STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155574	A. Building B. Wing	05/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Miller's Merry Manor	500 Walkerton Tr Walkerton, IN 46574

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)
F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from the wrongful use of the resident's belongings or money. Based on interview and record review the facility failed to protect Resident Funds from misappropriation related to theft of funds by an employee. (Employee 2) This deficiant practice was corrected on 4/30/2026, prior to the start of the survey, and was therefore past noncompliance. Finding includes: During a record review of an incident that had occurred on 4/27/2026, Employee 2 had called to self-report she had borrowed $40.00 from petty cash and $240.00 from the Resident Trust account. Employee 2 was immediately terminated and a police report was filed. The corporate Field Accountant and the Regional [NAME] President were notified as well. In addition, an audit had been completed of financial and resident facility accounts. The Petty Cash Count Form showed a General Ledger total of $200.00 and total cash as $159.65. A withdraw in cash of $40.35 was noted on the form.The Resident Trust Cash Box showed a General Ledger total of $250.00 and total cash as $10.00. A withdraw in cash of $240.00 was noted on the form.A statement from Employee 2 on 4/27/2026 indicated she had admitted to taking $40.00 from petty cash and $240.00 from the Resident Trust cash.On 4/27/2026 an audit by the Corporate Senior Financial Analyst indicated no further missing funds were found. Resident Trust and Petty Cash were replenished without any interruption in services to the residents.During an interview on .5/19/2026 at 10:55 A.M., the ED indicated financial audits were completed at the end of every month. Employee 2 reported her theft before the audit would have been completed since she knew it would have been discovered.The deficient practice was corrected by 4/30/2026 after the facility implemented a plan that included the following actions: continued the practice of educating staff upon hire and annually regarding resident rights and abuse policies and procedures, including misappropriation of resident funds, continued end of month financial audits, improved interview techniques to ensure any potential employee for the position of business office had accounting experience and prior experience with handling cash, and periodic audits, in addition to the monthly audits to ensure there were no further discrepancies with Resident fund accounts. On 5/15/2026 at 2:08 PM a current policy, dated 4/18/2023 and titled, Abuse Prohibition, Reporting, and Investigation was provided by the ED. The policy indicated, .Miller's Health Systems has policies and procedures in place that prohibit mistreatment, neglect, and abuse of residents, and misappropriation of resident property This citation relates to Intake 2996397. 410 Indiana Administrative Code (IAC) 16.2- 3.1-28(a)

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