

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155235	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2024
NAME OF PROVIDER OR SUPPLIER Miller's Merry Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 200 26th St Logansport, IN 46947	

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 - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>32842</p> <p>Based on observation, interview and record review, the facility failed to follow their Infection Control Surveillance Program policy and procedure regarding providing an accurate and complete data collection process relative to infections to assist in compiling statistical data to aid in the infection control and prevention process for residents residing in the facility. This deficient practice had the potential to affect 94 of 94 residents residing in the facility.</p> <p>Finding includes:</p> <p>A document, titled Intake Information, dated 7/9/24, indicated there was a concern the facility had an issue with their infection control.</p> <p>During an observation, on 7/29/24 at 1:08 p.m., an unidentified receptionist was observed wearing a surgical mask. She indicated the facility had a breakout of COVID and everyone was to be wearing a mask.</p> <p>During the entrance conference, on 7/29/24 at 1:12 p.m., the tracking and trending data for infections, from January to July 2024, was requested.</p> <p>During an interview, on 7/29/24 at 1:22 p.m., the Executive Director (ED) indicated there were 19 residents who had COVID. Two were in the memory care unit and the other 17 were on the third floor. Also, there was one staff member who tested positive for COVID.</p> <p>During an interview, on 7/29/24 at 2:11 p.m., an unidentified agency nurse indicated there were 20 residents on the third floor who had COVID. She did not know how many residents on the other floors had COVID, but she did know there were a few staff members out sick with it.</p> <p>On 7/29/24 at 3:36 p.m., the Infection Surveillance Data Collection Form for January 2024 through May 2024, was reviewed. There were no forms for June 2024 to be reviewed.</p> <p>On 7/30/24 at 11:00 a.m., a request was made to the Director of Nursing (DON) for all the statistical information regarding the residents and staff who had COVID.</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 7/30/24 at 12:12 p.m., the Infection Control Preventionist provided an untitled paper with staff and residents names on it with a schedule blocked off with the day the person tested positive for COVID and the day they were to come out of isolation. She was putting all the staff and residents' signs and symptoms for COVID into their Infection Surveillance Data Collection Form on the computer, but she had not completed it yet. She indicated she did not have the Infection Surveillance Data Collection Form for the tracking and trending of infections completed for June 2024 yet.</p> <p>On 7/30/24 at 1:20 p.m., the Director of Nursing (DON) indicated knew the Infection Control Preventionist also had wounds to do, she was the clinical educator, and she taught their CNA classes besides overseeing the Infection Control Program. The DON was not able to adequately trace where the COVID came from, how it infected the residents, and who all may have been exposed.</p> <p>On 7/30/24 at 1:45 p.m., the ED indicated she had just completed the COVID form for the employees who tested positive for COVID. At that time, there were seven employees and 24 residents who were positive for COVID.</p> <p>On 7/30/24 at 1:50 p.m., the Infection Control Preventionist indicated she only educated the staff on whatever corporate mandated her to educate them on for each month. She did not have time to educate the staff with everything else she had to do.</p> <p>On 7/30/24 at 3:28 p.m., the Infection Control Preventionist indicated she set aside eight hours at a time to work on the infection control information, but she usually got pulled away to do something else, then she did not get back to doing the Infection Control task. She did not look at the infection control data every day. The unit managers made a list for her in the morning meeting indicating who had an infection and whether they were started on an antibiotic or not, then she set time aside when she was able to do the data analysis part of the job.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>A current policy, titled Infection Control Surveillance Program, dated September 2, 2019, and provided by the Infection Control Preventionist on 7/30/24 at 4:11 p.m., indicated .PURPOSE: To provide an accurate and complete data collection process relative to an infection; to assist in compiling statistical data for the QAPI [Quality Assurance and Performance Improvement] program. To establish an infection control and prevention process for residents residing in the facility. To determine whether special measures are required for admission, such as special equipment or supply purchases, additional culture or re-culture results in order to determine feasibility of admission, staff training, etc. Surveillance components will include Investigation, Clinical records and documentation, on-site monitoring, data analysis, reporting, implementation of program changes as needed .During the course of treatment, and while the resident is receiving an antibiotic the Infection Control Coordinator will review the EMR [Electronic Medical Record] for Infection Assessments and monitor for appropriate treatment and management of the infection or condition warranting the use of antibiotics and treatment. D. Each resident will be tracked by the infection Control Coordinator until the course of treatment and symptoms have resolved. This tracking may include reviewing culture reports, progress notes, AM [morning] meeting attendance, chart review, walking rounds or direct observations and interview of residents/staff. E. At the end of each month, the Infection Control Coordinator will collect information contained in the infection assessments and list this information on the line listing summary sheet. Analysis of this information will then be classified into either a true infection or symptoms requiring treatment per physician or provider assessment and clinical judgement. The summary of this information will be presented to the QAPI committee monthly or quarterly for review. Individual and group action plans will be developed based upon information from this data collection. F. If health care associated infections and trends are identified, plans of action to prevent further symptoms are initiated. Follow-up continues until the underlying reason for infection/symptoms is resolved. 3. Documenting Surveillance data: a. Information of the line/listing form will include: I. Resident name II. Signs and symptom information III. Infection type IV. Date signs/symptoms were first noted V. Any culture or x-ray results VI. Antibiotic/antimicrobial name and dosage VII. Antibiotic/Antimicrobial start and stop date VIII. Isolation type of [sic] required IX. Verification of true infection/meets infection criteria definition. B. To determine if data is a true infection-a complete review of the infection criteria guideline must be completed</p> <p>This citation relates to Complaint IN00438342.</p> <p>3.1-18(b)(1)(A)</p> <p>3.1-18(b)(1)(B)</p>		