

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

PRINTED: 03/13/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155564		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/15/2023	
NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR				STREET ADDRESS, CITY, STATE, ZIP COD 259 W HARRISON ST MOORESVILLE, IN 46158			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00400582.</p> <p>Complaint IN00400582 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Unrelated deficiency is cited.</p> <p>Survey date: February 15, 2023</p> <p>Facility number: 000398 Provider number: 155564 AIM number: 100291110</p> <p>Census Bed Type: SNF/NF: 48 SNF: 6 Total: 54</p> <p>Census Payor Type: Medicare: 6 Medicaid: 40 Other: 8 Total: 54</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed February 17, 2023.</p>			F 0000	<p><i>Please accept this Plan of Correction for the Health Survey ending February 15, 2023 as the Provider's Letter of Credible Allegation of Compliance. This Provider respectfully requests consideration for paper compliance in lieu of a revisit survey for this Plan of Correction, with a completion date of 2/16/23.</i></p>		
F 0755 SS=D Bldg. 00	<p>483.45(a)(b)(1)-(3) Pharmacy Srvcs/Procedures/Pharmacist/Records §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement</p>						

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

TITLE

(X6) DATE

Natalie Peterson

Administrator

02/28/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are 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>described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>§483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Based on interview and record review, the facility failed to ensure an accurate record of dispensing for a narcotic pain medication. The nurse failed to have a second nurse verify a narcotic pain medication was disposed before preparing and administering a second dose of the medication. (Resident B, LPN 1)</p> <p>Finding includes:</p> <p>During an interview on 2/15/23 at 9:50 a.m., the</p>	F 0755	<p>- It is the policy of Miller's Merry Manor, Mooresville to ensure that 2 licensed nurses will destroy a dropped narcotic together. LPN 1 provided a statement to correct her documentation. LPN 1 voluntarily separated employment. Resident B did not miss a requested dose of narcotic medication, and had no complaints of pain.</p>		02/16/2023		

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	<p>Administrator indicated an investigation was completed when LPN 1 (Licensed Practical Nurse) dropped an oxycodone (narcotic pain medication) 5 mg (milligram) tablet on the floor. She prepared another dose for Resident B without having a second nurse verify the first pill was wasted.</p> <p>The clinical record for Resident B was reviewed on 2/15/23 at 10:04 a.m. The diagnoses included, but were not limited to, chronic obstructive pulmonary disease and pain.</p> <p>An Admission MDS (Minimum Data Set) assessment, dated 1/27/23, indicated Resident B was cognitively intact.</p> <p>Physician's orders included, but was not limited to, oxycodone 5 mg by mouth every 8 hours as needed for pain, initiated 1/20/23.</p> <p>The February 2023 Medication Administration Record indicated Resident B was assessed for effectiveness of oxycodone 5 mg, on 2/7/23 at 12:42 p.m. and 9:50 p.m.</p> <p>The Controlled Medication Record Sheet, dated 2/7/23, indicated LPN 1 administered oxycodone 5 mg to Resident B on 2/7/23 at 11:00 a.m., 6:30 p.m.</p> <p>The Drug Diversion Investigation Worksheet: Reasonable suspicion of a Crime, dated 2/9/23 at 2:04 p.m., indicated medication was signed out as administered but Resident B stated she did not receive the medication.</p> <p>During an interview on 2/15/23 at 10:58 a.m. LPN 1 indicated she gave oxycodone 5 mg to Resident B two times, on 2/7/23 at 11:00 a.m. and 6:30 p.m. She prepared one oxycodone 5 mg tablet for the 6:30 p.m. dose but dropped it on the floor. She</p>				<p>- All residents have the potential to be affected by this deficient practice. All narcotic control sheets have been audited to ensure no other narcotic medications were dropped without having 2 licensed nurses' documentation. All licensed nursing staff were inserviced on 2/10/2023 on the Counting and Disposing of Schedule II Narcotics Policy and Procedure.</p> <p>- All licensed nursing staff were inserviced on 2/10/23 on the Counting and Disposing of Schedule II Narcotics Policy and Procedure. Director of Nursing/Designee will monitor all narcotic sheets to ensure any narcotic medication documented as dropped or refused medications are destroyed by 2 licensed nurses.</p> <p><i>Narcotic Control Sheet Review Quality Assurance Tool (Attachment A) will be utilized daily x4 weeks, weekly x4 weeks, monthly x3 months, and quarterly thereafter to ensure any narcotic medication documented as dropped or refused medications are destroyed by 2 licensed nurses.</i></p>		

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	<p>prepared a second dose of oxycodone 5 mg and administered it to Resident B. She wrote dropped on the controlled medication record sheet but did not have a second nurse verify the oxycodone tablet was wasted. She should have had a second nurse verify the oxycodone tablet was wasted before she administered the second oxycodone tablet to Resident B.</p> <p>On 2/15/23 at 1:00 p.m., the Administrator provided a copy of a facility policy, titled Counting and Disposing of Schedule 2 Narcotics, dated 1/29/16, and indicated this was the current policy used by the facility. A review of the policy indicated if a dose of scheduled 2 narcotic is removed from the container but refused by the resident or not given for any reason, it will be destroyed in the presence of 2 licensed nurses. The disposal will be documented on the narcotic count sheet and or drug disposition record.</p> <p>3.1-25(s)(8)</p>						