

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

PRINTED: 02/22/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155297		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/01/2024	
NAME OF PROVIDER OR SUPPLIER MILLER'S HEALTH & REHAB BY MILLER'S MERRY MANOR				STREET ADDRESS, CITY, STATE, ZIP COD 3530 MONROE STREET LA PORTE, IN 46350			
(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 the Investigation of Complaint IN00423376. Complaint IN00423376 - Federal/state deficiencies related to the allegations are cited at F757. Survey date: February 1, 2024 Facility number: 000194 Provider number: 155297 AIM number: 100267790 Census Bed Type: SNF/NF: 45 SNF: 17 Total: 62 Census Payor Type: Medicare: 27 Medicaid: 23 Other: 12 Total: 62 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on 2/8/24.			F 0000			
F 0757 SS=D Bldg. 00	483.45(d)(1)-(6) Drug Regimen is Free from Unnecessary Drugs §483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used- §483.45(d)(1) In excessive dose (including						

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

TITLE

(X6) DATE

Kari Mitchell

Administrator

02/20/2024

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>duplicate drug therapy); or</p> <p>§483.45(d)(2) For excessive duration; or</p> <p>§483.45(d)(3) Without adequate monitoring; or</p> <p>§483.45(d)(4) Without adequate indications for its use; or</p> <p>§483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or</p> <p>§483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section.</p> <p>Based on record review and interview, the facility failed to ensure a resident was not given a medication listed as an allergy, making them at risk for potential adverse consequences, related to antibiotics for an urinary tract infection (UTI), for 1 of 3 residents reviewed for infections. (Resident B)</p> <p>Finding includes:</p> <p>The closed record for Resident B was reviewed on 2/1/24 at 10:23 a.m., Diagnoses included, but were not limited to, heart failure, heart disease, high blood pressure, edema, and pulmonary hypertension. The resident was allergic to Sulfadiazine (an sulfonamide antibiotic used to treat many different kinds of bacterial infections, like those of the brain, ears, and urinary tract).</p> <p>The Admission Minimum Data Set (MDS) assessment, dated 10/4/23, indicated the resident was moderately impaired for daily decision making.</p>	F 0757	<p>F757 D DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS It is the policy of Miller's Health & Rehab to ensure a resident is not given medication listed as an allergy, making them at risk for potential adverse consequences, related to antibiotics.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Resident B no longer resides at the facility.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents residing in the facility have the potential to be affected by the alleged deficient</p>		02/12/2024		

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	<p>The resident had a significant change in status on 10/31/23 at 9:49 a.m., and was sent to the hospital.</p> <p>The resident returned to the facility on 11/2/23 at 6:53 p.m. and was readmitted with an UTI and prescribed antibiotics.</p> <p>Physician's Orders, dated 11/2/23, indicated Levaquin (Levofloxacin - an antibiotic) tablet 250 milligrams (mg), give 1 tablet by mouth one time a day for a UTI for 7 days.</p> <p>A Nurses' Note, dated 11/3/23 at 12:18 p.m., indicated staff received the urine sensitivity report from the hospital and the resident had ESBL (extended spectrum beta-lactamase) in the urine. The antibiotic of Levaquin was resistant to the organism, so the Physician was notified and new orders were received to discontinue Levaquin and begin Bactrim DS (sulfonamide antibiotic) twice a day for 7 days.</p> <p>The urine culture results, dated 11/3/23, indicated the resident was positive for ESBL in the urine and the organism was resistant to Levaquin but was susceptible to Bactrim and Macrobid.</p> <p>Physician's Orders, dated 11/3/23, indicated Bactrim DS tablet 800-160 mg (Sulfamethoxazole-Trimethoprim), give 1 tablet by mouth every 12 hours times 7 days for an UTI.</p> <p>The 11/2023 Medication Administration Record (MAR), indicated the Bactrim was signed out as being administrated on 11/3/23 at 9 p.m., 11/4 at 9 a.m. the resident refused, 11/4 at 9 p.m. it was given, and 11/5/23 at 9 a.m., it was given.</p> <p>Nurses' Notes, dated 11/4/23 at 10:12 a.m.,</p>		<p>practice.</p> <p>100% audit will be completed on or before 2/12/2024 reviewing allergies and orders for antibiotics and checking allergy to medication drug class. Any concerns found during audit will be addressed with the MD and RP.</p> <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</p> <p>Staff will be in-serviced by Director of Nursing or designee by 2/12/204 on the facilityMedication Administration Policy and Procedure (Attachment A).</p> <p>Visual aid added above the Medbank (pyxix) machine alerting staff to check for allergies prior to removal of medications, as well as, most commonly used antibiotics and their drug class.</p> <p>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?</p> <p><u>Medication Administration Audit</u> QA tool will be utilized 5x weekly x 4 weeks, monthly x 3 months, and quarterly thereafter for one year (Attachment B).</p> <p>Any identified trends will be corrected upon discovery, documented on facility QA</p>				

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	<p>indicated the Physician was notified of resident's allergy to Sulfa and was also sent a copy of culture obtained from the hospital. The Physician ordered an intravenous (IV) antibiotic of Invanz, however, the resident refused the IV.</p> <p>Nurses' Notes, dated 11/5/23 at 7:16 a.m., indicated the Physician was sent the hospital culture for the resident's UTI and again was asked what he would like to order for it. A new order was received for Macrobid 100 mg twice a day for 7 days.</p> <p>A medication transaction sheet from the emergency drug kit, indicated the Bactrim was removed on 11/3 at 8:18 p.m., 11/4 at 9:42 a.m., and 11/4 at 7:42 p.m. and administered to the resident.</p> <p>During an interview on 2/1/24 at 2:30 p.m., the Director of Nursing indicated the pharmacy would have sent a fax over to the facility indicating the resident was allergic to the Bactrim, and would not have sent any of the medication. She indicated when nursing realized the medication had not been sent and saw the fax, the Physician was notified, however, the resident still received 3 doses of the Bactrim medication that she was allergic to because they pulled it from the emergency medication supply.</p> <p>This citation relates to Complaint IN00423376.</p> <p>3.1-48(a)(5)</p>				<p>tracking log and reported during monthly QA Committee meeting overseen by the Administrator.</p>		