

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155557	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/26/2025
NAME OF PROVIDER OR SUPPLIER Miller's Merry Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 1651 N Campbell St Indianapolis, IN 46218	

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>Based on observation, interview, and record review, the facility failed to ensure hand hygiene was performed after doffing gloves for 1 of 1 resident reviewed for urinary catheter and 1 of 2 residents observed for blood sugar testing. (Resident B and Resident C)</p> <p>Findings include:</p> <p>1. The clinical record for Resident B was reviewed on 6/23/25 at 8:45 a.m. The diagnoses included, but were not limited to, retention of urine and benign prostatic hyperplasia (BPH).</p> <p>A care plan, initiated 1/21/25, indicated Resident B required the use of a urinary catheter related to a diagnosis of benign prostatic hyperplasia (enlarged prostate) with neurogenic bladder. The goal was for his urinary catheter to be maintained per plan of care and for him to remain free from catheter related complications. The interventions included, but were not limited to, provide catheter care each shift and provide Enhanced Barrier Precautions (EBP).</p> <p>On 6/26/25 at 11:15 a.m., Licensed Practical Nurse (LPN) 2 was observed providing catheter care for Resident B. LPN 2 prepared the area and performed hand hygiene with alcohol-based hand gel. She donned a disposable gown and gloves. LPN 2 then provided catheter care. Upon completion of catheter care, LPN 2 emptied the basin of water and placed the soiled linen into a plastic bag. She held the plastic bag of soiled linen while she doffed her gloves and gown. LPN 2 did not perform hand hygiene after removing her soiled gloves and gown. She then opened the door of the room and stepped into the hallway. She opened the soiled utility linen closet and placed the soiled linen into the linen barrel, shut the door, and performed hand hygiene.</p> <p>2. The clinical record for Resident C was reviewed on 6/25/25 at 10:00 a.m. The diagnoses included, but were not limited to, diabetes mellitus.</p> <p>An observation of glucometer testing (the testing of one's blood sugar) was conducted with LPN 6 on 6/25/25 at 10:32 a.m. LPN 6 performed hand hygiene upon arrival to the medication cart to gather Resident C's supplies. LPN 6 brought the resident's supplies to his location and performed hand hygiene. She then donned gloves and inserted testing strips into the glucometer, performed a finger stick on Resident C, and tested the resident's blood sugar. After the reading was completed, LPN 6 removed her gloves and wheeled the resident out of the room. LPN 6 then arrived at the medication cart and labeled the test strip container she had used and began disinfecting Resident C's glucometer. LPN 6 did not perform hand hygiene after removing her gloves or before exiting the room.</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 - Few</p>	<p>During an interview with LPN 6 on 6/25/25 at 10:39 a.m., she indicated she sometimes disinfects the glucometers without gloves on while she was in the hall because staff were not allowed to wear gloves while in the hall.</p> <p>A Use of Medical Gloves Policy, dated 6/9/10, was provided by the Executive Director on 6/26/25 at 2:12 p. m. It indicated, . Gloves are worn to provide a protective barrier and prevent gross contamination of the hands when touching blood, body fluids, specimen collection, secretions, excretions, mucus membranes and non-intact skin .Guidelines: .D. Gloves should be removed and hands washed with soap and water immediately after glove removal .hand rub with alcohol gel may be used only if soap and water is not available upon removal of gloves .</p> <p>This citation relates to Complaint IN00457558.</p> <p>3.1-18(l)</p>		