

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

PRINTED: 06/07/2023
FORM APPROVED
OMB NO. 0938-039

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155583 | | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING | | X3) DATE SURVEY COMPLETED 05/19/2023 | |
| NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR | | | | STREET ADDRESS, CITY, STATE, ZIP COD 1367 S RANDOLPH ST GARRETT, IN 46738 | | | |
| (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 a Recertification and State Licensure Survey. This visit included the Investigation of Complaints IN00405994 and IN00407916.</p> <p>Complaint IN00405994: No deficiencies related to the allegations are cited.</p> <p>Complaint IN00407916: No deficiencies related to the allegations are cited.</p> <p>Survey dates: May 11, 12, 17, 18 and 19, 2023.</p> <p>Facility number: 000499 Provider number: 155583 AIM number: 100266120</p> <p>Census Bed Type: SNF/NF: 63 Total: 63</p> <p>Census Payor Type: Medicare: 2 Medicaid: 34 Other: 27 Total: 63</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality reivew completed May 23, 2023</p> | | | F 0000 | | | |
| F 0557 SS=D Bldg. 00 | <p>483.10(e)(2) Respect, Dignity/Right to have Prsnl Property §483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including:</p> | | | | | | |

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

TITLE

(X6) DATE

Dawn Mast

RN, DON

06/01/2023

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>§483.10(e)(2) The right to retain and use personal possessions, including furnishings, and clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents.</p> <p>Based on observation, interview and record review, the facility failed to ensure personal possessions were labeled and stored for only individual use for 2 of 6 residents reviewed (Resident 8 and Resident 48).</p> <p>Findings include:</p> <p>During an observation of room 36 on 5/11/23 at 10:12 AM, Resident 8 and Resident 48 were residing in the room as roommates with a shared bathroom. In the bathroom, two bottles of McKesson body wash, a bottle of Softsoap body wash and a bottle of Bain de Terre shampoo were observed sitting on the grab bar inside the shower. None of the items had names or markings identifying their owner.</p> <p>During an observation of the bathroom in room 36 on 5/12/23 at 8:23 AM, two bottles of McKesson body wash, a bottle of Softsoap body wash, a bottle of Bain de Terre shampoo and two mesh body scrubbers were observed sitting on the grab bar inside the shower. A bottle of Biotene mouth rinse was observed on the sink. None of the items had names or markings identifying their owner.</p> <p>During an observation and interview on 5/12/23 at 8:26 AM Licensed Practical Nurse (LPN) 2 indicated personal items should be kept in Resident's individual closets or personal storage areas. She indicated the unmarked personal items should be marked with a resident's name to ensure</p> | | | F 0557 | <p>To immediately correct the deficiency, during the survey on 5/12/23, after becoming aware of the unlabeled items, all items were removed from room 36. Those items were replaced with new items and labeled according to the residents who would be using those items. Additionally, all resident personal items was moved to a personal storage location for each resident. The same deficient practice could affect all residents residing in the facility. To ensure the deficient practice impacted no other residents, an audit was completed of each resident's room. Any unlabeled items were identified and labeled appropriately. To ensure the deficient practice does not recur, staff were inserviced on the Regulation for F557 The resident has the right to be treated with respect and dignity, including the right to retain and use personal possessions, including furnishings and clothing, as space permits, unless to do so would infringe upon the right or health and safety of other residents. Additionally, the facility has implemented a protocol titled: "Storage and Keeping of</p> | | 06/09/2023 |

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| F 0758 SS=D Bldg. 00 | <p>they are only used by the owner of the item.</p> <p>During an interview on 5/12/23 09:55 AM, the Director of Nursing (DON) indicated personal items should be labeled and stored in resident's personal storage areas. She indicated personal items should not be stored in a shared bathroom.</p> <p>During a record review beginning 5/12/23 at 2:20 PM, a Minimum Data Set (MDS) dated 2/17/23 indicated Resident 8 had diagnoses including unspecified fracture of the lumbar spine, arthritis, and unspecified urinary incontinence. The MDS also indicated resident 8 was alert, oriented, and received substantial assistance with showering tasks.</p> <p>An MDS dated 1/31/23 indicated Resident 48 had diagnoses including fibromyalgia, low back pain and muscle weakness. The MDS also indicated Resident 48 was alert, oriented, and received moderate assistance with showering tasks.</p> <p>A current policy titled General Instructions for Cleaning Supplies/Equipment dated 11/10/16 was received from the Administrator on 5/12/23 at 1:25 PM. During an interview at that time the Administrator indicated the policy was current and no additional policies were available pertaining to storage of personal items. The policy indicated items intended for personal use should be stored in the resident's bedside drawer or closet.</p> <p>3.1-9(a)</p> <p>483.45(c)(3)(e)(1)-(5) Free from Unnec Psychotropic Meds/PRN Use §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any</p> | | | | <p>Resident's Personal Items" (Attachment A) to support this regulation.</p> <p>To monitor the corrective actions and ensure the deficient practice does not recur, a QAPI tool titled: "QAPI tool for the Proper Storage and Keeping of Resident Personal Items" (Attachment B) was developed and put in place to audit and ensure resident personal items are being stored and labeled according to F 577 and according to facility protocol. This tool will be completed by Administrator or Designee 5x per week for four weeks, Weekly for 4 weeks, Monthly for 3 months and reviewed by the QAPI team to determine the continued need and frequency for which the audits should continue.</p> <p>All systemic changes will be completed by June 9, 2023.</p> | | |

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| | <p>drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories:</p> <p>(i) Anti-psychotic;</p> <p>(ii) Anti-depressant;</p> <p>(iii) Anti-anxiety; and</p> <p>(iv) Hypnotic</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that---</p> <p>§483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;</p> <p>§483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;</p> <p>§483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and</p> <p>§483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.</p> | | | | | | |

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| | <p>§483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication.</p> <p>Based on interview and record review, the facility failed to ensure medication was administered per physician's order as specified for a specific condition for 1 (Resident 13) of 7 residents reviewed for medications.</p> <p>Findings include:</p> <p>A record review on 5/17/23 at 10:40 AM indicated Resident 13 had a diagnosis of epilepsy (a seizure disorder).</p> <p>A Comprehensive Minimum Data Set (MDS) assessment dated 2/14/23 indicated the resident had no cognitive impairment. The MDS also indicated the resident had a diagnosis of a seizure disorder.</p> <p>A physician order dated 11/4/22 indicated the resident was to be administered lorazepam every 6 hours as needed (PRN) by mouth for seizures. This order was discontinued on 2/4/23.</p> <p>A physician order dated 2/14/23 indicated lorazepam was to be administered PRN every 6 hours by mouth for seizures. The order was limited to 120 days.</p> <p>The resident's care plan indicated interventions for seizure activity included administration of medication as ordered.</p> <p>The resident's Medication Administration Record (MAR) dated February 2022 indicated the resident</p> | | | F 0758 | <p>To immediately correct the deficiency, a review of the medications was conducted per the Physician. Orders were received to discontinue the use of the PRN lorazepam.</p> <p>The same deficient practice could affect all residents residing in the facility with orders for psychotropic medications. To ensure the deficient practice impacted no other residents, an audit was completed of all residents with orders for psychotropic medications to ensure they are being administered per Physician Orders.</p> <p>To ensure the deficient practice does not recur, Nursing Staff were inserviced on the "Psychotropic Drug Use Policy" (Attachment C) To monitor the corrective actions and ensure the deficient practice does not recur, a QAPI tool titled: Psychopharmacology Medication Review (Attachment D) was implemented. This tool will be completed by Administrator or Designee weekly for 8 weeks, Monthly for 3 months and reviewed by the QAPI team to determine the continued need and frequency for which the audits should continue.</p> <p>All systemic changes will be</p> | | 06/09/2023 |

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| | <p>had been administered PRN lorazepam by mouth on 2/3/23 and 2/4/23 for seizure activity. Progress notes dated February 2023 did not include documentation of seizure activity.</p> <p>The resident's MAR dated March 2023 indicated the resident had been administered PRN lorazepam on 3/4/23, 3/11/23, 3/12/23, 3/20/23, 3/26/23, 3/27/23, and 3/28/23 for seizure activity. Progress notes dated March 2023 did not include documentation of seizure activity.</p> <p>The resident's MAR dated April 2023 indicated the resident had been administered PRN lorazepam by mouth on 4/7/23 for seizure activity. Progress notes dated April 2023 did not include documentation of seizure activity.</p> <p>During an interview on 5/18/23 at 11:27 AM, RN 3 indicated seizure activity should be documented in the progress notes. She indicated she was unaware of Resident 13 having had any seizure activity for the last year.</p> <p>During an interview on 5/18/23 at 2:31 PM, MD 4 indicated he prescribed PRN lorazepam for seizures on 2/14/23 for a duration of 120 days.</p> <p>During an interview on 5/18/23 at 2:31 PM, the Director of Nursing (DON) indicated she was unaware of lorazepam being prescribed on a PRN basis specifically for seizures.</p> <p>A current policy titled "First Aid-Convulsions" dated 1/1/09 provided by RN 4 on 5/18/23 at 12:06 PM indicated documentation of convulsions should include the length of the episode, type of movements, and level of consciousness.</p> <p>A current policy titled "Medication</p> | | | | completed by June 9, 2023. | | |

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| | Administration Procedure" dated 8/29/16 provided by the DON on 5/19/23 at 9:25 AM indicated administration of PRN medications are to include documentation of the reason being administered. 3.1-48(b) | | | | | | |