

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155102	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/07/2025
NAME OF PROVIDER OR SUPPLIER Miller's Merry Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 635 Oakhill Ave Plymouth, IN 46563	

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 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to manage his or her financial affairs.</p> <p>45120</p> <p>Based on interviews and observation, the facility failed to ensure resident funds were immediately available during non-business hours. This deficient practice had the potential to affect 24 of 24 residents with trust funds.</p> <p>Finding includes:</p> <p>During an interview, on 2/5/2025 at 9:25 A.M., Resident 12 indicated the facility had informed him he could only get his resident trust account funds when the business office was open.</p> <p>During an observation, on 2/7/2025 at 10:43 A.M., a sign at the front receptionist's desk was observed with the following: Resident Trust Funds Availability For those residents who have a Resident Trust Fund account with [facility name]: These funds are available to you seven [7] days a week, during the following times: Business Office Monday-Friday 8:30am-4:30pm ICF 1's Nurse's Station Saturday & Sunday 10:00am-2:00pm</p> <p>During an interview, on 2/7/2025 at 10:45 A.M., the Business Office Manger indicated residents could obtain their money during business hours, Monday through Friday and there was a time perimeter on Saturday and Sunday for residents to obtain resident trust money. She indicated the facility placed a time frame for the access and availability of funds.</p> <p>During an interview, on 2/7/2025 at 1:42 P.M., the Executive Director indicated monies, from Resident Trust funds, were available at the nurse's station after business office hours. He indicated the facility preferred to complete financial transactions during business hours.</p> <p>During an interview, on 2/7/2025 at 1:44 P.M., CNA 10 indicated resident funds were not available outside of the facility's business hours.</p> <p>During an interview, on 2/7/2025 at 1:52 P.M., RN 5, who worked on the ICF (intermediate care facility) hallway, indicated she did not have Resident Trust money available after business hours in her medication cart for the residents to access.</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 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A current policy was provided by the Director of Nursing, on 2/7/2025 at 1:25 P.M. The policy titled, Resident Fund Procedures, indicated, .3. Funds should be readily available for residents. It is suggested that the family members and/or the resident be advised of the business office hours at the time of admission. Money is not available when the business office is not open; therefore, money is not available on weekends or evenings</p>

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>38845</p> <p>Based on record review and interview, the facility failed to ensure the physician was notified of abnormal blood sugar results for 1 of 1 residents reviewed for physician notification. (Resident 54)</p> <p>Findings include:</p> <p>1. The record for Resident 54 was reviewed on 2/6/2025 at 3:57 P.M. Diagnoses included, but were not limited to: hemiplegai, neurogenic bladder, diabetes and cancer.</p> <p>A Quarterly Minimum Data Set (MDS) assessment, dated 1/22/2025, indicated the resident received antidepressant and hypoglycemic medications.</p> <p>Current Physician Orders for Resident 54 included the following:</p> <ul style="list-style-type: none"> - Humalog Inject 15 units subcutaneously three times a day for diabetes. Give 15 minutes AC (before) meal/snack. Notify MD if BS (blood sugar) less than 100 or greater than 400. If s/s (signs/symptoms) present, follow blood sugar flowchart and document in progress note. Hold if blood sugar is less than 150. - Glargine insulin -Inject 32 units subcutaneously one time a day for diabetes. Hold if BS is less than 100 or greater than 400 and notify the MD. Monitor for s/s of hypo/hyperglycemia and notify MD if present. <p>A current Care Plan, initiated on 6/17/2024, included the following interventions: Give medications as ordered. Monitor blood sugar as ordered. Notify MD of blood sugar readings outside the ordered parameters.</p> <p>The November Medication Administration Record (MAR) indicated the following blood glucose result:</p> <ul style="list-style-type: none"> - 11/3 the blood sugar result was 71 mg/DL. - 11/4 the blood sugar result was 83 mg/DL. - 11/7 the blood sugar result was 96 x 2 mg/DL. - 11/8 the blood sugar result was 98 x 2 mg/DL. - 11/9 the blood sugar result was 87 mg/DL. - 11/11 the blood sugar result was 91 mg/DL. - 11/17 the blood sugar results were 84 & 96 mg/DL. - 11/21 the blood sugar result was 96 mg/DL. <p>(continued on next page)</p>		

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> - 11/22 the blood sugar results were 77 x 2 mg/DL. - 11/24 the blood sugar result was 98 mg/DL. - 11/25 the blood sugar result was 82 mg/DL. - 11/29 the blood sugar result was 80 mg/DL. <p>The Nursing Progress Notes for November lacked documentation indicating the physician had been notified of the abnormal blood sugar results.</p> <p>The December MAR indicated the following blood glucose results:</p> <ul style="list-style-type: none"> - 12/1 the blood sugar result was 84 x 2 mg/DL. - 12/3 the blood sugar result was 88 mg/DL. - 12/6 the blood sugar result was 85 mg/DL. - 12/7 the blood sugar result was 98 mg/DL. - 12/9 the blood sugar results were 97 x 2 mg/DL. - 12/11 the blood sugar result was 96 mg/DL. - 12/13 the blood sugar result was 94 mg/DL. - 12/16 the blood sugar result was 87 mg/DL. - 12/23 the blood sugar result was 93. mg/DL - 12/25 the blood sugar result was 85. mg/DL - 12/27 the blood sugar result was 94 mg/DL. - 12/29 the blood sugar result was 88 mg/DL. - 12/30 the blood sugar result was 80 mg/DL. - 12/31 the blood sugar result was 96 mg/DL. <p>The Nursing Progress Notes for December lacked documentation indicating the physician had been notified of the abnormal blood sugar results.</p> <p>The January 2025 MAR indicated the following blood glucose results:</p> <ul style="list-style-type: none"> - 1/1 the blood sugar result was 88 mg/DL. <p>(continued on next page)</p>

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> - 1/3 the blood sugar results were 98 and 92 x 2 mg/DL. - 1/4 the blood sugar result 74 and 70 mg/DL. - 1/7 the blood sugar result was 75 mg/DL. - 1/8 the blood sugar result was 82 mg/DL. - 1/9 the blood sugar results were 68 and 72 mg/DL. - 1/10 the blood sugar results were 99 and 83 mg/DL. - 1/12 the blood sugar result was 69 mg/DL. - 1/13 the blood sugar result was 92 mg/DL. - 1/15 the blood sugar result was 82 mg/DL. - 1/16 the blood sugar results were 90 x 2 mg/DL. - 1/17 the blood sugar result was 99 mg/DL. - 1/19 the blood sugar result was 80 mg/DL. - 1/24 the blood sugar result was 72 mg/DL. - 1/29 the blood sugar result was 95 mg/DL. - 1/31 the blood sugar result was 88 mg/DL. <p>The Nursing Progress Notes for December lacked documentation indicating the physician had been notified of the abnormal blood sugar results.</p> <p>During an interview, on 2/7/2025 at 1:08 P.M., the Director of Nursing indicated the physician should have been notified.</p> <p>On 2/7/2025 at 1:08 P.M., the Director of Nursing provided the policy titled, Physician & Family Notification of Condition Changes, dated 5/14/2024, and indicated the policy was the one currently used by the facility. The policy indicated . II. Notify the physician of any change in the condition that may or may not warrant a change in the treatment plan. III. Notify the physician when values monitored are outside of ordered parameters</p> <p>3.1-5(a)(3)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide activities to meet all resident's needs.</p> <p>45120</p> <p>Based on observations, record review and interview, the facility failed to provide activities for a dependent resident for 1 of 3 residents reviewed for activities. (Resident 40)</p> <p>Finding includes:</p> <p>During an observation, on 2/4/2025 at 9:46 A.M.,10:56 A.M. and 2:49 P.M., Resident 40 was observed in her room without visual or auditory stimulation.</p> <p>During an observation, on 2/5/2025 at 10:49 A.M., Resident 40 was seated in a reclined position in her Broda chair in her room without visual or auditory stimulation.</p> <p>During an observation, on 2/5/2025 at 3:04 P.M., Resident 40 was observed in her bed sleeping.</p> <p>During an observation, on 2/6/2025 at 11:02 A.M., Resident 40 was observed in her room without visual or auditory stimulation.</p> <p>A record review for Resident 40 was completed on 2/6/2025 at 1:12 P.M. Diagnoses included, but were not limited to: cerebral infarction, hemiplegia, dementia and delirium.</p> <p>A Quarterly Minimum Data Set (MDS) assessment, dated 1/31/2025, indicated Resident 40 was severely cognitively impaired and received hospice care.</p> <p>A current Care Plan, initiated 11/25/2022, indicated Resident 40 enjoyed increased socialization/stimulation received through involvement in group activities. Interventions included, but were not limited to:</p> <ul style="list-style-type: none"> -Would attend sensory activities. -Make sure Resident 40 received invitations to readings. -Encourage family to bring in radio/tape player for Resident 40 to keep in her room. -Activities would invite to all current events, educational activities and group activities. -Resident 40 enjoyed activities including: small groups, current events, outside, games and possibly arts/crafts. -Resident 40 stated she currently enjoyed watching television shows such as Hallmark types of shows. -Need assist to/from activities. <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A current Care Plan, dated 5/3/2024, indicated Resident 40 was at risk for feelings of loneliness or feeling self-isolated. Interventions included, but were not limited to: assist Resident 40 in finding services, equipment or activities they enjoy (i.e. books on tape, music lessons, games and stationery) and invite and encourage out-of-room activities.</p> <p>Despite the care planned interventions to address activity preferences and combat loneliness and isolation, Resident 40</p> <p>was not observed in an activity, nor with visual or auditory stimulation in her room.</p> <p>During an interview, on 2/7/2025 at 9:52 A.M., the Activity Director indicated Resident 40 was involved in sensory activities, passive watching and 1:1 visits. She indicated Resident 40 should have had a visual or auditory activity in her room.</p> <p>A current policy was provided, on 2/7/2025 at 1:25 P.M., by the Director of Nursing. The policy titled, Life Enrichment Program Guidelines, indicated, "To enhance the lives of our residents through activity involvement. Benefits include: decreased behaviors, and increased overall satisfaction, and quality of life</p> <p>3.1-33(b)(8)</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>38845</p> <p>Based on record review and interview, the facility failed to follow physician orders for daily weights and failed to transcribe physician orders accurately for 2 of 22 residents whose physician orders were reviewed. (Residents 55 & 267)</p> <p>Findings include:</p> <p>1. The record for Resident 55 was reviewed on 2/6/2025 at 1:58 P.M. Diagnoses included, but were not limited to:</p> <p>diabetes, dementia, depression and anxiety.</p> <p>A Physician's Order, dated 2/19/2025, indicated an order for daily weight-after voiding and before breakfast/medications with the same clothes every day shift.</p> <p>A current Care Plan for nutrition, dated 1/10/2025, indicated the resident was at nutritional risk related to: Potential for weight fluctuations related to fluid shifts and receives diuretic therapy. Interventions included but were not limited to: Diet is served as ordered. Select my own menus. Monitor weights and intakes.</p> <p>The November weight documentation and Nursing Progress Notes, from 11/1/2024 through 11/30/2024, lacked daily weights and/or documentation of why the daily weight was not obtained for the following dates:</p> <p>11/9, 11/10, 11/18, 11/23 and 11/28/2024.</p> <p>The December weight documentation and Nursing Progress Notes, from 12/1 through 12/31/2024, lacked daily weights and/or documentation of why the daily weight was not obtained for the following dates:</p> <p>12/7, 12/12, 12/16, 12/21, 12/22, 12/30 and 12/31/2024.</p> <p>The January weight documentation and Nursing Progress Notes, from 1/1 through 1/31/2025, lacked daily weights and/or documentation of why the daily weight was not obtained for the following dates: 1/1, 1/2, 1/4, 1/5, 1/6, 1/9, 1/13, 1/19 and 1/27/2025.</p> <p>During an interview, on 2/7/2025 at 9:15 A.M., the Director of Nursing indicated the resident should have been weighed daily and on the missed days, the facility should have documented in the Nursing Progress Notes as to why the weights had not been obtained.</p> <p>On 2/7/2025 at 1:08 P.M., the Director of Nursing indicated the facility did not have a policy regarding weights.</p> <p>51598</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 - Some</p>	<p>2. A record review for Resident 267 was completed on 2/6/2025 at 9:38 A.M. Diagnoses included, but were not limited to: depression, end stage renal disease, dysphagia and diabetes mellitus type two.</p> <p>A Care Plan, initiated on 2/5/2025, indicated Resident 267 had depression and required the use of an antidepressant.</p> <p>A discharge medication order list from [Name of Hospital], dated 1/31/2025, included: sertraline (an antidepressant) 50 milligram (mg) tablet take 0.5 tablet (25 mg) by mouth at bedtime. However, the sertraline order was inaccurately transcribed as 50mg 1 tablet by mouth at bedtime on the facility's admission orders.</p> <p>A Medication Administration Record (MAR), dated February 2025, indicated Resident 267 received sertraline 50mg on six of six days, instead of the 25mg by mouth at bedtime as per the medication order list.</p> <p>A Nursing Progress Note, dated 1/31/2025, indicated the Nurse Practitioner had clarified a heparin order from the Resident's discharge medication orders, but there was no evidence in Resident 267's medical record the order for the sertraline was reviewed and increased from 25mg to 50mg.</p> <p>During an interview, on 2/7/2025 at 9:11 A.M., RN 9 indicated the facility used the discharge medication list from the hospital. She indicated Resident 267 should have been on sertraline 25mg daily.</p> <p>During an interview, on 2/7/2025 at 10:40 A.M., the ADON indicated she had had a conversation with the NP regarding Resident 267 sertraline. She stated the NP did not feel that sertraline 25 mg would be effective, so she ordered sertraline 50mg. The ADON indicated she did not document this conversation in the medical record.</p> <p>A current facility policy provided by the DON on 2/7/2025 at 11:30 A.M., titled New Order Transcription, indicated: 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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>51598</p> <p>Based on record review and interview, the facility failed to ensure a PRN (as needed) antianxiety medication was not ordered/used for more than 14 days and lacked documentation for the use of an antipsychotic for 2 of 6 residents reviewed for unnecessary medications. (Resident 19 & 39)</p> <p>Findings include:</p> <p>A record review for Resident 19 was completed on 2/6/2025 at 11:36 A.M. Diagnoses included but were not limited to Alzheimer's, psychotic disorder with delusions, and anxiety.</p> <p>A Quarterly Minimum Data Set (MDS) assessment, dated 11/26/2024, indicated Resident 19 had exhibited signs of delusions but had not exhibited any other behaviors. The assessment also indicated Resident 19 had not received any psychotropic medications.</p> <p>A Physician's Order, dated 1/8/2025, and discontinued on 2/4/2025, indicated lorazepam (an anti-anxiety medication) 0.5 milligrams (mg) by mouth every 4 hours as needed (PRN) for anxiety.</p> <p>A Physician's Order, dated 2/4/2025, and with a stop dated of 5/1/2025, indicated lorazepam 0.5mg by mouth every 4 hours PRN for anxiety.</p> <p>A Care Plan, initiated on 1/16/2025, indicated Resident 19 had a PRN anxiolytic (an anti-anxiety medication).</p> <p>A consultant pharmacist communication to the physician, dated 1/30/2025, and signed by the Nurse Practitioner (NP) on 2/5/2025, indicated the mega rule only allows 14 days of PRN anxiolytics: however, physician can document in the medical record why it is needed longer . The NP indicated on the form terminal agitation, with no supportive documentation of the terminal agitation in the medical record for Resident 19.</p> <p>Nursing progress notes, from 12/23/2024 to 2/6/2025, did not indicate Resident 19 had exhibited any behaviors, anxiety or agitation to support the terminal agitation documented by the NP.</p> <p>A Physician's assessment, dated 1/9/2025, did not indicate why the PRN lorazepam was initiated and ordered longer than 14 days.</p> <p>During an interview, with the Director of Nursing (DON) on 2/7/2025 at 9:43 A.M., she indicated she was unsure why the lorazepam was initiated or why it had been ordered for more than 14 days.</p> <p>49994</p> <p>2. On 2/6/2025 at 9:53 A.M., a record review was completed for Resident 39. Diagnoses included, but were not limited to: anxiety and dementia.</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A Quarterly MDS (Minimum Data Set), dated 1/3/2025 indicated Resident 39's cognition was significantly impaired and the resident used an antipsychotic medication on a daily basis.</p> <p>Current Physician's Orders, dated 11/28/2024 indicated Resident 39 received Seroquel (antipsychotic) oral tablet 50 mg (milligrams) by mouth at bedtime and quetiapine fumarate 100 mg tablet by mouth one time a day for a diagnosis of anxiety and combative behaviors.</p> <p>Resident 39's record lacked documentation of a medical indication to support the use of Seroquel.</p> <p>During an interview on 2/06/2025 at 1:46 P.M., the DON indicated Resident 39 did not have an appropriate diagnosis for the use of Seroquel.</p> <p>On 2/6/2025 at 2:49 P.M., the DON provided a policy titled, Psychotropic Medication Use, dated 2/18/2019 and indicated it was the policy currently being used by the facility. The policy indicated, Purpose: To ensure that medication regimen helps promote or maintain the residents highest practicable mental, physical, and psychosocial well-being as identified by the resident and/or representative(s) in collaboration with the attending physician/psychiatrist and facility staff; each resident receives only those medications, in doses and for the duration clinically indicated to treat the residents assessed condition(s); 1. The facility will assure that medication therapy is based upon an adequate indication for use by documenting the supporting diagnosis/indication of use at the time the order for psychotropic medication is obtained/received .</p> <p>A current facility policy provided by the DON, on 2/7/2025 at 11:30 A.M., titled Psychotropic Medication Use indicated, .PRN orders will be limited to 14 days, unless the attending physician or prescribing practitioner believes that it is appropriate for the PRN to be extended beyond the 14 days. He/she should document their rationale in the resident's medical record</p> <p>3.1-48(a)(4)</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>38845</p> <p>Based on observation, interview and record review, the facility failed to ensure over the counter medications were labeled properly and failed to ensure opened medications were dated when opened for 1 of 4 medication storage areas observed. (ICF 3 medication cart)</p> <p>Finding includes:</p> <p>On 2/6/2025 at 2:22 P.M., a medication storage observation of the ICF 3 medication cart was completed with RN 5 and the following was observed:</p> <ul style="list-style-type: none"> - a bottle of ibuprofen 200 mg (milligrams) with no resident label. - an opened and unlabeled bottle of CoQ10. - an opened and unlabeled bottle of Vitamin D 3. - an opened and unlabeled bottle of aspirin 81 mg. - an opened and unlabeled bottle of Ferrosol 325 mg. - an opened and unlabeled bottle of Milk of Magnesia (MOM). - a bottle of Men's multi vitamin with no resident label. - a box of daily probiotic pills with no label. - an opened and undated bottle of Guaifenesin liquid. - 2 opened and undated bottles of MOM. <p>During an interview, on 2/6/2025 at 2:36 P.M., RN 5 indicated the medications should have been labeled and should have had opened dates on them.</p> <p>On 2/7/2025 at 1:08 P.M., the Director of Nursing provided the policy titled, Medication Labels, dated 4/24/2019, and indicated the policy is the one currently used by the facility. The policy indicated . Medications are labeled in accordance with facility requirements and state and federal laws</p> <p>3.1-25(k)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155102	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/07/2025
NAME OF PROVIDER OR SUPPLIER Miller's Merry Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 635 Oakhill Ave Plymouth, IN 46563	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>45120</p> <p>Based on observation, record review and interview, the facility failed to provide enhanced barrier precautions (EBP) for a resident with a pressure ulcer for 1 of 3 residents reviewed for pressure ulcers. (Resident 46)</p> <p>Finding includes:</p> <p>During an interview, on 2/4/2025 at 10:28 A.M., Resident 46 indicated he had had a sore on his buttock for the past three weeks.</p> <p>A record review for Resident 46 was completed on 2/6/2024 at 9:45 A.M. Diagnoses included, but were not limited to: heart failure, diabetes mellitus type 2, obesity, polyneuropathy and edema.</p> <p>A Quarterly Minimum Data Set (M.DS) assessment, dated 1/31/2025, indicated Resident 46 was cognitively intact and had a Stage 2 pressure ulcer.</p> <p>A Pressure Injury Note, dated 1/2/2025 at 12:03 P.M., indicated a new in-house stage 2 pressure ulcer was observed to the left mid-buttock.</p> <p>A Physician's Order, dated 1/28/2025, indicated to cover the wound with Duoderm (moisture-resistant wound dressing) every Tuesday and as needed if displaced or soiled.</p> <p>A Care Plan, dated 1/2/2025, indicated Resident 46 had a pressure ulcer. The goal was the wound would not show any signs or symptoms of infection.</p> <p>During an observation, on 2/7/2025 at 10:23 A.M., RN 5 held Resident 46's lower garments and removed his incontinence brief to expose the pressure ulcer. RN 5 had gloves placed on her hands, but was not wearing a gown when this assistance was provided.</p> <p>During an interview, on 2/7/2025 at 10:27 A.M., CNA 4 indicated she was aware of residents in enhanced barrier precautions by the signage on the resident's door. She indicated if a resident had a pressure wound beyond stage 1, enhanced barrier precautions should be in place.</p> <p>During an interview, on 2/7/2025 at 10:36 A.M., RN 5 indicated enhanced barrier precautions should be in place for residents with an indwelling catheter, colostomy bags, wounds and residents with multi drug-resistant organisms. She indicated she would know a resident had enhanced barrier precautions by the sign on the door and by the orders in electronic medical record.</p> <p>However, during an observation, on 2/7/2025 at 10:42 A.M., there was no sign on Resident 46's door to indicate enhanced barrier precautions were needed or a physician's order to indicate enhanced barrier precautions were needed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155102	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/07/2025
NAME OF PROVIDER OR SUPPLIER Miller's Merry Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 635 Oakhill Ave Plymouth, IN 46563	
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A current policy was provided by the Director of Nursing, on 2/7/2025 at 1:25 P.M. The policy titled, Enhanced Precautions for the novel and targeted MDRO's [Multi Drug-Resistant Organisms] indicated, .To prevent the spread of multi drug resistant organisms [MDRO] from one resident to another resident via health care workers hands and clothing and to protect vulnerable residents. The use of EBP is intended to interrupt the spread of novel or targeted MDROs. EBP is targeted use of gown and glove use during high contact resident care activities for: Residents with wounds and indwelling devices</p> <p>3.1-18(a)</p>		