

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

PRINTED: 08/06/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155579		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 07/12/2024	
NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR				STREET ADDRESS, CITY, STATE, ZIP COD 7440 N COUNTY ROAD 825 E HOPE, IN 47246			
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: July 8, 9, 10, 11, and 12, 2024.</p> <p>Facility number: 000286 Provider number: 155579 AIM number: 100291000</p> <p>Census Bed Type: SNF/NF: 36 Total: 36</p> <p>Census Payor Type: Medicare: 1 Medicaid: 23 Other: 12 Total: 36</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on July 17, 2024.</p>			F 0000	<p>July 31, 2024</p> <p>Brenda Buroker Director, Long Term Care Division Indiana State Department of Health 2 North Meridian Street Indianapolis, IN 46204</p> <p>Re: Survey Event ID QWNX11</p> <p>Dear Ms. Buroker: Please accept the enclosed plan of correction as credible allegation of compliance to the deficiencies cited during our Annual Health Survey conducted on July 12, 2024 at Miller's Merry Manor in Hope, IN.</p> <p>Hopefully, you will find that our remedies are both sufficient and thoroughly explained in providing you a clear picture of how we corrected these concerns. With this submission of these remedies, <i>we are requesting paper compliance.</i></p> <p>If, after reviewing our plan of correction, you have any questions or require further information, please do not hesitate to contact me at your convenience at (812) 546-4416.</p> <p>Respectfully submitted,</p>		

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

TITLE

(X6) DATE

Lexie

Robbins

07/31/2024

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 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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F 0677 SS=D Bldg. 00	<p>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 interview, observation, and record review, the facility failed to provide scheduled ADL (Activities of Daily Living) care related to bathing for 3 of 12 residents reviewed. (Residents 4, 15, and 37)</p> <p>Findings include:</p> <p>1. During an interview on 07/08/24 at 10:22 A.M., Resident 4 indicated she went two weeks without a bath a couple of months ago because things just kept happening. There were phone calls and emergencies.</p> <p>During an interview on 07/11/24 at 10:11 A.M., the resident indicated her bath days were twice a week on day shift. When she didn't get a bath, it made her feel dirty!</p> <p>The resident's clinical record was reviewed on 07/09/24 at 9:43 A.M. A Quarterly MDS (Minimum Data Set) assessment, dated 06/19/24, indicated the resident was cognitively intact. The resident's diagnoses included, but were not limited to, chronic obstructive pulmonary disease, heart failure, and post-polio syndrome.</p> <p>The current Care Plan for the resident's preferences, with an initiated date of 06/07/22, was</p>		F 0677	<p>Alexa Robbins Administrator</p> <p>F677 ADL Care Provided for Dependent Residents What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Resident #4's shower preferences were updated on 7/30/2024. Resident #15's shower preferences were updated on 7/30/2024. Resident #37's shower preferences were updated on 7/30/2024 along with care plan on 7/10/24 regarding shower refusals. 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 practice Resident shower preferences along with EMR/Point</p>		07/31/2024	

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	<p>provided by the Regional Administrator on 07/12/24 at 12:47 P.M., and indicated it was important to the resident to receive a bed bath two times a week.</p> <p>The "SHOWER LIST" was provided by the Administrator on 07/12/24 at 10:53 A.M., and indicated the resident was to get a bath/shower during day shift on Mondays and Thursdays.</p> <p>The "CNA Shower Sheet" paper records and the "Tasks" record for baths/showers from the EHR (Electronic Health Record) were provided by the DON (Director of Nursing) on 07/10/24 at 11:39 A.M., and indicated the resident received a full body bath on the following dates:</p> <ul style="list-style-type: none"> - 04/22/24, - 05/02/24, the resident went nine days without a full body bath, and - 05/09/24, the resident went six days without a full body bath, - 05/13/24, - 05/16/24, - 05/24/24, - 05/27/24, - 05/30/24, - 06/03/24, - 06/10/24, the resident went six days without a full body bath, - 06/17/24, the resident went six days without a full body bath, - 06/20/24, - 06/27/24, the resident went six days without a full body bath, - 07/01/24, and - 07/08/24, the resident went six days without a full body bath. <p>The resident was to receive a bath or shower on</p>				<p>of Care documentation will be to reviewed to ensure care given and accurately documented.</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>Nursing Staff will be in-serviced by Director of Nursing or designee on or before 7/31/2024 regarding the facility policy and procedure "Charting Procedure" (Attachment A) which includes accurately documenting pertinent information related to the resident including showers.</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>Corrective actions will be monitored using the QA tool titled, "Nursing Review". (Attachment B). This tool will be used to monitor that showers are accurately documented in the EMR/Point of Care record.</p> <p>This tool will be used 5x week for 4 weeks, 3x weekly for 4 weeks, 1x week for 4weeks and monthly thereafter. This QA tool will be reviewed as part of the facilities monthly QAPI meeting to ensure ongoing compliance for a minimum of 6 months and until the</p>		

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	<p>Mondays and Thursdays. From 04/22/24 to 07/08/24, the resident should have received 23 baths. The resident had received 15 baths. No refusals were documented on the "CNA Shower Sheet" records or in the EHR.</p> <p>During an interview on 07/09/24 at 2:35 P.M., the Social Services Director indicated the resident was very pleasant and usually did not refuse care.</p> <p>During an interview and observation on 07/10/24 at 10:25 A.M., Corporate Nurse 6 indicated if a resident had a shower, it should be documented in the EHR. The Shower Sheets were kept for 90 days then they were shredded. The Shower Sheets were observed in a large clear plastic tub in piles.</p> <p>During an interview on 07/11/24 at 10:37 A.M., CNA (Certified Nurse Aide) 3 indicated residents were scheduled for a bath or shower twice a week, Monday through Saturday. The staff filled out a Shower Sheet with the resident's name, room number, date, and skin inspections. She signs the sheet, the resident signs it if they were coherent, and the nurse signed the sheet. They also did daily charting on the computer, and it asked about the showers. They had the opportunity to document whether the resident had a full shower, full bath, or any refusals. They had the option, on the computer system, to chart refusals. If a resident refused a shower/bath the first time, she notified the nurse and would approach the resident later. If they refused a second time, she notified the nurse. Sometimes if the nurse talked to them, they would take a shower. The Shower Sheets and the computer had the option to document refusals.</p> <p>2. Resident 15's clinical record was reviewed on 07/10/24 at 3:15 P.M. An Admission MDS</p>				facility maintains 95% compliance for 6 months.		

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	<p>assessment, dated 03/27/24, indicated the resident was severely cognitively impaired. The resident's diagnoses included, but was not limited to, a stroke, hypertension, and seizure disorder. The resident was dependent on staff for all ADLs.</p> <p>The "CNA Shower Sheet" paper records and the "Tasks" record for Baths/showers from the EHR were provided by the DON on 07/10/24 3:15 P.M., and indicated the resident received a full body bath on the following dates:</p> <ul style="list-style-type: none"> - Friday, 06/07/24, full body bath, - Tuesday, 06/11/24, full body bath, - Friday, 06/21/24, full body bath and, - Tuesday, 07/09/24, full body bath. <p>The resident was to receive a bath or shower on Tuesdays and Fridays. From 06/01/24 to 07/10/24, the resident should have received 11 baths. The resident only received 4. There were only two days marked as a refusal on the bathing records.</p> <p>During an interview on 07/12/24 at 12:21 P.M., CNA 3 indicated the resident liked to stick to a routine and receive a bed bath or shower in the morning prior to breakfast. She was dependent of all ADLs. She was to receive her showers two times a week on Tuesday and Friday.</p> <p>3. On 07/11/24 at 9:24 A.M., Resident 37 indicated he didn't get his scheduled showers. Yesterday, he was in the therapy room and staff came and told him they would shower him after lunch, but they never came back to do it. Now he had to go out for an appointment without having been showered. He was supposed to get a shower twice a week. It had been a while since he'd had a</p>						

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	<p>shower.</p> <p>The resident's clinical record was reviewed on 07/09/24 at 12:14 P.M. An Annual MDS assessment, dated 06/26/24, indicated the resident was moderately cognitively impaired. The diagnoses included, but were not limited to, CKD (Chronic Kidney Disease), obstructive uropathy, and diabetes. The resident had an indwelling urinary catheter and currently received an antibiotic for a urinary tract infection.</p> <p>The resident's "Preferences" Care Plan, with an initiation date of 06/25/24, indicated the resident preferred to take a shower twice a week.</p> <p>The facility "Shower List" was provided by the Administrator on 07/12/24 at 10:53 A.M. The list indicated the resident was to receive a shower on Wednesdays and Saturdays on day shift.</p> <p>The "CNA Shower Sheet" paper record and the "Tasks" record for baths/showers from the EHR for June and July 2024 were provided by the DON on 07/10/24 11:39 AM., and indicated the following:</p> <ul style="list-style-type: none">- the resident declined a shower on Saturday, June 22, 2024,- the resident declined a shower on Wednesday, June 26, 2024, and- the resident received a shower on Thursday, June 27, 2024. <p>A Progress Note, dated Saturday, July 6, 2024, at 9:21 P.M., indicated the resident refused to be showered per staff.</p>						

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F 0684 SS=D Bldg. 00	<p>A Progress Note, dated Wednesday, July 10, 2024, at 11:50 A.M., indicated the resident declined a shower that morning and would be offered a partial bath after lunch along with a change of clothes.</p> <p>During an interview on 07/11/24 at 1:05 P.M., QMA 2 indicated if a resident refused a shower, she would let the nurse know and come back and try again. It would be documented in the resident's record.</p> <p>The resident's clinical record indicated they were admitted to the facility on Monday, June 17, 2024, and had received one shower since admission.</p> <p>The facility admission packet was reviewed and included, under Resident Rights, regarding planning and implementing care, the resident had the right to receive the services included in the plan of care.</p> <p>The current "Charting Procedure" policy, dated 10/23/23, was provided by the DON on 07/12/24 at 10:10 A.M., and indicated, "...PURPOSE...To accurately document in an organized manner all pertinent information related to the resident in the medical record..."</p> <p>3.1-38(b)(2)</p> <p>483.25 Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with</p>						

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	<p>professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.</p> <p>Based on interview, record review, and observation, the facility failed to monitor a wound for a resident who was at risk for skin breakdown for 1 of 12 residents reviewed for Quality of Care. (Resident 4)</p> <p>Findings include:</p> <p>During an interview on 07/08/24 on 10:25 A.M., Resident 4 indicated they had a wound in between their legs where the mechanical lift grabbed their leg and "bites" it.</p> <p>During an observation and interview on 07/10/24 at 11:08 A.M., the resident was in bed and indicated the area was on their inner thigh. It was painful. The staff gave them Tylenol and it had helped. It had looked like hamburger at one point "if it didn't have a top on it". The resident clarified that the wound was from the mechanical lift.</p> <p>During an interview on 07/12/24 at 10:28 A.M., the resident indicated they had the wound probably for years, ever since the facility started using the mechanical lift. It healed then opened back up.</p> <p>The clinical record was reviewed on 07/09/24 at 9:43 A.M. A Quarterly MDS (Minimum Data Set) assessment, dated 06/19/24, indicated the resident was cognitively intact. The resident's diagnoses included, but were not limited to, chronic obstructive pulmonary disease, heart failure, and post-polio syndrome. The resident was at risk for pressure ulcers.</p> <p>The "Nursing-New Skin Alteration Assessment"</p>			F 0684	<p>F684 Quality of Care</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident #4's skin was assessed on 7/10/2024 and care plan was updated on 7/10/2024 to reflect interventions related to skin care.</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?</p> <p>All residents residing in the facility have the potential to be affected by the alleged deficient practice</p> <p>100% audit of new skin alterations since 7/1/2024 to 7/30/2024 will be audited to ensure areas are being monitored at least daily.</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>Licensed Nurses will be in-serviced by Director of Nursing or designee on or before 7/31/2024 regarding the "New Skin Alteration Assessment". This education will</p>		07/31/2024

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	<p>dated 05/12/24 was provided by the Regional Administrator on 07/12/24 at 11:53 A.M. The Assessment indicated, "...Treatment Record (TAR) must be updated w/ (with) new skin problems. Even if no treatment is ordered it must be monitored at least daily until healed..." The resident had a new wound on the right posterior upper thigh that was open and measured 5.6 cm (centimeters) x (by) 4.0 cm. The wound was red in color, non-blanchable, had uneven edges, was cool to the touch, and had no odor or drainage. Triad cream (a zinc oxide paste) was applied to the wound.</p> <p>The "Nursing-Weekly Assessment" records dated 05/14/24 through 07/09/24, were provided by the DON (Director of Nursing) on 07/12/24 at 11:36 A.M. The records lacked documentation the resident had any new skin alterations, including, but not limited to, wounds, rashes, excoriation, skin tears, or abrasions.</p> <p>A current Care Plan for the resident's "Right posterior upper thigh skin alteration", with an initiated date of 05/13/24, was provided by the DON on 07/12/24 at 1:08 P.M. The Care Plan indicated the resident had a history of skin alterations and risk factors that included, but were not limited to, morbid obesity and immobility. The Care Plan did not indicate the skin concern had been resolved.</p> <p>The EMAR/ETAR (Electronic Medication Administration Record/Electronic Treatment Administration Record) for May 2024, was provided by the DON on 07/12/24 at 11:36 A.M. The record lacked documentation the resident's wound, identified on 05/12/24, was being monitored daily.</p>				<p>include documenting that even if no treatment ordered it must be monitored at least daily until resolved. ` (Attachment C) which includes accurately documenting pertinent information related to the resident including showers.</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>Corrective actions will be monitored using the QA tool titled, "<u>Nursing Review</u>". (Attachment A). This tool will be used to monitor that showers are accurately documented in the EMR/Point of Care record.</p> <p>This tool will be used 5x week for 4 weeks, 3x weekly for 4 weeks, 1x week for 4weeks and monthly thereafter. This QA tool will be reviewed as part of the facilities monthly QAPI meeting to ensure ongoing compliance for a minimum of 6 months and until the facility maintains 95% compliance for 6 months.</p>		

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	<p>The Progress Notes from 05/06/24 to 07/08/24 were provided by the Regional Administrator on 07/12/24 at 12:47 P.M. The record lacked documentation regarding the resident's wound identified on 05/12/24.</p> <p>During an interview on 07/12/24 at 10:30 A.M., the DON indicated regarding skin assessments, when they found a new skin condition, they opened an initial occurrence or a new skin alteration assessment. Then the residents were followed by the Wound Nurse until the wounds were healed. They would assess the wound weekly. The weekly assessments would be under the Assessment tab on the EHR (Electronic Health Record). Even if it was a non-pressure wound it would be monitored weekly. Based on whether it was improving or declining, the Wound Nurse would consult with the providers. The DON reviewed Resident 4's New Skin Alteration Assessment dated 05/12/24, and indicated when there was a skin alteration, the staff would monitor them in the EMAR/ETAR (Electronic Medication Administration Record/Electronic Treatment Administration Record) daily. The new skin alteration should have been documented on the Nursing-Weekly Assessment dated 05/14/24. If the wound still existed, it would be documented on the Weekly assessments.</p> <p>On 07/10/24 at 11:47 A.M., incontinence care was observed for the resident with QMA (Qualified Medication Aide) 2 and CNA (Certified Nurse Aide) 3. While cleaning the resident's backside, a light pink area with irregular edges approximately the size of a half dollar was observed. The area had traces of white ointment on it with no measurable depth. As the staff cleaned the resident, a couple of small areas around the edge of the wound started to bleed slightly.</p>						

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NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR				STREET ADDRESS, CITY, STATE, ZIP COD 7440 N COUNTY ROAD 825 E HOPE, IN 47246			
(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
	The current nursing "Charting Procedure" policy, dated 10/23/23, was provided by the DON on 07/12/24 at 10:10 A.M. The policy indicated, "...PURPOSE...To accurately document in an organized manner all pertinent information related to the resident in the medical record...Nursing progress notes and assessments will be completed in the EMR (Electronic Medical Record)...PERTINENT CHARTING...Documentation will be completed for all pertinent issues either in nurses progress notes or in the assessment module of the EMR...Any new physical...complaint will be documented in the EMR under the coordination assessment and/or progress note...Pertinent charting will be completed daily or more often until resolved or stable..." 3.1-37(a)						