

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155128	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/16/2025
NAME OF PROVIDER OR SUPPLIER  Miller's at Oak Pointe		STREET ADDRESS, CITY, STATE, ZIP CODE  411 N Wolf Rd Columbia City, IN 46725	
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 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment.</p> <p>Based on interview, record review and observation, the facility failed to ensure a physical restraint position changing alarm device was ordered and monitored for 1 of 1 resident reviewed (Resident B). Findings include: During an observation on 7/16/25 at 10:35 AM, Resident B was observed in her bed asleep with a position changing alarm under her body and in her wheelchair. During an interview on 7/16/25 at 10:42 AM, Certified Nurse Aide (CNA) 2 indicated Resident B's alarm was active and used as a fall prevention. CNA 2 indicated when Resident B attempted to get up the alarm would sound to alert staff for assistance. During an interview on 7/16/25 at 10:54 AM, the Director of Nursing (DON) indicated a position changing alarm was placed on Resident B's bed and wheelchair for fall prevention after Resident B had an unwitnessed fall on 6/26/25. During an interview on 7/16/25 at 1:38 PM, Unit Manager (UM) 3 indicated Resident B was at risk for falls. UM 3 indicated after Resident B's fall on 6/26/25 a position changing alarm was placed on resident's chair and bed to prevent falls. UM 3 indicated an order should be placed in the resident's chart and in the care plan. During an interview on 7/16/25 at 2:24 PM, the DON and Administrator indicated they were unaware an order was needed for a position changing device. The DON indicated on 6/26/25 a position changing device was placed on Resident B's bed and chair to prevent falls. The DON indicated the resident was sneaky in getting up on her own. The DON also indicated the device should be monitored. During an interview on 7/16/25 at 2:24 PM, Nurse Practitioner (NP) 4 indicated she was aware of the position changing device prior to implementation. NP 4 indicated she was unaware of documentation, or an order was needed for a position changing device. An interview was attempted with Resident B on 7/16/25 at 10:35 AM, 1:29 PM and 3:12 PM. Resident B was asleep during each attempt. Resident B's record was reviewed on 7/16/25 at 11 AM. Diagnoses included traumatic subarachnoid hemorrhage without loss of consciousness, secondary malignant neoplasm of bone and vascular dementia. A re-admission Minimum Data Set (MDS) assessment, dated 7/6/25, indicated Resident B had a Brief Interview of Mental Status (BIMS) of 10/15 (moderately impaired). A care plan, last revised 7/9/2025, indicated Resident B was at risk for falls. Interventions included monitoring changes in gait/positioning. A fall report, dated 6/26/25, indicated Resident B was at risk for falls. Interventions included to place bed and chair position changing alarm and monitor for functionality. Resident B's orders dated 6/26/25 - 7/16/25, did not include an order for a position changing alarm device nor an order for monitoring the device. Nursing notes dated 6/26/25 - 7/16/25, did not include any documentation of the position changing alarm device discussion or an order with the physician or nurse practitioner. The nursing notes did not include any documentation regarding monitoring of the device. A nursing note, dated 7/11/25, indicated Resident B was observed turning off the position changing alarm multiple times. A policy, dated 1/14/2008, titled Alarm Use and Maintenance, was provided by the Administrator on 7/16/25 at 2:24 PM. The policy indicated alarms are used in prevention of residents transferring self-unassisted. The policy indicated an order was needed. The policy also indicated that the device was monitored for effectiveness and functionality. 3.1-26 (b) This finding relates to Complaint 1586111.</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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