

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

PRINTED: 06/18/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155589		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/12/2025	
NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR				STREET ADDRESS, CITY, STATE, ZIP CODE 730 SCHOOL ST CULVER, IN 46511			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaints IN00460207 and IN00461325.</p> <p>Complaint IN00460207- No deficiencies related to the allegation are cited.</p> <p>Complaint IN00461325 - Federal deficiency related to the allegations is cited at F600</p> <p>Survey dates: June 12, 2025</p> <p>Facility number: 000489 Provider number: 155589 AIM number: 100291210</p> <p>Census Bed Type: SNF/NF: 50 Total: 50</p> <p>Census Payor Type: Medicare: 6 Medicaid: 36 Other: 8 Total: 50</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p>			F 000			
F 600 SS=D	<p>Quality Review completed on 6/17/2025</p> <p>Free from Abuse and Neglect CFR(s): 483.12(a)(1)</p> <p>§483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This</p>			F 600			

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 90 days 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 14 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.

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

PRINTED: 06/18/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155589	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/12/2025
NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 730 SCHOOL ST CULVER, IN 46511		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 600	<p>Continued From page 1</p> <p>includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.</p> <p>§483.12(a) The facility must-</p> <p>§483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure 1 of 1 residents reviewed was free from abuse/exploitation related to a staff member's post of resident pictures/video on social media. (Resident B) The deficient practice was corrected on 6/11/2025, prior to the start of the survey and was therefore Past Noncompliance.</p> <p>Finding includes:</p> <p>A complaint, dated 6/11/2025, indicated a staff member had posted a video of an undressed resident in a shower room in the facility. The complaint included an attached social media video of a female resident (Resident B), shown from the shoulders up and a female staff member (CNA 3). In the video, CNA 3 was instructing Resident B to "say 'Hi'" multiple times. The only portion of Resident B's body that was visible were the upper portion of her shoulders, her neck and her face.</p> <p>During an interview, on 6/12/2025 at 10:48 A.M., QMA 2 indicated she had heard of an incident in the shower room, because the DON had questioned employees yesterday, 6/11/2025</p>	F 600	Past noncompliance: no plan of correction required.		

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

PRINTED: 06/18/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155589	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/12/2025
NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 730 SCHOOL ST CULVER, IN 46511		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 600	<p>Continued From page 2</p> <p>about the incident. QMA 2 indicated the incident had involved Resident B and CNA 3.</p> <p>During an interview, on 6/12/2025 at 10:53 AM., the Director of Nursing (DON) indicated she had received a call yesterday (Wednesday 6/11/2025) at 5:50 A.M. from the night nurse, indicating she had been informed by the night aide that a former employee had reported to the night aide that a current employee had posted a video of her and a current resident on the "Snapchat" (Social media application). The DON indicated the night nurse informed her the aide in question was scheduled to work on Wednesday 6/11/2025 from 6:00 A.M. to 2:00 P.M. The DON indicated she had instructed the night nurse to tell CNA 3 to go back home when she arrived to work and to tell the employee she (the DON) would call her. The DON indicated CNA 3 had not shown up at 6:00 A.M., but had came in around 7:00 A.M. She indicated she was present in the building and had another facility nurse come into her office as a witness while she interviewed CNA 3. The DON indicated she had asked CNA 3 if she had posted a video of a resident on social media and the CNA had replied "no". The DON stated she had shown CNA 3 the video that had been sent to her and informed CNA 3 that she had "proof" she had posted the video. The DON informed CNA 3 that she was terminated. The DON indicated that the aide had signed the facility policy regarding social media upon her hire. The DON indicated the Administrator had reported the allegation of abuse on 6/11/2025 to the Department of Health and she had started the investigation by interviewing alert residents regarding any staff member using their phones to take videos of them. The DON indicated the Inservice Director had completed education of all staff regarding the</p>	F 600			

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

PRINTED: 06/18/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155589	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/12/2025
NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 730 SCHOOL ST CULVER, IN 46511		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 600	<p>Continued From page 3</p> <p>facility's abuse policy, including cell phone usage and HIPAA (Health Insurance Portability and Accountability Act) requirements.</p> <p>The deficient practice was corrected by 6/12/2025 after the facility implemented a plan of correction that included the following actions: resident interviews, nursing staff education of the facility policies regarding abuse, HIPAA privacy requirements and cell phone usage in the facility and termination of the alleged perpetrator (CNA 3).</p> <p>On 6/12/2025 at 10:12 A.M., the Director of Nursing provided the policy titled, "Cell Phone/ECD Usage", dated 9/23/2011, and indicated the policy was the one currently used by the facility. The policy indicated "...At no time will employees include resident-specific information in a text message, email, or other forms of electronic communication, nor capture pictures, videos, or recordings which include any resident(s)... Employees are not permitted to use non-authorized cell phone/ECDs while in working areas...."</p> <p>The deficient practice was corrected on 6/11/2025, prior to the start of the survey, and was therefore past noncompliance.</p> <p>This Citation relates to complaint IN00461325.</p> <p>3.1-27(a)(b)</p>	F 600			