

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155049	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/03/2024
NAME OF PROVIDER OR SUPPLIER Miller's Merry Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 1630 S County Farm Rd Warsaw, IN 46580	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>45120</p> <p>Based on record review and interview, the facility failed to identify and clarify a change in advanced directive status related to not keeping physician orders current with a resident's advanced directive instructions for 1 of 1 resident reviewed for hospice. (Resident B)</p> <p>Finding includes:</p> <p>A record review for Resident B was completed on 4/30/2024 at 10:38 A.M. Diagnoses included, but were not limited to: diabetes mellitus type 2, atrial fibrillation, and status post below the knee amputation.</p> <p>A Significant Change Minimum Data Set (MDS) assessment, dated 3/16/2024, indicated Resident B was cognitively intact and was receiving hospice services.</p> <p>Advanced Directive forms indicated the following:</p> <ul style="list-style-type: none"> - An Out of Hospital Do Not Resuscitate was signed by the Medical Director on 2/9/2024. - An Indiana Physician Orders for Scope of Treatment (POST) form dated, 3/13/2024, indicated, Do Not Attempt Resuscitation, comfort measures, use of antibiotics for infection only, and no artificial nutrition. The POST was signed by Resident B on 3/13/2024, and the facility Nurse Practitioner signed the form on 3/15/2024. - A POST form dated, 3/15/2024, indicated, Cardiopulmonary Resuscitation to be provided, comfort measures, use of antibiotics for infection only, and no artificial nutrition. The POST was signed by Resident B on 3/15/2024, and the hospice Medical Director signed the form on 3/27/2024. <p>A Physician's Order dated, 2/17/2024, indicated, Do Not Resuscitate.</p> <p>A Care Plan dated, 2/8/2024, indicated the code status was no resuscitate.</p> <p>During an interview on 5/2/2024 1:06 P.M., LPN 4 indicated should Resident B's heart stop beating, or she stopped breathing, she would keep Resident B comfortable and follow her advanced directives. LPN 4 indicated Resident B had a do not resuscitate order.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A policy was provided by the Director of Nursing on, 5/3/2024 at 8:02 A.M. The policy titled, Advanced Directives, indicated, [company name] will honor all advanced care planning decisions in accordance with the resident and/or representative wishes .5 .If the resident's preference changes, the medical record documentation will reflect this change</p> <p>This citation relates to Complaint IN00431936.</p> <p>3.1-4(f)(4)(A)(ii)</p> <p>3.1-4(f)(5)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>45120</p> <p>Based on observation, record review, and interview, the facility failed to provide activities of daily living (ADL) assistance related to shaving and nail care, for 1 of 2 residents reviewed for activities of daily living. (Resident 234)</p> <p>Finding includes:</p> <p>During an observation on 4/29/2024 at 10:01 A.M., Resident 234 was observed to have long facial hair and long fingernails with a brown/black substance underneath them. Resident 234 indicated he did not normally have a beard, and preferred to not have a beard. He indicated his wife had requested for him to be shaved.</p> <p>During an observation on 5/1/2024 at 10:52 A.M., Resident 234 was observed to not have the longer beard hair, but still had significant stubble on his face. Resident 234 indicated his wife shaved him yesterday. Resident E continued to have long fingernails with the black/brown substance under the nails.</p> <p>A record review for Resident 234 was completed on 5/1/2024 at 12:49 P.M. Diagnoses included, but were not limited to: urinary tract infection, sepsis, quadriplegia, and diabetes mellitus type 2.</p> <p>An Admission Minimum Data Set (MDS) assessment dated , 4/24/2024, indicated Resident 234 had moderate cognitive impairment with impairment on both the upper and lower extremities. He required partial to moderate assistance for grooming and personal hygiene.</p> <p>The CNA documentation of showers in the electronic health record, dated 4/19/2024-5/1/2024, indicated Resident 234 received showers on 4/21/2024, 4/25/2024, and 4/29/2025.</p> <p>A Care Plan for late loss activities of daily living, dated 4/21/2024, indicated Resident 234 needed maximum assistance with dressing, grooming, and bathing.</p> <p>During an observation on 5/2/2024 at 10:36 A.M., Resident 234's fingernails remained long with black/brown debris under the nails and longer beard stubble.</p> <p>During an interview on 5/2/2024 at 1:13 P.M., CNA 6 indicated male residents were shaved on their scheduled shower days or when the resident requested to be shaved, and nails were evaluated for trimming on shower days. CNA 6 indicated the staff used shower sheets which indicated if shaving and nail care was provided, or a refusal occurred.</p> <p>The Shower Sheets were reviewed on 5/2/2024 at 2:06 P.M. Two shower sheets for Resident 234 were provided. On 4/21/2024, the shower sheet indicated Resident 234 was shaved and nail care was provided. The shower sheet on 4/25/2024 indicated no documentation of shaving or nail care.</p> <p>During an interview on 5/2/2024 at 2:29 P.M., LPN 3 indicated CNAs cannot trim the nails of diabetic residents. She indicated nails were evaluated when the resident was assessed daily, or when the resident was showered, the CNA would inform the nurses of the need for the nails to be trimmed.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A policy was provided by the Director of Nursing on, 5/3/2024 at 8:02 A.M. The policy titled, Morning Care, indicated, .To cleanse and refresh resident, while stimulating circulation and providing comfort and preparing resident for the day .7. Remind or assist male residents to shave</p> <p>A policy was provided by the Director of Nursing on, 5/3/2024 at 8:02 A.M. The policy titled, Diabetic Nail Care, indicated, .1. Purpose: To promote cleanliness, prevent infection and skin irritation, and to promote a positive self image. To assure that each resident will have a weekly inspection of nails at the time of shower and/or complete bed bath and as needed</p> <p>3.1-38(a)(3)(D)</p> <p>3.1-38(a)(3)(E)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>45120</p> <p>Based on observation, record review, and interview, the facility failed to provide care for a central venous catheter (a long, flexible tube inserted into a large vein that leads to the heart) for 1 of 3 residents reviewed for antibiotics (Resident 234) and failed to follow physician orders for 1 of 2 residents reviewed for skin conditions non-pressure related. (Resident 236)</p> <p>Findings include:</p> <p>1. During an observation on, 4/29/2024 at 10:01 A.M., Resident 234's central venous catheter to the right chest had a transparent dressing dated 4/19.</p> <p>A record review was completed on 5/1/2024 at 12:49 P.M. Diagnoses included, but were not limited to: urinary tract infection, sepsis, quadriplegia, and diabetes mellitus type 2.</p> <p>An Admission Minimum Data Set (MDS) assessment, dated 4/24/2024, indicated Resident 234 had intravenous access with medications administered.</p> <p>A Physician Order dated, 4/25/2024, indicated to change the transparent dressing to the intravenous line every 7 days and as needed if soiled or loose.</p> <p>A Care Plan dated 4/19/2024, indicated Resident 234 had an intravenous infusion with the potential of infection to the central line site in the right chest.</p> <p>On 5/2/2024 at 10:38 A.M., Resident 234's central venous catheter continued to be dated 4/19, and the transparent dressing was not adhered to the skin in the 6 o'clock position.</p> <p>During an interview on, 5/2/2024 at 2:30 P.M., LPN 3 indicated the central venous catheter dressing was to be changed every 7 days. She indicated the Treatment Administration Record (TAR) had been signed by the nurse on 4/25/2024 as being completed, but the facility didn't have a new bio-patch (a dressing that surrounds the central venous catheter entrance to prevent infection) in house to replace the current bio-patch when the dressing change was to be completed, so the dressing was not changed.</p> <p>During an observation with LPN 3 on, 5/2/2024 at 2:31 P.M., LPN 3 observed Resident 234's central venous catheter dressing and indicated the dressing was dated 4/19, and was not adhered to the skin in the 6 o'clock position.</p> <p>A policy was provided on, 5/3/2024 at 8:02 A.M. by the Director of Nursing. The policy titled, VADs: [Vascular Access Devices] Ongoing Assessment, Site Care, and Dressing Changes was dated, 10/2/2017. The policy indicated, .Central vascular device and Midline catheter site care and dressing changes are performed every 7 days and when the integrity of the dressing is compromised, if moisture, drainage, or blood is present, or for further assessment if site infection or inflammation is suspected</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. A record review for Resident 236 was completed on 5/1/2024 at 9:37 A.M. Diagnoses included, but were not limited to: cellulitis of right and left lower limb, chronic venous hypertension with ulcer and inflammation of bilateral lower extremity, peripheral vascular disease, and lymphedema.</p> <p>Physician Orders, dated 4/25/2024, indicated to apply single tubigrip (an elasticated tubular bandage that provides support and reduces swelling) to left lower extremity daily, on in the morning and off in the evening for wound care and lymphedema.</p> <p>During an observation on 5/1/2024 at 10:51 A.M., Resident 236's right lower extremity was wrapped with a compression wrap, and the left lower extremity was bare, and appeared very swollen and tight in appearance.</p> <p>During an observation on 5/2/2024 at 9:45 A.M., and 10:40 A.M., Resident 236's right lower extremity was wrapped with a compression wrap, and the left lower extremity was bare. The compression wrap to the right lower extremity was to remain intact.</p> <p>An Outpatient/emergency room Services Return Assessment on 4/25/2024 at 4:00 P.M., indicated Resident 236 had an appointment at the wound clinic. The assessment indicated the lymphedema had improved from the prior week, and to start the single tubigrip to the left lower extremity on the morning and off in the evening.</p> <p>During an interview on 5/2/2024 at 2:40 P.M., RN 5 indicated Resident 236's right lower extremity was wrapped, and those wraps were not removed. The left lower extremity had a single tubigrip placed in the morning and removed in the evening.</p> <p>During an observation with RN 5 on 5/2/2024 2:42 P.M., RN 5 indicated the tubigrip was on the left lower extremity. RN 5 indicated maybe the staff thought it was evening and removed the tubigrip. Resident 236 interjected and indicated the tubigrip had not been placed all day.</p> <p>A policy was provided by the Director of Nursing on, 5/3/2024 at 8:02 A.M. The policy titled, New Order Transcription, indicated, .It is the policy of [facility name] to ensure that physician orders are transcribed and maintained in a manner that ensures safety upon administration</p> <p>3.1-37(a)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>44111</p> <p>Based on observation, interview, and record review, the facility failed to ensure respiratory equipment/tubing was properly stored when not in use and cleaned, for 2 of 4 residents reviewed for respiratory care. (Residents 46 & 62)</p> <p>Findings include:</p> <p>1. During an observation and interview on 4/29/2024 at 9:50 A.M., Resident 42 indicated he slept in his recliner, so the continuous positive airway pressure (CPAP) machine was on top of his bed. The tubing and mask were on top of the machine uncovered. The staff had not cleaned the mask or the tubing for the past 3 months.</p> <p>During an observation on 4/30/2024 at 9:42 A.M., the mask and tubing were lying on the bed not covered.</p> <p>During an observation and interview on 5/1/2024 at 2:30 P.M., he indicated no one had cleaned his CPAP tubing or mask yesterday, it was sitting on his bed uncovered.</p> <p>A record review was completed for Resident 42, on 5/1/2024 at 2:16 P.M. Diagnoses included, but were not limited to: Parkinson's Disease with dyskinesia, and obstructive sleep apnea.</p> <p>A Physician's Order, dated 3/31/2023, indicated to disinfect tubing, mask and humidifier basin by soaking for 30 minutes in 1 part white vinegar and 4 parts water and air dry monthly, every day shift, on the last day of the month.</p> <p>The Treatment Administration Record (TAR), dated 4/1/2024 to 4/30/2024, indicated on 4/30/2024 during day shift the task was signed as completed.</p> <p>During an interview on 5/2/2024 at 8:54 A.M., QMA 7 indicated she had never washed any type of respiratory equipment, the nurses do it. She worked on 4/30/2024 with LPN 8 and LPN 8 would have cleaned the equipment for Resident 42.</p> <p>During an interview on 5/2/2024 at 8:59 A.M., LPN 7 indicated when she worked with a QMA, she would do the insulin injections, G-tube feedings, breathing treatments, assessments for pain, treatments for open areas, and contact the physician. She did not clean the CPAP equipment for Resident 42 on 4/30/2024.</p> <p>2. During an observation on 4/29/2024 at 11:26 A.M., Resident 62's nebulizer machine was on the bed with the mask/tubing sitting on the machine uncovered.</p> <p>During an observation on 4/30/2024 at 9:06 A.M., the nebulizer machine was on Resident 62's bed with mask/tubing sitting on the machine uncovered.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation and interview on 5/2/2024 at 9:47 A.M., Resident 62 indicated she did the breathing treatments 4 times a day, the staff rinsed the equipment out once every other day. She had never had a bag for the mask before, but yesterday the nurse washed it out and said it needed to be in a plastic bag after she used it.</p> <p>A record review was completed for Resident 62 on 4/30/2024 at 2:33 P.M. Diagnoses included, but were not limited to: chronic obstructive pulmonary disease with exacerbation, chronic respiratory disease with hypoxia, and bronchitis.</p> <p>During an interview on 5/2/2024 at 10:29 A.M., RN 2 indicated after a breathing treatment was completed, she assessed the resident, then wiped the mask with a wet wash cloth, dried it and placed it in a bag, then washed the resident's face.</p> <p>During an interview on 5/2/2024 at 10:36 A.M., LPN 8 indicated after a breathing treatment, she would reassess the resident, listened to the lungs, and the door needed to be shut for an hour.</p> <p>During an interview on 5/2/2024 at 2:58 P.M., the DON indicated she would assess the patient then clean the equipment with soap and water, let it air dry and place in a plastic bag. The CPAP is cleaned with vinegar and water weekly.</p> <p>On 5/3/2024 at 8:02 A.M., the DON provided a policy titled, CPAP/BiPAP. dated 4/4/2024, and indicated the policy was the one currently used by the facility. The policy indicated, .6. Circuits are to be cleaned every week and PRN with sterile water and soap. Hang to dry. Disinfect monthly by soaking for 30 minutes in 1 part white vinegar to 4 parts sterile water. Hang to dry .</p> <p>On 5/3/2024 at 8:02 A.M., the DON provided a policy titled, High Mist Nebulizer or Oxygen Tank, dated 8/23/2012, and indicated the policy was the one currently used by the facility. The policy indicated . 20. If desired, have the resident rinse mouth with tap water after using nebulizer. Place the nebulizer set into a plastic bag between uses. Do not rinse. Neb set is changed weekly per facility schedule .</p> <p>3.1-47(a)(6)</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>38121</p> <p>Based on record review and interview, the facility failed to ensure pharmacy recommendations were given to the physician for review, for 1 of 7 residents reviewed for unnecessary medications. (Resident 47)</p> <p>Finding includes:</p> <p>A record review for Resident 47 was completed on 5/1/24 at 3:17 P.M. Diagnoses included, but were not limited to: overactive bladder, allergies and insomnia.</p> <p>A Quarterly Minimum Data Set (MDS) assessment, dated 2/21/24, indicated the resident had intact cognition.</p> <p>Physician's Orders, dated 4/30/24, indicated the following:</p> <p>Loratidine (used for allergies) 10mg daily.</p> <p>Myrbetriq (used for urinary urgency/frequency) 50mg daily.</p> <p>Melatonin (used for insomnia) 6mg at bedtime.</p> <p>A Pharmacy Recommendation, dated 2/14/24, indicated Loratidine 10mg to be reduced to every other day. The recommendation lacked documentation it was acted upon in a timely manner.</p> <p>A Pharmacy Recommendation, dated 3/13/24, indicated Myrbetriq 50mg to be reduced to 25mg daily. The recommendation lacked documentation it was acted upon in a timely manner.</p> <p>A Pharmacy Recommendation, dated 3/13/24, indicated Melatonin 6mg to be reduced to 5mg at bedtime. The recommendation lacked documentation it was acted upon in a timely manner.</p> <p>During an interview on 5/2/24 at 11:24 A.M., the Director of Nursing (DON) indicated the new pharmacy representative for the facility was sending communication through a different portal and she was not aware, so she did not complete the recommendations in a timely manner.</p> <p>On 5/2/24 at 3:20 P.M., the DON provided the policy titled, Response to Pharmacist Recommendations, dated 4/11/17, and indicated the policy was the one currently used by the facility. The policy indicated .3. DON or designee will monitor for physician response and will re-submit to practitioner within 7 days .4. If after resending there is no response within 72 hours, the DON or designee will telephone the physician for verification the physician has reviewed the recommendation and for any new orders</p> <p>3.1-48(a)(3)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>38121</p> <p>Based on observation and interview, the facility failed to ensure medications were kept in a locked cart when unattended for a random observation of 1 of 3 facility medication carts. (Windsor Hall cart)</p> <p>Finding includes:</p> <p>On 5/2/24 at 10:48 A.M., the medication cart for Windsor Hall was observed with the keys in the drawer and with no licensed nursing staff within sight of the cart. The nurse left the medication cart at 10:48 A.M. and returned to the cart at 10:56 A.M.</p> <p>During an interview on 5/2/24 at 10:57 A.M., RN 2 indicated she heard a staff member call for help and she left the cart without taking the keys out of the lock. She was not to leave her cart unattended while unlocked and should have taken the cart keys with her.</p> <p>During an interview on 5/2/24 at 3:25 P.M., the Director of Nursing (DON) indicated the employee should have locked the cart and taken the keys with her, they are not to be left in the medication cart.</p> <p>On 5/3/24 at 8:00 A.M., The DON provided the policy titled, Storage of Medications, dated 4/24/19, and indicated the policy was the one currently used by the facility. The policy indicated Medications and biological's are stored safely, securely, and properly, following manufacturers recommendations or those of supplier. The medication supply is accessible only to licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications</p> <p>3.1-25(m)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>44111</p> <p>Based on observation and interview, the facility failed to ensure food brought in by outside sources and placed in resident nourishment refrigerators was stored in accordance with professional standards for food safety and used for food and beverages only, for 3 out of 4 pantry rooms reviewed. This deficient practice had the potential to affect 67 of 67 residents who reside on the units.</p> <p>Findings include:</p> <p>1. During an observation on 5/2/2024 at 1:32 P.M., the Boulevard unit pantry had an opened container with 5 slices of cheesecake, an opened package of milk chocolate morsels, and 3 full containers of Culver's ice cream in the refrigerator without a label.</p> <p>2. During an observation on 5/3/3035 at 1:36 P.M., the Windsor unit pantry had a large blue ice pack in the freezer compartment only. The Dietary Manager did not know why it was in there.</p> <p>During an interview on 5/2/2024 at 1:38 P.M., CNA 9 indicated the ice pack was used for a resident and had been placed on her hip when she asked for it. LPN 8 then indicated that was where she had always seen it placed, but it should not be in a resident refrigerator.</p> <p>3. During an observation on 5/2/2024 at 1:49 P.M., the Heritage unit freezer had 3 ice packs: one large blue pack, medium size and a small one. The large blue ice pack had a bag of frozen green beans underneath it and another bag of green beans in the door shelf.</p> <p>During an interview on 5/2/2024 at 1:50 P.M., the Dietary Manager indicated that all food should be labeled with a date and the resident's name, and ice packs used for the Residents should not be in the pantry refrigerators on the units.</p> <p>On 5/2/2024 at 2:00 P.M., the Dietary Manager indicated she did not have a policy on the storage of residents' ice pack in the nourishment freezers.</p> <p>On 5/2/2024 at 2:00 P.M., the Dietary Manager provided a policy titled, Resident Food From Outside Source, dated 11/28/2023, and indicated the policy was the one currently used by the facility. The policy indicated .1. Family and friends are welcomes to bring food from outside source into facility for a resident. 2. Items for a resident must be labeled with name and room number and date food brought into the facility .</p> <p>3.1-21(i)(3)</p>		