

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155564	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/20/2024
NAME OF PROVIDER OR SUPPLIER Miller's Merry Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 259 W Harrison St Mooreville, IN 46158	

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>38312</p> <p>Based on observation, interview, and record review, the facility failed to implement infection control practices for 1 of 2 residents reviewed for urinary catheters. The urinary catheter bag was on the floor.(Resident 54)</p> <p>Findings include:</p> <p>On 12/17/24 at 11:02 a.m., Resident 54 was observed to be sitting in her wheelchair with a urinary catheter drainage bag in a privacy bag placed under the wheelchair. The privacy bag was dragging the floor as the staff was pushing her in the wheelchair.</p> <p>On 12/17/24 11:13 a.m., Resident 54 was observed to be sitting in her wheelchair with a urinary catheter drainage bag in a privacy bag placed under the wheelchair. The privacy bag was dragging the floor as the staff was pushing her in the wheelchair.</p> <p>On 12/18/24 at 11:02 a.m., Resident 54's clinical record was reviewed. The diagnoses included, but were not limited to, chronic kidney disease and neuromuscular dysfunction of the bladder (lack of bladder control due to brain, spinal cord, or nerve problem).</p> <p>Resident 54's December 2024 Physician Order, indicated 16 French (size of catheter) catheter with a 10 milliliters balloon.</p> <p>Resident 54's care plan, dated 7/2/24, indicated she had a catheter for urinary retention and neuromuscular dysfunction of the bladder. The care plan lacked documentation of placement of catheter bag under wheelchair to assist with keeping drainage bag off the floor.</p> <p>During an interview on 12/20/24 at 11:55 a.m., CNA 1 indicated when drainage bag and cover were placed under the wheelchair, it should not touch or drag the floor.</p> <p>On 12/20/24 at 12:30 p.m., the Director of Nursing (DON) provided the facility's policy, Foley Catheter Care & Maintenance, dated 8/30/07, and indicated it was the policy currently being used by the facility. A review of the policy indicated, .1. When in bed or wheelchair: .b. Place in catheter cover bag underneath wheelchair . c. Ensure bag or tubing is not touching floor .</p> <p>3.1-18(b)(1)</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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