

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(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 Miller's Merry Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 5909 Lute Rd Portage, IN 46368	

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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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)</p> <p>Finding includes:</p> <p>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 [DATE].</p> <p>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.</p> <p>A Nurse Practitioner Note, dated 6/27/25 at 2:23 p.m., indicated the resident was admitted to the facility on [DATE] on Levaquin (levofloxacin, an antibiotic) after being treated in the hospital for a urinary tract infection. She was to complete the course of antibiotics.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>This citation relates to Complaints IN00457883.</p> <p>3.1-37(a)</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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