

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155578	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/19/2024
NAME OF PROVIDER OR SUPPLIER  Miller's Merry Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 220 E Dunn Rd New Carlisle, IN 46552	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>44111</p> <p>Based on observation, interview, and record review the facility failed to ensure a resident was assisted with personal hygiene for 1 of 2 records reviewed for Activities of Daily Living (ADL) (Resident 2)</p> <p>Finding includes:</p> <p>During an observation and interview on 8/14/2024 at 10:21A.M., Resident 2 indicated the facility staff help sometimes with shaving.</p> <p>During an observation and interview on 8/15/2024 at 9:47 A.M., Resident 2 indicated he used to shave himself and he liked to shave every 2 days, that as he did in the past.</p> <p>During an observation on 8/16/2024 at 9:07 A.M., the Resident 2 was unshaven.</p> <p>During an observation and interview on 8/19/2024 at 9:07 A.M., Resident 2 was unshaven and he indicated no one had offered to shave him. He indicated he would have shaved himself, but they took his razors away from him.</p> <p>A record review was completed for Resident 2, on 8/15/2024 at 4:03 P.M. Diagnoses included, but not limited to: hemiplegia, unspecified affecting right dominant side, aphasia, wrist drop, right wrist and seizures.</p> <p>A current Care Plan, initiated 2/16/2024, indicated Resident 2 needed assist with Activities of Daily Living (ADL'S). Intervention included but were limited to: dated 4/5/2024, assist with shaving with a straight razor and not to leave the razors in his room.</p> <p>During an interview on 8/16/2024 at 9:52 A.M., CNA 2 indicated when she provided A.M. care, she washed their face and peri area, brushed teeth and hair, then dressed them. She had them wash their hands in the morning and after using the toilet.</p> <p>During an interview on 8/16/2024 at 9:57 A.M., CNA 3 indicated when she provided A.M., care she got them dressed, toileted and brushed their teeth uses mouthwash and make sure they had everything for the day.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 8/16/2024 at 10:04 A.M., CNA 4 indicated when he provided A.M., care he knocked on the door introduced himself and asked if they would ready to get up. He will ask them what they would like to wear, then assisted with washing, dressing, transferring, brushing teeth and see to determine if their need a shave, and took them to the dining room.</p> <p>During an interview on 8/16/2024 A.M., the Interim DON (IDON) indicated she would expect with A.M. care, the Residents would be washed: arm pits, under breast, peri area, and buttock. Then teeth brushed or dentures washed, provide glasses, deodorant, lotion and assisted to the bathroom.</p> <p>On 8/19/2024 at 10:45 A.M., the IDON provided a policy titled, Morning Care, dated 3/13/2012, and indicated the policy was the one currently used by the facility. The policy indicated .Purpose: To cleanse and refresh resident, while stimulating circulation and providing comfort and preparing resident for the day. Procedure: 8. Remind or assist male residents to shave .</p> <p>3.1-38(3)(D)</p>		