

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

PRINTED: 03/19/2024

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 02/23/2024	
NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR				STREET ADDRESS, CITY, STATE, ZIP COD 259 W HARRISON ST MOORESVILLE, IN 46158			
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: February 19, 20, 21, 22 and 23, 2024</p> <p>Facility number: 000398 Provider number: 155564 AIM number: 100291110</p> <p>Census Bed Type: SNF: 8 SNF/NF: 52 Total: 60</p> <p>Census Payor Type: Medicare: 8 Medicaid: 42 Other: 10 Total: 60</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed February 26, 2024.</p>			F 0000	<p><i>Please accept this Plan of Correction for the Health Survey ending February 23, 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 2/26/2024.</i></p>		
F 0584 SS=D Bldg. 00	<p>483.10(i)(1)-(7) Safe/Clean/Comfortable/Homelike Environment</p> <p>§483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident</p>						

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

TITLE

(X6) DATE

Natalie Peterson

Executive Director

03/15/2024

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>to use his or her personal belongings to the extent possible.</p> <p>(i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk.</p> <p>(ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.</p> <p>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2) (iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident's wheelchair was clean for 1 of 1 residents reviewed for feeding tubes. (Resident 19)</p> <p>Findings include:</p>			F 0584	<p><i>It is the policy of Miller's Merry Manor, Mooresville to ensure that all Residents have the right to a safe, clean, comfortable, and homelike environment. Resident 19's wheelchair was noted to have a light-brown substance on it on 2/23/2024. The wheelchair was</i></p>		02/26/2024

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	<p>During a family interview on 2/20/24 at 11:39 a.m., Resident 19's wife indicated when she comes to visit, Resident 19 was always covered in sticky tube feeding solution. She indicated it's all over his clothes, his wheelchair, and on the bedroom floor. She wished the facility would be more careful to make sure the tube feeding did not get all over the place. During an observation at that time, a light-brown substance on various spots on the seat and the wheels of his wheelchair was observed.</p> <p>On 2/20/24 at 11:50 a.m., Resident 19's clinical record was reviewed. The diagnoses included, but were not limited to, cerebral infarction (stroke), dominant-sided hemiplegia, and acute respiratory failure with hypoxia (an absence of enough oxygen in the tissues to sustain bodily functions).</p> <p>An Annual Minimum Data Set (MDS) assessment, dated 1/17/24, indicated the Resident 19 had impairment on one side for upper and lower extremities. He was dependent (helper does all of the effort and the resident does none of the effort to complete the activity) on staff with dressing and personal hygiene. A Brief Interview for Mental Status (BIMS) was not conducted because the resident was rarely/never understood.</p> <p>A physician's order, dated 1/15/24, indicated the resident was prescribed continuous administration of Jevity 1.2 (a nutritional tube feeding solution) at 50 milliliters per hour.</p> <p>On 2/22/24 at 3:04 p.m., Resident 19's wheelchair was observed with multiple light-brown substance spots on the seat and wheels.</p> <p>On 2/23/24 at 10:58 a.m., Resident 19's wheelchair</p>				<p><i>immediately removed from the Resident's room and washed. Resident 19's wheelchair was scheduled for routine cleaning on 3/1/24. To prevent recurrence, a new intervention was put into place to wash Resident 19's wheelchair additionally twice per week. An audit was completed on all resident wheelchairs to ensure cleanliness, and no further concerns were identified.</i></p> <p><i>All residents receiving enteral feeding have the potential to be affected by this deficient practice. 100% of Resident wheelchairs have been audited to ensure cleanliness. Any wheelchairs identified as dirty will be cleaned immediately upon discovery.</i></p> <p><i>During monthly QAPI meeting in January 2024 it was identified that wheelchair cleanliness was an area of concern (Attachment A). A routine wheelchair cleaning schedule and documentation were implemented to identify cleanliness, and any repairs needed. Resident 19's wheelchair was due to be cleaned on Friday 2/23/24. All nursing staff were inserviced on 2/26/24 on Resident Wheelchair Cleaning Schedule Procedure (Attachment B). Director of Nursing/Designee will monitor Resident wheelchair cleanings through the use of the Safe/Clean/Comfortable/Homelike Environment QA Tool (Attachment C).</i></p>		

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F 0641 SS=D Bldg. 00	<p>was observed with multiple light-brown substance spots on the seat and wheels.</p> <p>During an interview on 2/23/24 at 2:30 p.m., the DON indicated Resident 19's wheelchair had splotches of brown substance on its wheels, seat, handles, and armrests and was in need of cleaning. She believed the substance was related to the placement of the tube feeding solution which had caused the spills.</p> <p>On 2/23/24 at 3:00 p.m., the Administrator provided the policy, "Resident Rights," dated 11/17/17, and indicated it was the policy currently being used. A review of the policy indicated, "... (i) Safe environment. The resident has a right to a safe, clean, comfortable and homelike environment ... The facility must provide -- (1) A safe clean comfortable, and homelike environment ..."</p> <p>3.1-19(f)</p> <p>483.20(g) Accuracy of Assessments §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status.</p> <p>Based on record review and interview, the facility failed to ensure information regarding the administration of insulin was correctly entered in the Minimum Data Set assessment for 1 of 4 residents reviewed for unnecessary medications. (Resident 12)</p> <p>Finding includes:</p> <p>On 2/23/24 at 11:25 p.m., Resident 12's clinical record was reviewed. The diagnoses included, but were not limited to, chronic atrial fibrillation and diabetes.</p>			F 0641	<p><i>Attachment C will be utilized daily x4 weeks, weekly x4 weeks, monthly x3 months, and quarterly thereafter to ensure responsible staff are completing routine wheelchair cleanings.</i></p> <p><i>It is the policy of Miller's Merry Manor, Mooresville to ensure that all Residents have accurate assessments to reflect the resident's status. Resident 12's MDS Assessment indicated she received 7 insulin injections in the past 7 days. Resident 12's order for insulin was previously discontinued, and not reflected on the corresponding quarterly MDS Assessment. The incorrect MDS Assessment was immediately</i></p>		02/26/2024

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	<p>The Quarterly Minimum Data Set assessment (MDS), dated 1/24/24, indicated the resident had received 7 insulin injections within the past 7 days.</p> <p>A physician's order with a start date of 4/20/23 indicated the resident had been prescribed a 100 unit Humalog (insulin) solution injection on a sliding scale. The order was discontinued on 10/4/23.</p> <p>During an interview on 4/23/24 at 1:10 p.m., the MDS Coordinator indicated the MDS assessment information had been incorrectly entered, as the insulin order had been discontinued on 10/4/23.</p> <p>3.1-31(d)</p>				<p><i>modified upon discovery, in the presence of surveyor. Modification was accepted by CMS on 2/27/2024 (Attachment D) All Residents that receive insulin have been audited to ensure MDS Assessments were coded correctly, with no further concerns identified.</i></p> <p><i>All residents that receive insulin have the potential to be affected by this deficient practice. All residents that receive insulin have been audited to ensure MDS Assessments are coded correctly. Any assessments identified to be incorrect will be modified immediately upon discovery. MDS Coordinator was inserviced on 2/26/24 on Section N of the CMS RAI 3.0 Manual (Attachment F). Director of Nursing/Designee will monitor MDS Assessments for accuracy of insulin coding. Director of Nursing/Designee will monitor MDS Assessment insulin coding through the use of the Accuracy of Assessments QA Tool (Attachment E).</i></p> <p><i>Attachment E will be utilized weekly x4 weeks, monthly x3 months, and quarterly thereafter to ensure the MDS for those residents receiving injections are coded correctly.</i></p>		