

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155589	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/06/2024
NAME OF PROVIDER OR SUPPLIER Miller's Merry Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>49229</p> <p>Based on record review and interview, the facility failed to notify the physician of out of range blood sugars for 1 of 2 residents reviewed for insulin (Resident 30).</p> <p>Finding includes:</p> <p>A record review for Resident 30 was completed on 12/4/2024 at 9:06 A.M. Diagnoses included, but were not limited to: unspecified dementia, diabetes mellitus, epilepsy, atrial fibrillation, hypertension, hemiparesis and hemiplegia following cerebral infarction, bilateral visual field deficits and depression.</p> <p>A Quarterly Minimum Data Set (MDS) assessment, dated 11/4/2024, indicated the resident was moderately cognitively impaired.</p> <p>Physicians' Orders included, but were not limited to: notify MD if blood sugar less than 70 milligrams per deciliter (mg/dL) or greater than 350 mg/dL, dated 8/12/2021.</p> <p>A current Care Plan, dated 7/14/2021, indicated Resident 30 was to be monitored for low blood sugar. Interventions included, but were not limited to: call MD if blood sugar less than 70 mg/dL or greater than 350 mg/dL.</p> <p>The October 2024 Medication Administration Record (MAR) indicated Resident 30's blood glucose readings on the following dates were:</p> <p>-10/23/2024 7:11 A.M. as 57 mg/dL</p> <p>- 10/26/2024 8:52 A.M. as 60 mg/dL.</p> <p>The November 2024 MAR indicated Resident 30 had a blood glucose reading of 60 mg/dL on 11/25/2024 at 7:09 A.M.</p> <p>Resident 30's clinical record lacked documentation the physician was notified of any of these out of range low blood sugar assessments.</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview, on 12/4/2024 at 2:24 P.M., Employee 1 indicated physician notification of an out of range blood sugar should be documented in the nursing progress notes of the clinical record.</p> <p>During an interview, on 12/6/2024 at 2:24 P.M., the Director of Nursing (DON) indicated the nurse should have documented physician notification in the nursing progress notes of the electronic medical record or on the medication administration record but failed to provide documentation of the notification of the MD for blood sugars less than 70 mg/dL for Resident 30.</p> <p>On 12/6/2024 at 3:15 P.M., the DON provided a policy titled, New Order Transcription, dated 10/16/2023 and indicated the policy was the one currently used by the facility. The policy indicated .is the policy of (Miller's Merry Manor Culver) to ensure that physician orders .maintained in a manner that ensures safety upon administration .</p> <p>3.1-5(a)(2)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>51598</p> <p>Based on interview and record review, the facility failed to ensure physician services met professional standards of quality related to diagnosis of schizophrenia for 1 of 2 residents reviewed for unnecessary medications. (Residents 1, 25)</p> <p>Finding includes:</p> <p>A record review for Resident 1 was completed on 12/4/2024 at 2:41 P.M. Diagnosis included but were not limited to: Dementia without behavioral disturbances, major depressive disorder, delusional disorder, schizophrenia and hypertension.</p> <p>Resident 1's Physician Orders included, but were not limited to:</p> <p>Zoloft (antidepressant)100 milligram (mg), 1 tablet by mouth one time a day, Risperidone (antipsychotic) 0.25 mg 1 tablet by mouth one time a day every Wednesday and give 1 tablet by mouth two times all other days.</p> <p>A Care Plan, initiated 3/14/2024 and revised 11/20/2024, indicated Resident 1's behaviors included the following: mood changes such as distress, screaming/yelling, delusions (believing her name is another name other than her given name, her brother is upstairs). Interventions include but were not limited to: redirect/reassure, administer psychological medications as ordered (risperidone), monitor for gradual dose reduction (GDR) and notify physician as needed.</p> <p>The record indicated Resident 1 was admitted to facility on 9/15/2022 with no diagnosis of delusional disorder or schizophrenia.</p> <p>A Facility Behavior/Psychotropic Medication Quarterly Review form, dated 3/18/2024, indicated Resident 1 had began exhibiting distress, screaming/yelling, and delusions on 2/14/2024.</p> <p>A Nursing Progress Note, dated 6/4/2024, indicated the Psych Nurse Practitioner (NP) initiated orders for risperidone 0.25 mg two times a day and to increase the Zoloft medication to 100 mg and added a new diagnosis of delusional disorder.</p> <p>Review of Resident 1's behaviors from May 2024 to November 2024 indicated the following:</p> <p>May there were 31 behaviors.</p> <p>June there were seventeen behaviors.</p> <p>July there were four behaviors.</p> <p>August and September there were three behaviors.</p> <p>October there was one behavior.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>November there were two behaviors.</p> <p>A Rounding Providers Psych Progress Note, dated 11/19/2024, indicated the resident was pleasant, coherent, had current delusions, no hallucinations and no risk of harm to self or others.</p> <p>A General Progress Note, dated 11/19/2024 at 2:03 P.M., indicated the NP had visited with the resident and a new order to add the diagnosis of Schizophrenia was received.</p> <p>According to the DSM-5 criteria for schizophrenia an individual must have Two (or more) of the following, each present for a significant portion of time during a 1-month period (or less if successfully treated). At least one of these must be delusions, hallucinations or disorganized speech: Delusions, Hallucinations, Disorganized speech (e.g., frequent derailment or incoherence), Grossly disorganized or catatonic behavior, Negative symptoms (i.e., diminished emotional expression or avolition).</p> <p>The clinical record for Resident 1 lacked the documentation of any other exhibited criteria other than delusions.</p> <p>Review of a pharmaceutical communication form, dated 11/4/2024, indicated the risperidone was not covered by Resident 1's prescription plan.</p> <p>Review of a pharmaceutical communication form, dated 11/14/2024, indicated prior authorization was required for the risperidone medication.</p> <p>During an interview, on 12/6/2024 at 10:57 A.M, the Social Service Director indicated the diagnosis of schizophrenia was given by the NP, and the resident should have been given that diagnosis earlier. The Social Service staff indicated Resident 1 had not been seen by a psychiatrist and the insurance company for Resident 1 wanted a more appropriate diagnosis in order to cover the cost of the medication.</p> <p>During an interview, on 12/6/2024 at 11:05 A.M., the Director of Nursing indicated the NP had spoken with the insurance company via the telephone and changed the diagnosis in order for the insurance company be able to cover the cost of the medication.</p> <p>A policy was provided on 12/06/2024 at 1:50 P.M. by the DON. The policy titled Psychotropic Medication Use indicated: .The facility will assure that medication therapy is based upon an adequate indication for use by documenting the supporting diagnosis .</p> <p>3.1-35(g)(1)</p>		