

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

PRINTED: 01/08/2025  
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 12/20/2024	
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 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.</p> <p>Survey dates: December 16, 17, 18, 19, and 20, 2024</p> <p>Facility number: 000398 Provider number: 155564 AIM number: 100291110</p> <p>Census Bed Type: SNF/NF: 54 SNF: 13 Total: 67</p> <p>Census Payor Type: Medicare: 12 Medicaid: 46 Other: 9 Total: 67</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed December 26, 2024.</p>			F 0000	<p><i>Please accept this Plan of Correction for the Health Survey ending December 20,2024 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, with a completion date of December 23,2024.</i></p>		
F 0880 SS=D Bldg. 00	<p>483.80(a)(1)(2)(4)(e)(f) Infection Prevention &amp; Control</p> <p>Based on observation, interview, and record review, the facility failed to implement infection control practices for 1 of 2 residents reviewed for urinary catheters. The urinary catheter bag was on the floor.(Resident 54)</p> <p>Findings include:</p>			F 0880	<p><i>It is the policy of Miller's Merry Manor, Mooresville to ensure that all catheter drainage bags, including privacy bags, and tubing will not touch the floor. Resident 54's catheter draining bag privacy cover was adjusted on her wheelchair to an appropriate</i></p>		12/23/2024

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

TITLE

(X6) DATE

Natalie Peterson

Administrator

01/07/2025

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>On 12/17/24 at 11:02 a.m., Resident 54 was observed to be sitting in her wheelchair with a urinary catheter drainage bag in a privacy bag placed under the wheelchair. The privacy bag was dragging the floor as the staff was pushing her in the wheelchair.</p> <p>On 12/17/24 11:13 a.m., Resident 54 was observed to be sitting in her wheelchair with a urinary catheter drainage bag in a privacy bag placed under the wheelchair. The privacy bag was dragging the floor as the staff was pushing her in the wheelchair.</p> <p>On 12/18/24 at 11:02 a.m., Resident 54's clinical record was reviewed. The diagnoses included, but were not limited to, chronic kidney disease and neuromuscular dysfunction of the bladder (lack of bladder control due to brain, spinal cord, or nerve problem).</p> <p>Resident 54's December 2024 Physician Order, indicated 16 French (size of catheter) catheter with a 10 milliliters balloon.</p> <p>Resident 54's care plan, dated 7/2/24, indicated she had a catheter for urinary retention and neuromuscular dysfunction of the bladder. The care plan lacked documentation of placement of catheter bag under wheel chair to assist with keeping drainage bag off the floor.</p> <p>During an interview on 12/20/24 at 11:55 a.m., CNA 1 indicated when drainage bag and cover were placed under the wheelchair, it should not touch or drag the floor.</p> <p>On 12/20/24 at 12:30 p.m., the Director of Nursing (DON) provided the facility's policy, "Foley Catheter Care &amp; Maintenance," dated 8/30/07, and</p>				<p><i>height, to ensure it does not touch the floor. An audit of all residents with catheters was completed to ensure no privacy bags or tubing are touching the floor.</i></p> <p><i>All residents with urinary catheters have the potential to be affected by this deficient practice. All residents with urinary catheters have been audited to ensure no privacy bag or tubing is touching the floor.</i></p> <p><i>All licensed nursing staff were inserviced on 12/23/24 on the Foley Catheter Care &amp; Maintenance Policy and Procedure (Attachment A). Director of Nursing/Designee will monitor Residents with catheter drainage bags to ensure no privacy bag or tubing is touching the floor.</i></p> <p><i>Quality of Care Review Quality Assurance Tool (Attachment B) will be utilized daily x4 weeks, weekly x4 weeks, monthly x3 months, and quarterly thereafter to ensure privacy bags or tubing are not touching the floor.</i></p>		

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	indicated it was the policy currently being used by the facility. A review of the policy indicated, "...1. When in bed or wheel chair:...b. Place in catheter cover bag underneath wheelchair... c. Ensure bag or tubing is not touching floor..."  3.1-18(b)(1)						