

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

PRINTED: 10/27/2022  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155557		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 10/18/2022	
NAME OF PROVIDER OR SUPPLIER  MILLER'S MERRY MANOR				STREET ADDRESS, CITY, STATE, ZIP COD 1651 N CAMPBELL ST INDIANAPOLIS, IN 46218			
(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 IN00391853.</p> <p>Complaint IN00391853 - Substantiated. Federal/state deficiencies related to the allegations are cited at F692</p> <p>Survey dates: October 17 and 18, 2022</p> <p>Facility number: 000500 Provider number: 155557 AIM number: 100266220</p> <p>Census Bed Type: SNF/NF: 58 SNF: 7 Total: 65</p> <p>Census Payor Type: Medicare: 5 Medicaid: 48 Other: 12 Total: 65</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on October 20, 2022</p>			F 0000	Please accept this survey POC as the providers credible allegation of compliance with a completion date of 10/19/2022.		
F 0692 SS=D Bldg. 00	<p>483.25(g)(1)-(3) Nutrition/Hydration Status Maintenance §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the</p>						

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

TITLE

(X6) DATE

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>facility must ensure that a resident-</p> <p>§483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise;</p> <p>§483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health;</p> <p>§483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. Based on observation, interview, and record review, the facility failed to ensure a resident was provided nutritional supplements as ordered for 1 of 3 residents reviewed for weight loss. (Resident C)</p> <p>Findings include:</p> <p>The clinical record for Resident C was reviewed on 10/17/22 at 11 a.m. Resident C's diagnoses included, but not limited to, diabetes type II, ulcer of esophagus, intellectual disabilities, hypertension, and gastro-esophageal reflux disease (GERD) with esophagitis.</p> <p>Resident C's quarterly MDS (Minimum Data Set) dated 9/5/22 indicated, he required extensive assistance of two persons for bed mobility, transfers, and bathing; and extensive assistance of one person for eating.</p> <p>A physician's order dated 3/8/22 indicated, Resident C's diet was a pureed diet.</p>			F 0692	<p><b>F692 Nutrition/Hydration Status Maintenance</b></p> <p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</b></p> <ul style="list-style-type: none"> <li>Resident C had supplements reviewed by the IDT including the RD and recommendations were changed on 10/18/2022</li> </ul> <p><b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>All residents residing in the facility have the potential to be affected by the alleged deficient practice</li> <li>An audit of all residents was completed on 10/19/2022 ensuring that all residents were reviewed to determine if interventions remain</li> </ul>		10/19/2022

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	<p>A physician's order dated 2/9/22 indicated, Resident C was to have a diet supplement of "Magic Cup" every evening shift for weight loss.</p> <p>A physician's order dated 4/10/22 and discontinued on 10/6/22 indicated, Resident C was to have a diet supplement of Ensure plus three times a day.</p> <p>A physician's order dated 10/6/22 indicated, Resident C was to have a diet supplement of Ensure plus four times a day.</p> <p>Resident C's September and October enteral and oral supplement administration record were reviewed on 10/17/22 at 12:19 p.m. The administration record indicated, on the following dates and shifts, Resident C had not received his Ensure Plus supplements and/or Magic Cup supplement: Ensure Plus: 9/1/22--morning, mid-day, evening 9/2/22--morning, mid-day, evening 9/5/22--morning and mid-day 9/6/22--morning, mid-day, evening 9/8/22--morning, mid-day, evening 9/9/22--morning, mid-day, evening 9/12/22--morning, mid-day, evening 9/13/22--morning, mid-day, evening 9/14/22--morning and mid-day 9/15/22--morning, mid-day, evening 9/16/22--morning and mid-day 9/19/22--morning, mid-day, evening 9/20/22--morning, mid-day, evening 9/22/22--morning, mid-day, evening 9/23/22--morning, mid-day, evening 9/26/22--morning, mid-day, evening 9/27/22--morning, mid-day, evening 9/28/22--morning and mid-day 9/29/22--morning, mid-day, evening</p>				<p>appropriate.</p> <p><b>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</b></p> <ul style="list-style-type: none"> <li>All nursing staff educated on or before 10/19/2022 on the "Weight Management" policy and procedure (Attachment A).</li> </ul> <p><b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</b></p> <ul style="list-style-type: none"> <li>Any identified trends will be corrected upon discovery, documented on facility QA tracking log and reported during monthly QA Committee meeting overseen by the Executive Director</li> <li>The QA tool "Nutrition QA Review"(Attachment B) will be utilized 5x week x 4 weeks, monthly x3 months, and quarterly thereafter. This will be reviewed in the facility Quality Assurance &amp; Performance Improvement (QAPI) meeting. The facility will do so to ensure ongoing compliance for a minimum 6 months and until the facility maintains 95% compliance for 60days thereafter as part of the QA program.</li> </ul>		

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	10/4/22--morning and mid-day 10/7/22--11 p.m. 10/8/22--6 a.m. and 11 p.m. 10/9/22--6 a.m. and 11 p.m. 10/10/22--6 a.m. 10/11/22--5 p.m. 10/12/22--5 p.m. and 11 p.m. 10/13/22--6 a.m. and 5 p.m. 10/14/22--11 a.m., 5 p.m. and 11 p.m. 10/15/22--6 a.m. and 11 p.m. 10/16/22--6 a.m. and 11 p.m.  Magic cup: 9/1/22 9/2/22 9/6/22 9/8/22 9/9/22 9/12/22 9/13/22 9/15/22 9/19/22 9/20/22 9/22/22 9/23/22 9/26/22 9/27/22 9/29/22 10/10/22 10/11/22 10/12/22 10/13/22 10/14/22  An observation of Resident C in the dining room during lunch service was conducted on 10/17/22 at 12:41 p.m. The dining room was very noisy and Resident C was in his Broda chair at a table. Resident C had consumed his house shakes, the magic cup remained unopened, and only bites of						

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	<p>food were consumed. There was no evidence of an Ensure Plus supplement given at lunch meal.</p> <p>An interview with Dietary Manager (DM) was conducted on 10/17/22 at 2:59 p.m. She indicated, the magic cups are distributed to the units and kept in the unit refrigerators for the evening shift and the Ensure Plus supplements were in the unit refrigerators and were to be distributed by the nursing staff when needed. She further indicated, the facility had not experienced any issues with obtaining an adequate supply of Magic cups or Ensure Plus.</p> <p>Resident C's clinical record indicated, his weights were: 6/8/22--67.6 pounds 7/2/22--60.5 pounds 8/1/22--64 pounds 9/5/22--60.6 pounds 10/6/22--59 pounds</p> <p>A RD (Registered Dietician) narrative note dated 9/22/22 at 2:09 p.m. indicated, Resident C had a weight loss of 5.3% in 30 days and 10.4% in 90 days. His intake was less than 50% of most meals on regular diet. His nutrition interventions included, but not limited to, super pudding at lunch and supper, 8 ounces of house supplement at meals, Ensure plus three times a day and Magic cup every evening shift. Under additional comments, it indicated, "[Resident C's name] sometimes stops eating when distracted by noises and his is a picky eater who drinks better than he eats." The plan of action was changes were recommended which included, but not limited to, suggest trial locations for Resident C's meals to determine the environment in which he ate best.</p> <p>A RD narrative note dated 10/5/22 at 11:04 a.m.</p>						

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	<p>indicated, Resident C had a stage 2 pressure injury to inner left elbow, his weight loss was 5.3% in 30 days and 10.4% in 90 days. Recommendations included, but not limited to, offer additional supplement of Ensure Plus when he was awake during the night.</p> <p>A Weight Management Program policy was received on 10/17/22 at 3:13 p.m. from DON (Director of Nursing). The policy indicated, "Alternative will be offered if less than 50% is consumed at meals...Hospice residents and/or palliative care residents shall be assessed by the IDT[sic, interdisciplinary team] team to determine the continued benefit for obtaining routine weights..."</p> <p>This Federal tag relates to complaint IN00391853.</p> <p>3.1-46</p>						