		
111,12,12,111	or condition	155557		LDING		12/20/2	
			B. WIN		ADDRESS, CITY, STATE, ZIP CODE		
NAME OF I	PROVIDER OR SUPPLIEI	R			CAMPBELL ST		
MILLER'	S MERRY MANOR				APOLIS, IN46218		
(X4) ID		STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	NCY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION)		TAG	A 72 hour chart audit is also		DATE
	entry on 10/27/11 at 10:20 A.M. indicated the resident had become unresponsive				completed by the Medical		
					Records Designee and will r	note	
		and was subsequently			any areas that need MD/NP		
		ed, to an acute care			notification or clarification ar inform the appropriate nurse		
	hospital.				needed follow up.	· UI	
	The regident set	armed to the facility on			The consultant pharmacist w	/ill	
		urned to the facility on			also pay particularly close		
		spital orders for Risperdal			attention to timed orders and tapered medications as thos		
	1 ~	tily. The November, 2011 d the resident did not			audits are conducted on a	C	
					monthly basis.		
		f the Risperdal at 9:00			A weekly medication		
	1	at received a dose at 9:00			administration audits will be		
	A.M. on 11/3/11				completed to ensure on-goir compliance.	ıg	
	0 11/0/11 1				All of the above audits will be	е	
		time not indicated, the			done on an on-going basis ι		
		er wrote the following			recommended by the Quality		
	order:				Assurance Committee or Me Director to do otherwise. As	edicai	
					always and per policy any e	ror	
	"1. D/C [discon				discovered will be addressed	d and	
		every other day times 7			corrected immediately, and		
	days then D/C.				responsible will be re-educa and counseled accordingly.	ted	
	3. Seroquel [an				The DON or Designee will b	e	
		mg. day 1 at H.S.			responsible for all of the abo		
		ng. p.o. [by mouth] on			5.) Date of		
		p.o. on day 3; 300 mg. on			Completion1-9-11_		
	1 -	vere no additional					
		continuing the medication					
	following the fo	urth day.					
	The November,	2011 M.A.R. indicated					
	the resident was	to have received the first					
	dose of Seroque	150 mg. at 8:00 P.M. on					
	11/4/11. Howev	ver, a "Progress Notes"					
	entry on 11/4/11	at 1:27 P.M. indicated					

	IT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CI IDENTIFICATION NUMBER: 155557	A. B) MULTIPLE CO BUILDING VING	NSTRUCTION 00		COMPLI 12/20/20	ETED
	PROVIDER OR SUPPLIER		•	1651 N	DDRESS, CITY, STA CAMPBELL ST APOLIS, IN462			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	(EACH CORRECTIV CROSS-REFERENCE	PLAN OF CORRECTION F. ACTION SHOULD BE ED TO THE APPROPRIATE FICIENCY)	<u> </u>	(X5) COMPLETION DATE
	"Resident in room to go to the hosp and assessed resident assessed resident at 2 Liters. Apical Lungs clear to at of side pain, offer she accepted." At 1:50 P.M. indirected in the resident's [family that N.P. [Nurse notified of resident give order for [emergency room states 'She is goin called 911 becaute stomach pain when you aren't doing placed [family mallowed A.D.O.N. Nursing] to speat member]continuent Repaged N.P. and member's insisted received to send at this time." The to the acute care P.M. The resident return 11/5/11. A facility Telephone Order P.M. and co-sign	m at this time requestinital. Writer went to rolident. Blood pressure at the property of the p	ng oom 2 oon ed intry er as 1 I iter of E.R. nily D11 rred	TAG	DEF	ICLENCY)		DATE
FORM CMS-2	567(02-99) Previous Version	ons Obsolete Eve	ent ID: 74K7 1	1 Facility I	D: 000500	If continuation she	et Pac	e 12 of 16

AND PLAN OF CORRECTION IDE		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155557	LDING	nstruction 00	(X3) DATE SURVEY COMPLETED 12/20/2011			
NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR			 STREET ADDRESS, CITY, STATE, ZIP CODE 1651 N CAMPBELL ST INDIANAPOLIS, IN46218					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE			
	Practitioner on 11/5/11, included, but was not limited to the following orders: "D/C Effexor; D/C Risperdal due to sensitivity reaction."							
	A facility "Physician's Telephone Order," dated 11/5/11 at 6:30 P.M. and co-signed by the Nurse Practitioner on 11/5/11, indicated: "Clarification: Seroquel 50 mg. tablet 1 p.o. at H.S. day 1 times 1 on 11/5/11; then Seroquel 100 mg. 1 p.o. at H.S. day 2 times 1 on 11/6/11; then Seroquel 200 mg. tablet 1 p.o. at H.S. day 3 times 1 on 11/7/11; the Seroquel 300 mg. tablet 1 p.o. at H.S. day 4 times 1 on 11/8/11; then M.D. [Medical Doctor] to evaluate for any change or new orders on 11/8/11." The November, 2011 M.A.R. indicated the resident received the Seroquel 50 mg. on 11/5 at 8:00 P.M., the 100 mg. on 11/6 at 8:00 P.M., the 200 mg. on 11/7 at 8:00 P.M., and the 300 mg. on 11/8 at 8:00 P.M.							
		not receive any further oquel until 11/16/11 at						
	11/16/11 at 3:55 received a call fr	oner progress note, dated P.M., indicated :"I om the staff stating ng significant behavior						

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: **74K711**

Facility ID: 000500 If continuation sheet

Page 13 of 16

		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155557	ĺ	LDING	nstruction 00	(X3) DATE SURVEY COMPLETED 12/20/2011	
NAME OF I	DOWNED OF CURRITIES	,	F		DDRESS, CITY, STATE, ZIP CODE		
NAME OF PROVIDER OR SUPPLIER					CAMPBELL ST		
MILLER'S MERRY MANOR				INDIAN	APOLIS, IN46218		
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE	(X5)	
PREFIX TAG	(EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)		COMPLETION DATE	
TAG	issues and they f			IAG	,		DATE
	1	en stopped on her psych					
		asked the staff to trouble					
	-	and restarted Seroquel as					
		rs, 200 mg. X 3 days, then					
		ery day] thereafter"					
	_	es" entry, dated 11/10/11					
		prior to the restart of the					
	Seroquel medication on 11/16/11,						
	indicated "At 6:50 P.M. Indianapolis						
	Metro Police arrived to facility to respond						
	to call that was placed by client. Metro Police officer stated to this writer that call was received per resident stating that she had plans to kill herself. M.D. on call						
	•	order received for: 1.)					
	Send to E.R. hospital for emergency psychiatric evaluation for Dx. [diagnosis] suicidal risk, plan, and means to carry out" The resident was transported out of the facility by ambulance to an acute care hospital at 7:10 P.M. The resident returned to the facility on 11/11/11 at 7:48 A.M. with orders to follow-up with psychiatric services. The resident was placed on every 30 minute suicide watch checks until seen by the consultant psychiatric APRN on 11/11/11 at 1:45						
	P.M.						
	Due amage in the C	on the ADDN or					
	_	om the APRN on					
	11/11/11 indicated the resident was no longer suicidal"Patient was angry with						
	ionger suicidal	i auciii was angiy witii					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: **74K711**

Facility ID:

000500

If continuation sheet

Page 14 of 16

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 155557		IDENTIFICATION NUMBER:	A. BUILI		(X3) DATE SURVEY (COMPLETED) (12/20/2011)		ETED
188887			B. WING		DDRESS, CITY, STATE, ZIP CODE		
NAME OF PROVIDER OR SUPPLIER					CAMPBELL ST		
MILLER'S MERRY MANOR				INDIANA	APOLIS, IN46218		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG			F	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	COMPLETION DATE
TAG		esterday, then regretted		TAG			DATE
	1	st and then 'as always					
	1	elf.' Denies desire for					
	1	Denies suicidal ideation					
		ery 30 minute suicide					
		re discontinued on					
	11/11/11 at 11:30						
		New Behavior7 Day					
		cklist" observation for					
	"suicide ideation	" was continued through					
	11/17/11, with no	o further indications from					
	the resident of self-harm or suicidal thoughts.						
		resident had a scheduled					
		acute care hospital					
	1 * *	for admitting diagnoses of					
		aggressiveness, and					
	sexually inappropriate behaviors. The resident returned to the facility on 11/28/11 with orders for Seroquel 300 mg. daily, and remained on the medication until she was subsequently discharged from the facility to her home on 12/18/11, with orders for the Seroquel 300 mg. daily.						
	In an interview o	on 12/20/11 at 2:00 P.M.,					
	the Director of Nursing confirmed that Resident #D did not receive any Seroquel						
	following the 30	0 mg. dose on 11/8 until					
	the medication w	vas re-instated on					
	11/16/11. She indicated she would not						

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

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 155557		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING (X3) DATE SURVEY COMPLETED 12/20/2011			ETED				
NAME OF PROVIDER OR SUPPLIER					ADDRESS, CITY, STATE, ZIP CODE CAMPBELL ST				
MILLER'S MERRY MANOR				INDIANAPOLIS, IN46218					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	(X5) COMPLETION DATE			
	shift on 11/8/11 and Nurse Practition order clarification order evaluate for any However, a licenticalled the physic for a follow-up to "no one consider"	nurse on evening or night to call the physician or er related to the er on 11/5 for " M.D. to change or new orders" ased nurse should have cian or Nurse Practitioner the next day, 11/9/11, but red calling the doctor." relates to Complaint							