STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155589	A. Building B. Wing	06/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Miller's Merry Manor	730 School St Culver, IN 46511

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. Based on observation, record review and interview, the facility failed to ensure 1 of 1 residents reviewed was free from abuse/exploittation related to a staff member's post of resident pictures/video on social media. (Resident B) The deificent practice was corrected on 6/11/2025, prior to the start of the survey and was therefore Past Noncompliance. Finding includes: A complaint, dated 6/11/2025, indicated a staff member had posted a video of an undressed resident in a shower room in the facility. The complaint included an attached social media video of a female resident (Resident B), shown from the shoulders up and a female staff member (CNA 3). In the video, CNA 3 was instructing Resident B to say 'Hi' multiple times. The only portion of Resident B's body that was visible were the upper portion of her shoulders, her neck and her face. During an interview, on 6/12/2025 at 10:48 A.M., QMA 2 indicated she had heard of an incident in the shower room, because the DON had questioned employees yesterday, 6/11/2025 about the incident. QMA 2 indicated the incident had involved Resident B and CNA 3. During an interview, on 6/12/2025 at 10:53 AM., the Director of Nursing (DON) indicated she had received a call yesterday (Wednesday 6/11/2025) at 5:50 A.M. from the night nurse, indicating she had been informed by the night aide that a former employee had reported to the night aide that a current employee had posted a video of her and a current resident on the Snapchat (Social media application). The DON indicated the night nurse informed her the aide in question was scheduled to work on Wednesday 6/11/2025 from 6:00 A.M. to 2:00 P.M. The DON indicated she had instructed the night nurse to tell CNA 3 to go back home when she arrived to work and to tell the employee she (the DON) would call her. The DON indicated CNA 3 had not shown up at 6:00 A.M., but had came in around 7:00 A.M. She indicated she was present in the building and had another facility nurse come into her office as a witness while she interviewed CNA 3. The DON indicated she had asked CNA 3 if she had posted a video of a resident on social media and the CNA had replied no. The DON stated she had shown CNA 3 the video that had been sent to her and informed CNA 3 that she had proof she had posted the video. The DON informed CNA 3 that she was terminated. The DON indicated that the aide had signed the facility policy regarding social media upon her hire. The DON indicated the Administrator had reported the allegation of abuse on 6/11/2025 to the Department of Helath and she had started the investigation by interviewing alert residents regarding any staff member using their phones to take videos of them. The DON indicated the Inservice Director had completed education of all staff regarding the facility's abuse policy, including cell phone usage and HIPAA (Health Insurance Portability and Accountability Act) requirements. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155589	A. Building B. Wing	06/12/2025

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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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The deficient practice was corrected by 6/12/2025 after the facility implemented a plan of correction that included the following actions: resident interviews, nursing staff education of the facility policies regarding abuse, HIPAA privacy requirements and cell phone usage in the facility and termination of the alleged perpetrator (CNA 3). On 6/12/2025 at 10:12 A.M., the Director of Nursing provided the policy titled, Cell Phone/ECD Usage, dated 9/23/2011, and indicated the policy was the one currently used by the facility. The policy indicated .At no time will employees include resident-specific information in a text message, email, or other forms of electronic communication, nor capture pictures, videos, or recordings which include any resident(s) . Employees are not permitted to use non-authorized cell phone/ECDs while in working areas The deficient practice was corrected on 6/11/2025, prior to the start of the survey, and was therefore past noncompliance. This Citation relates to complaint IN00461325. 3.1-27(a)(b)