

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155039	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/06/2020
NAME OF PROVIDER OF SUPPLIER MILLER'S MERRY MANOR		STREET ADDRESS, CITY, STATE, ZIP 317 BLAIR PIKE PERU, IN 46970	
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 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation and interview, the facility failed to ensure staff wore proper Personal Protective Equipment (PPE) in resident rooms who were on droplet precautions due to potential exposure to COVID-19, for 2 of 2 facility tour observations and the facility failed to maintain social distance between residents for 1 of 1 dining room observation. Findings include: 1. During a tour of the Boulevard Unit on 10/6/20 at 1:10 p.m. the following was observed: a. Three residents were sitting at a square table, QMA (Qualified Medication Aide) 23 indicated the residents were not socially distanced, staff brought the resident in the Broda (high back positioning wheelchair) chair to the dining room and placed her at that table, the two residents in wheelchairs propelled themselves to the table and they tried to separate them but they would go back to that table. b. On the outside of Resident 13's open door was a pocket [MEDICATION NAME] for isolation equipment, it contained red bags, gloves, gowns and a container of wipes. QMA 23 indicated the resident was in isolation and the container of wipes were Germicidal Surface Wipes to clean equipment off, she did not leave the container there because she had not taken the resident's vitals and she would normally store the container in the medication room. During the observation, the resident indicated she wanted her clothing protector off, the resident was not currently wearing a face mask. The QMA put gloves on and walked inside the resident's room and removed the resident's clothing protector. She came back to the door and pick up the wipe container, looked inside the container and indicated there was only one wipe in the container, she placed the container in a red isolation bag and walked into the residents room behind where the resident was sitting and put the red bag in an isolation trash bin. She indicated she would normally put on a gown when entering a residents room if she was providing care for the resident. c. During a random observation of the West hall, on 10/6/20 at 4:30 p.m., on the outside of Resident 16's door was a pocket [MEDICATION NAME] for isolation equipment and a sign that indicated the resident was on droplet precautions. CNA (Certified Nurses Aide) 7 put gloves on and took a resident's supper tray into the resident's room, she stood at the residents overbed table next to the resident's bed and prepared the resident's tray, the resident was lying in bed and did not currently have a face mask on, CNA 7 placed the resident's meal ticket in the bottom pocket of the isolation pocket [MEDICATION NAME], she took off her gloves and performed hand hygiene. She indicated she did not have to wear a gown unless she was providing care for the resident and no one had told her otherwise, as she looked at the droplet precaution sign she indicated she was not really sure if she was to wear a gown or not. A review of the list of residents, provided by the Administrator during entrance to the facility, indicated Residents 13 and 16 were on isolation due to potential exposure to COVID-19 by a positive staff member. A current facility policy, titled Droplet Transmission-based precautions room set-up and procedure, provided by the Administrator on 10/6/20 at 4:41 p.m. indicated the following: .1 Droplet Transmission: A. Supplies needed: gloves, gowns (if droplets are likely to contact skin surfaces), masks and designated covered linen and covered trash receptacles 3.1-18(b)(1)</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

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.