

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

PRINTED: 09/10/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155578		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/19/2024	
NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR				STREET ADDRESS, CITY, STATE, ZIP COD 220 E DUNN RD NEW CARLISLE, IN 46552			
(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	This visit was for a Recertification and State Licensure Survey. Survey dates: August 14, 15, 16 & 19, 2024 Facility number: 000527 Provider number: 155578 AIM number: 100267110 Census Bed Type: SNF/NF: 36 Total: 36 Census Payor Type: Medicare: 4 Medicaid: 21 Other: 11 Total: 36 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality Review completed on 8/27/2024			F 0000	Please accept this plan of correction for the health survey on August 19, 2024 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.		
F 0677 SS=D Bldg. 00	483.24(a)(2) ADL Care Provided for Dependent Residents §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; Based on observation, interview, and record review the facility failed to ensure a resident was assisted with personal hygiene for 1 of 2 records reviewed for Activities of Daily Living (ADL) (Resident 2)			F 0677	It is the policy of Miller's Merry Manor to assist or provide bathing and grooming, including shaving, to all residents. Resident #2 was shaved on August 19 and is offered to be shaved daily. A new		09/05/2024

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 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 30 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>Finding includes:</p> <p>During an observation and interview on 8/14/2024 at 10:21A.M., Resident 2 indicated the facility staff help sometimes with shaving.</p> <p>During an observation and interview on 8/15/2024 at 9:47 A.M., Resident 2 indicated he used to shave himself and he liked to shave every 2 days, that as he did in the past.</p> <p>During an observation on 8/16/2024 at 9:07 A.M., the Resident 2 was unshaven.</p> <p>During an observation and interview on 8/19/2024 at 9:07 A.M., Resident 2 was unshaven and he indicated no one had offered to shave him. He indicated he would have shaved himself, but they took his razors away from him.</p> <p>A record review was completed for Resident 2, on 8/15/2024 at 4:03 P.M. Diagnoses included, but not limited to: hemiplegia, unspecified affecting right dominant side, aphasia, wrist drop, right wrist and seizures.</p> <p>A current Care Plan, initiated 2/16/2024, indicated Resident 2 needed assist with Activities of Daily Living (ADL'S). Intervention included but were limited to: dated 4/5/2024, assist with shaving with a straight razor and not to leave the razors in his room.</p> <p>During an interview on 8/16/2024 at 9:52 A.M., CNA 2 indicated when she provided A.M. care, she washed their face and peri area, brushed teeth and hair, then dressed them. She had them wash their hands in the morning and after using the toilet.</p>				<p>electric razor is being ordered with his consent so he will be able to shave himself independently. All residents have the potential to be affected by this deficient practice. Specific shaving policies, both safety and electric, have been created. (Attachment #1 & #2) and will be reintroduced to all nursing staff on September 4th and 5th along with the protocol to offer assist or complete shaving with all residents having facial hair as part of their A.M. care routine. To monitor ongoing compliance, the audit tool entitled Survey 2024 Audit tool(Attachment #3) will be completed with monitoring of 5 random resident(greater than 10% of census) for evidence of being shaved. This will be completed 3X/week x 2 weeks, weekly x 2 weeks, then monthly x 3 months. All findings will be reviewed as part of the QAPI Committee meeting which will determine if or when the audit may be stopped.</p>		

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	<p>During an interview on 8/16/2024 at 9:57 A.M., CNA 3 indicated when she provided A.M., care she got them dressed, toileted and brushed their teeth uses mouthwash and make sure they had everything for the day.</p> <p>During an interview on 8/16/2024 at 10:04 A.M., CNA 4 indicated when he provided A.M., care he knocked on the door introduced himself and asked if they would ready to get up. He will ask them what they would like to wear, then assisted with washing, dressing, transferring, brushing teeth and see to determine if their need a shave, and took them to the dining room.</p> <p>During an interview on 8/16/2024 A.M., the Interim DON (IDON) indicated she would expect with A.M. care, the Residents would be washed: arm pits, under breast, peri area, and buttock. Then teeth brushed or dentures washed, provide glasses, deodorant, lotion and assisted to the bathroom.</p> <p>On 8/19/2024 at 10:45 A.M., the IDON provided a policy titled, "Morning Care", dated 3/13/2012, and indicated the policy was the one currently used by the facility. The policy indicated "...Purpose: To cleanse and refresh resident, while stimulating circulation and providing comfort and preparing resident for the day. Procedure: 8. Remind or assist male residents to shave....."</p> <p>3.1-38(3)(D)</p>						