

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

PRINTED: 02/20/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155299		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/01/2024	
NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR				STREET ADDRESS, CITY, STATE, ZIP COD 5909 LUTE RD PORTAGE, IN 46368			
(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 a Recertification and State Licensure Survey. Survey dates: January 29, 30, 31, and February 1, 2024 Facility number: 000196 Provider number: 155299 AIM number: 100267390 Census Bed Type: SNF/NF: 42 SNF: 8 Total: 50 Census Payor Type: Medicare: 5 Medicaid: 22 Other: 23 Total: 50 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on 2/5/24.			F 0000	This Plan of Correction shall serve as this facility's credible Allegation of Compliance. Preparation, submission and implementation of the Plan of Correction does not constitute an admission of or agreement with the facts and conclusions set forth in the survey report. Our Plan of Correction is prepared and executed as a means to continuously improve quality of care and comply with all applicable state and federal regulatory requirements. Please consider permitting submission of audit and education as evidence of compliance with state and federal requirements identified in the survey. Respectfully Submitted, Beth Ingram Executive Director		
F 0677 SS=D Bldg. 00	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 observation, record review, and interview, the facility failed to ensure a dependent resident received assistance with activities of daily living (ADL's) related to nail care for 1 of 4			F 0677	Step One: Resident 199's nails were cut and cleaned. Step Two: Nails for all other residents were observed and none		02/23/2024

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

TITLE

(X6) DATE

Beth Ingram

Executive Director

02/14/2024

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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	<p>residents reviewed for ADL's. (Resident 199)</p> <p>Finding includes:</p> <p>On 1/29/24 at 10:39 a.m., Resident 199 was observed with long fingernails that had dark debris underneath them. During an interview at that time, the resident indicated he had asked for his nails to be cut.</p> <p>On 1/30/24 at 9:53 a.m., the resident's nails were long and dirty with dark debris underneath the nail. During an interview at that time, the resident's wife indicated he had asked for his nails to be cut yesterday.</p> <p>On 1/30/24 at 1:44 p.m., the resident's fingernails were long and observed to still have dirty debris underneath the nail.</p> <p>During an interview on 1/31/24 at 9:29 a.m., the resident indicated his fingernails were trimmed yesterday afternoon and they felt "so much better."</p> <p>Resident 199's record was reviewed on 1/31/24 at 3:30 p.m. Diagnoses included, but were not limited to, atrial fibrillation (abnormal heart rhythm), heart failure, hypertension (high blood pressure), and fracture of the left fibula.</p> <p>The State Optional Minimum Data Set (MDS) assessment, dated 1/25/24, indicated the resident was moderately impaired for daily decision making.</p> <p>The Admission MDS assessment, dated 1/25/24, indicated the resident needed set-up or cleanup assistance with personal hygiene.</p>				<p>were found dirty or in need of trimming.</p> <p>Step Three: Nursing staff were educated regarding the need to monitor residents for need of nail care, particularly those just admitted from the hospital.</p> <p>Step Four: The Director of Nursing or her designee will utilize the shower schedule to audit Resident's nails, 10 weekly during weeks 1-4, then 8 Residents nails weeks 5-8, then 6 residents weeks 9-13, then 4 Residents weeks 14-18, then 2 residents weeks 19-24. Audits will be conducted on all shifts. Results will be reported to QAPI monthly, The QAPI Team will make recommendations to amend the Plan of Correction or discontinue audits.</p>		

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F 0842 SS=D Bldg. 00	<p>A Care Plan, dated 1/18/24, indicated the resident had a self-care deficit with ADL's including bed mobility, eating, transfers, and toileting. Interventions included, but were not limited to, therapy would evaluate per physician orders and staff would honor resident preferences.</p> <p>A Bath Sheet, dated 1/20/24, indicated the resident had his nails trimmed and cleaned. There was no other documentation after 1/20/24 related to nails.</p> <p>During an interview on 1/31/24 at 11:08 a.m., the Director of Nursing indicated she wasn't aware the resident needed his nails cleaned. No further documentation was provided.</p> <p>3.1-38(a)(3)(E)</p> <p>483.20(f)(5), 483.70(i)(1)-(5) Resident Records - Identifiable Information §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.</p> <p>§483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-</p> <p>(i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized</p>						

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	<p>§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-</p> <p>(i) To the individual, or their resident representative where permitted by applicable law;</p> <p>(ii) Required by Law;</p> <p>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</p> <p>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p>						

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	<p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.</p> <p>Based on record review and interview, the facility failed to ensure the residents' clinical records were complete and accurately documented, related to clarification orders for apical pulse monitoring and lack of documentation of a non-pressure area that had healed with treatment orders still in place, for 1 of 2 residents reviewed for accidents and 1 of 2 residents reviewed for non-pressure related skin conditions. (Residents 11 and 28)</p> <p>Findings include:</p> <p>1. The record for Resident 11 was reviewed on 1/29/24 at 9:00 a.m. Diagnoses included, but were not limited to, occlusion and stenosis of bilateral carotid arteries, old myocardial infarction, hypertensive heart disease, and presence of a pacemaker.</p> <p>The State Optional Minimum Data Set (MDS) assessment, dated 11/17/23, indicated the resident was cognitively impaired for daily decision making.</p> <p>A Physician's Order, dated 4/23/22 and listed as current on the January 2024 Physician's Order Summary (POS), indicated to check the resident's apical pulse rate and rhythm daily for 1 full minute. The Physician was to be notified if the pulse rate was above 60 or below 100.</p>			F 0842	<p>Step One: The doctor was notified of the defibrillator order and the order was updated for Resident 11. The over the counter cream was changed to a preventative for Resident 28.</p> <p>Step Two: All defibrillator/pacemaker orders were audited for accuracy as were wound treatment orders. no orders were found to need correction.</p> <p>Step Three: Nursing staff were educated regarding the need to verify that physician notification orders are correct and treatments are updated when wounds are resolved.</p> <p>Step Four The Director of Nursing or her designee will audit 10 defibrillator/pacemaker call orders /wound treatment orders during weeks 1-4, then 8, weeks 5-8, then 6 weeks 9-13, then 4 weeks 14-18, then 2 weeks 19-24. Audits will be conducted on all shifts. Results will be reported to QAPI monthly, The QAPI Team will make recommendations to amend the Plan of Correction or discontinue audits.</p>		02/23/2024

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	<p>According to the American Heart Association, in general, for adults, a resting heart rate of fewer than 60 BPM (beats per minute) qualified as Bradycardia (slow heartbeat). Tachycardia (fast heartbeat) in adults referred to a heart rate of more than 100 BPM.</p> <p>During an interview on 1/30/24 at 3:34 p.m., the Director of Nursing indicated the order was incorrect and she would fix it today. She understood the parameters were in reverse.</p> <p>2. On 2/1/24 at 10:45 a.m., a skin assessment was observed with the Assistant Director of Nursing (ADON) for Resident 28. No lesions or redness were observed to the left and right upper and lower buttocks and the lower back area. The resident's skin was pink and intact.</p> <p>The record for Resident 28 was reviewed on 1/31/24 at 12:55 p.m. Diagnoses included, but were not limited to, chronic pain syndrome, hypertension, and spinal stenosis.</p> <p>The State Optional Minimum Data Set (MDS) assessment, dated 12/15/23, indicated the resident was cognitively intact and she had a Stage 1 (no breaks or tears in the skin) pressure ulcer.</p> <p>A Physician's Order, dated 12/19/23, indicated a right upper buttock lesion was to be monitored. The area was to be cleansed with mild soap and water, blotted dry, and apply a thin layer of Dermaseptin (a skin barrier ointment).</p> <p>The January 2024 Treatment Administration Record (TAR), indicated the resident received the treatment to the right upper buttock lesion for the entire month.</p>						

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	There was no documentation indicating the area to the right upper buttock had healed. During an interview on 2/1/24 at 9:29 a.m., the Director of Nursing indicated the area was a dry skin area. She indicated the order shouldn't have stated lesion, the area was more like eczema. She indicated the order should have been clarified. 3.1-50(a)(2)						