DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: **155299**	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **07/01/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLER'S MERRY MANOR	**5909 LUTE RD , PORTAGE, Indiana, 46368**

(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
F0000	INITIAL COMMENTS This visit was for the Investigation of Complaints IN00456764 and IN00457883. Complaint IN00456764 - No deficiencies related to the allegations are cited. Complaint IN00457883 - Federal/State deficiencies related to the allegations are cited at F684. Survey dates: July 1, 2025 Facility number: 000196 Provider number: 155299 AIM number: 100267390 Census Bed Type: SNF/NF: 51 SNF: 1 Total: 52 Census Payor Type: Medicare: 5 Medicaid: 26	F0000		

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F0000	Continued from page 1 Other: 21 Total: 52 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on 7/2/25.	F0000		
F0684 SS = D	Quality of Care CFR(s): 483.25 § 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 professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is NOT MET as evidenced by: Based on record review and interview, the facility failed to ensure a resident received the necessary care and services related to an antibiotic medication not administered as ordered by the Physician for 1 of 3 residents reviewed for urinary tract infections. (Resident E) Finding includes: The record for Resident E was reviewed on 7/2/25 at 1:39 p.m. Diagnoses included, but were not limited to, hypertension, type 2 diabetes mellitus, and atrial fibrillation. The resident was admitted to the facility on 6/25/25. A Physician's Order, dated 6/26/25, indicated to give Levaquin 500 mg (milligrams) by mouth every 24 hours for 3 days for a urinary tract infection. A Nurse Practitioner Note, dated 6/27/25 at 2:23 p.m., indicated the resident was admitted to the facility on 6/25/25 on Levaquin (levofloxacin, an antibiotic) after	F0684		07/25/2025

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F0684 SS = D	Continued from page 2 being treated in the hospital for a urinary tract infection. She was to complete the course of antibiotics. The Medication Administration Record (MAR), dated 6/2025, indicated the antibiotic medication had been given on 6/26/25 and 6/27/25. On 6/28/25 at 8:05 p.m., a "3" was documented which indicated to hold/see progress notes. There were no other documented administrations of the medication. A Medication Administration Note, dated 6/28/25 at 8:05 p.m., indicated the Levaquin was unavailable, there was none in the Pyxis (a machine that dispenses medications), and it was ordered from pharmacy. During an interview with the Director of Nursing (DON) on 7/1/25 at 3:27 p.m., she indicated the antibiotic had not been given as ordered. She had checked the Pyxis, and the Levaquin was available. She was not sure why the nurse had not given the antibiotic. This citation relates to Complaints IN00457883. 3.1-37(a)	F0684		