

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

PRINTED: 02/08/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155173		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/17/2023	
NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR				STREET ADDRESS, CITY, STATE, ZIP COD 505 N BRADNER AVE MARION, IN 46952			
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: January 9, 10, 11, 12, 13, and 17, 2023.</p> <p>Facility number: 000089 Provider number: 155173 AIM number: 100287760</p> <p>Census Bed Type: SNF/NF: 62 SNF: 5 Total: 67</p> <p>Census Payor Type: Medicare: 6 Medicaid: 53 Other: 8 Total: 67</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed January 23, 2023.</p>			F 0000			
F 0849 SS=D Bldg. 00	<p>483.70(o)(1)-(4) Hospice Services §483.70(o) Hospice services. §483.70(o)(1) A long-term care (LTC) facility may do either of the following: (i) Arrange for the provision of hospice services through an agreement with one or more Medicare-certified hospices. (ii) Not arrange for the provision of hospice services at the facility through an agreement with a Medicare-certified hospice and assist</p>						

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

TITLE

(X6) DATE

John Velasquez

Administrator

02/03/2023

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>the resident in transferring to a facility that will arrange for the provision of hospice services when a resident requests a transfer.</p> <p>§483.70(o)(2) If hospice care is furnished in an LTC facility through an agreement as specified in paragraph (o)(1)(i) of this section with a hospice, the LTC facility must meet the following requirements:</p> <p>(i) Ensure that the hospice services meet professional standards and principles that apply to individuals providing services in the facility, and to the timeliness of the services.</p> <p>(ii) Have a written agreement with the hospice that is signed by an authorized representative of the hospice and an authorized representative of the LTC facility before hospice care is furnished to any resident. The written agreement must set out at least the following:</p> <p>(A) The services the hospice will provide.</p> <p>(B) The hospice's responsibilities for determining the appropriate hospice plan of care as specified in §418.112 (d) of this chapter.</p> <p>(C) The services the LTC facility will continue to provide based on each resident's plan of care.</p> <p>(D) A communication process, including how the communication will be documented between the LTC facility and the hospice provider, to ensure that the needs of the resident are addressed and met 24 hours per day.</p> <p>(E) A provision that the LTC facility immediately notifies the hospice about the following:</p> <p>(1) A significant change in the resident's physical, mental, social, or emotional status.</p> <p>(2) Clinical complications that suggest a</p>						

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	<p>need to alter the plan of care.</p> <p>(3) A need to transfer the resident from the facility for any condition.</p> <p>(4) The resident's death.</p> <p>(F) A provision stating that the hospice assumes responsibility for determining the appropriate course of hospice care, including the determination to change the level of services provided.</p> <p>(G) An agreement that it is the LTC facility's responsibility to furnish 24-hour room and board care, meet the resident's personal care and nursing needs in coordination with the hospice representative, and ensure that the level of care provided is appropriately based on the individual resident's needs.</p> <p>(H) A delineation of the hospice's responsibilities, including but not limited to, providing medical direction and management of the patient; nursing; counseling (including spiritual, dietary, and bereavement); social work; providing medical supplies, durable medical equipment, and drugs necessary for the palliation of pain and symptoms associated with the terminal illness and related conditions; and all other hospice services that are necessary for the care of the resident's terminal illness and related conditions.</p> <p>(I) A provision that when the LTC facility personnel are responsible for the administration of prescribed therapies, including those therapies determined appropriate by the hospice and delineated in the hospice plan of care, the LTC facility personnel may administer the therapies where permitted by State law and as specified by the LTC facility.</p> <p>(J) A provision stating that the LTC facility must report all alleged violations involving</p>						

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	<p>mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property by hospice personnel, to the hospice administrator immediately when the LTC facility becomes aware of the alleged violation.</p> <p>(K) A delineation of the responsibilities of the hospice and the LTC facility to provide bereavement services to LTC facility staff.</p> <p>§483.70(o)(3) Each LTC facility arranging for the provision of hospice care under a written agreement must designate a member of the facility's interdisciplinary team who is responsible for working with hospice representatives to coordinate care to the resident provided by the LTC facility staff and hospice staff. The interdisciplinary team member must have a clinical background, function within their State scope of practice act, and have the ability to assess the resident or have access to someone that has the skills and capabilities to assess the resident.</p> <p>The designated interdisciplinary team member is responsible for the following:</p> <p>(i) Collaborating with hospice representatives and coordinating LTC facility staff participation in the hospice care planning process for those residents receiving these services.</p> <p>(ii) Communicating with hospice representatives and other healthcare providers participating in the provision of care for the terminal illness, related conditions, and other conditions, to ensure quality of care for the patient and family.</p> <p>(iii) Ensuring that the LTC facility communicates with the hospice medical</p>						

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	<p>director, the patient's attending physician, and other practitioners participating in the provision of care to the patient as needed to coordinate the hospice care with the medical care provided by other physicians.</p> <p>(iv) Obtaining the following information from the hospice:</p> <p>(A) The most recent hospice plan of care specific to each patient.</p> <p>(B) Hospice election form.</p> <p>(C) Physician certification and recertification of the terminal illness specific to each patient.</p> <p>(D) Names and contact information for hospice personnel involved in hospice care of each patient.</p> <p>(E) Instructions on how to access the hospice's 24-hour on-call system.</p> <p>(F) Hospice medication information specific to each patient.</p> <p>(G) Hospice physician and attending physician (if any) orders specific to each patient.</p> <p>(v) Ensuring that the LTC facility staff provides orientation in the policies and procedures of the facility, including patient rights, appropriate forms, and record keeping requirements, to hospice staff furnishing care to LTC residents.</p> <p>§483.70(o)(4) Each LTC facility providing hospice care under a written agreement must ensure that each resident's written plan of care includes both the most recent hospice plan of care and a description of the services furnished by the LTC facility to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being, as required at §483.24.</p> <p>Based on observation, interview, and record</p>			F 0849	F 849 Hospice services		02/07/2023

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	<p>review, the facility failed to ensure the facility and the hospice provider had communication documented between the LTC facility and the hospice for 1 of 2 residents reviewed for hospice services. (Residents 58)</p> <p>Findings include:</p> <p>Resident 58's clinical record was reviewed on 1/11/23 at 10:36 a.m. Current diagnoses included, but were not limited to, Alzheimer's disease, depression, anxiety, and chronic kidney disease. The resident had a current, 12/5/22 physician's order for hospice services.</p> <p>A current, 12/6/22, care plan problem/need indicated the resident had selected hospice services. An approach to this need was "Hospice will provide services as listed in their individual hospice plan of care."</p> <p>An 1/3/23, "Hospice IDG (unknown acronym) Comprehensive Assessment and Plan of Care Report" indicated the following:</p> <p>a. The resident had received hospice services at home prior to moving to a SNF memory care unit.</p> <p>b. The recommendation was to continue skilled nursing visits once a week and home health aide visits two times a week.</p> <p>A 1/13/23 review of the hospice binder/notebook found only one entry for the approximately 6 weeks of hospice services (12/5/22 to 1/13/22) provided for the resident as she resided in the facility. The one entry was a signature from a hospice nurse who had been in the facility on 1/13/23. There was no documentation related to the visit. The binder lacked documentation related to when the Hospice Aides had visited and provided showers and other related services</p>				<p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice? Resident #58 hospice binder was updated on 1/13/2023. Our memory care coordinator was alerted to the concern that the long-term care Hospice Binder was not the correct binder. The facility contacted the Hospice RN case manager immediately and asked for the written documentation of visits. The correct long-term care hospice binder with the documented communication of visits since the time of admission was in place by 1/13/23 and given to the surveyor for review.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken? All residents have the potential to be affected. The Director of Nursing and/or designee completed a 100% audit of all other residents receiving hospice services and all other LTC hospice binders were correct by having the proper written documentation of hospice visits.</p> <p>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur:</p>		

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	<p>During an interview, on 1/13/23 at 11:08 a.m., the Dementia Unit Manager indicated she had no additional information from hospice other than what was located in the hospice binder/notebook. The Hospice Aides visited two times a week and provided showers. The Hospice Nurse visited once a week. She did see the individuals while they were in the facility.</p> <p>During a 1/13/23, 3:10 p.m. interview, the Administrator indicated the hospice provider failed to provide documents for each visit prior to 1/13/23 when contacted by the facility. The breakdown appeared to be caused when the resident changed from home based hospice to long term care hospice.</p> <p>A facility hospice contract titled, "Protocol and Agreement for the Provision of Hospice (Routine and Respite) Medicare and Medicaid Benefit Services", dated 12/20/22 and provided by the Administrator on 1/17/23 at 11:32 a.m., indicated the following:</p> <p>"...The Hospice shall:</p> <p>1. Designate a Hospice Interdisciplinary team RN case manager to: (a) provide overall coordination of the hospice care of the resident with representatives of the Home; (b) communicate with representatives of the Home and other health care providers participating in the provision of care for terminal illness related conditions and other conditions to ensure quality of care for the resident and family...."</p>				<p>Nursing staff will be educated on the facility policy and procedure "Terminal Illness/Hospice" (Attachment B) with emphasis on communication for pertinent information to be communicated between facility and hospice provider including visits. Nursing staff will also be in-serviced on what the LTC Hospice binder should contain, where they are located, and what documentation needs to be in the binder by February 7th 2023</p> <p>How the corrective actions will be monitored to ensure the deficient practice will not recur (what QAPI program)</p> <p>The Director of Nursing or designee will complete the QAPI tool labeled "Hospice Binder Audit tool POC" (Attachment A) The DON or designee will audit all Hospice binders on each hall 5 days each week for 30 days then three days each week for 60 days then quarterly thereafter until the facility maintains 95% compliance as part of the QAPI program. Any concerns noted during the audit shall be corrected and placed on the QAPI Action Plan (Attachment C) and results shared at the next QAPI meeting.</p> <p>By what date the system changes for the deficiency will be completed? February 7th, 2023</p>		