STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155579	A. Building B. Wing	11/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Miller's Merry Manor	7440 N County Road 825 E Hope, IN 47246

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on record review and interview, the facility failed to prevent a burn from coffee for 1 of 3 residents reviewed for accidents. (Resident C)Findings include:A Facility Reported Incident, dated 09/21/2025, indicated on 09/20/2025 while Resident C was eating lunch in her room, she had accidently spilled her coffee onto her right shin. The resident had a light pink area and a blister that measured 2.0 centimeters (cm) X (by) 1.5 cm X 0.5 cm on the right shin. A cold compress was applied immediately and then a new order was obtained for Aquaphor (an ointment) to the right shin and cover with a sterile dressing. Upon the facility investigation the resident had asked a staff member to heat up her coffee from lunch because she did not feel like it was hot enough. The staff member warmed up the coffee per the resident's request, and the resident had later bumped the table the coffee was sitting on and that caused the coffee to accidently spill onto her leg.During an interview, on 11/24/2025 at 11:01 A.M., CNA 3 indicated Resident C didn't like to come out of her room much. She needed limited assistance with care and fed herself. She was alert and oriented. She wasn't here when the resident spilled the hot liquid. She had been in-serviced (educated) on not warming residents' coffee in the microwave and to just get the resident a fresh cup. During an interview, on 11/24/2025 at 11:05 A.M., the Administrator indicated the incident with Resident C happened on a weekend. She got notification from staff that the resident had spilled coffee on her right leg during lunch. Throughout the investigation it was determined that Agency CNA 4 had warmed up the resident's coffee per her request and then the resident bumped the table the coffee was sitting on. The coffee spilled onto herself. The resident had a pink blister to her leg. The staff should never warm coffee up in the microwave and should just get them a fresh cup. All staff were in-serviced on proper policy and procedure for hot beverages.During an interview, on 11/24/2025 at 12:01 P.M., the Director of Nursing (DON) indicated the Agency CNA was in-serviced on the hot beverage policy at the time of the incident and all the other staff members were in-serviced at a later date. The CNA assignment sheets would list the resident's new interventions and that was how agency staff were made aware of changes. During an interview, on 11/25/2025 at 10:06 A.M., Resident C indicated the hot coffee hurt her leg when it was spilled on her. She had asked someone to warm up her coffee, and they warmed it up in the microwave. After they brought it back to her, she bumped the table, and it spilled on her right leg. The area to her leg was healed at this time. The area was observed without concerns. The clinical record review for Resident C was reviewed on 11/24/2025 at 10:23 A.M. An admission Minimum Data Set (MDS) assessment, dated 08/11/2025, indicated the resident was cognitively intact. The resident's diagnoses included, but were not limited to, cardiorespiratory conditions, cancer, hypertension, thyroid disorder, Alzheimer's disease, and anxiety. The resident had no impairments, used a walker and wheelchair, and required staff assistance to set up her meals for eating. An Initial Nursing Occurrence Assessment, dated 09/20/2025, indicated the resident had spilled her coffee on her right shin leaving a burned pink area with a blister that measured 2.0 cm X 1.5 cm X 0.5 cm. A Non-Pressure Wound Assessment, dated 09/23/2025, indicated the resident had a second degree burn to the right outer leg. The blister had ruptured and measured 4.0 cm X 5.0 cm X 0.1 cm.A Non-Pressure Wound Assessment, dated 10/21/2025, indicated the resident had a second (continued on next page)

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	degree burn to the right outer leg. The area measured 2.5 cm X 1.0 cm X less than 0.1 cm. A Non-Pressure Wound Assessment, dated 11/04/2025, indicated the resident second degree burn to the right outer leg had healed.There was no documentation the agency CNA staff members were in-serviced on the facility hot beverage policy. The current facility policy tilted, Hot Beverage Service, with a start date of 04/30/2019 was provided by the Administrator on 11/24/2025 at 11:31 A.M. The policy indicated, .The facility recognizes that the service of hot beverages at palatable drinking temperatures can pose a risk for burns. The facility will provide hot beverages to residents, family and visitors in a way that minimizes risks to the extent possible.This citation relates to Intake 2603444.3.1-45(a)(1)3.1-45(a)(2)