

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155579	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/20/2020
NAME OF PROVIDER OF SUPPLIER MILLER'S MERRY MANOR		STREET ADDRESS, CITY, STATE, ZIP 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 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 record review and interview, the facility failed to follow infection control guidelines related to isolation for a new admission/re-admission during a COVID-19 pandemic for 1 of 5 residents residents reviewed. (Resident E) Findings include: The clinical record for Resident E was reviewed on 10/20/20 at 10:15 A.M. A Significant Change MDS (Minimum Data Set) assessment, dated 09/28/20, indicated the resident was cognitively intact. [DIAGNOSES REDACTED]. A Progress Note, dated 10/01/20 at 3:15 P.M., indicated the resident had returned from the hospital after being treated for [REDACTED]. A Acute Return from short term stay, dated 10/01/20, indicated the resident had returned to the facility via ambulance. A Progress Note, dated 10/12/20 at 12:15 P.M., indicated the resident skin was warm to touch with respirations shallow and labored at times. His current temperature was 101.1 orally. The resident was laying in bed and had vomited a moderate amount of phlegm mixed with gastric juice. The resident received 2 tablets of Tylenol 500 mg (milligrams) and was given and cold compresses. A Progress Note, dated 10/12/20 at 12:45 P.M., indicated the NP (Nurse Practitioner) returned call, she was made aware of increased temperature, dry cough, increased shortness of air, increased pulse, loose stool, and abdominal girt extended. There were new orders noted. A Progress Note, dated 10/12/20 at 1:10 P.M., indicated the resident had been placed on droplet precautions and a COVID swab was obtained. A Progress Note, dated 10/14/20 at 5:10 P.M., indicated the residents COVID results were negative. A Progress Note, dated 10/14/20 at 5:35 P.M., indicated a notification to the MD that the resident had a low grade fever of 101.1. There was nausea, vomiting, and diarrhea also present. A Progress Note, dated 10/15/20 at 4:20 P.M., indicated the NP was made aware of a negative Flu swab. A Progress Note, dated 10/15/20 at 4:26 P.M., indicated to discontinue droplet isolation due to negative flu swab. The clinical record lacked documentation that the resident had been placed on droplet isolation when he returned from the hospital on [DATE]. During an interview on 10/20/20 at 11:43 A.M., RN 2 indicated that all new admissions were to be placed on droplet precautions for 14 days and readmission would be placed on droplet precautions for 10 days as long as they were symptom free. If a resident was having any symptoms of COVID-19 then they would be placed on droplet precautions and notify the Nurse Practitioner. They would ask the NP if the resident could come out of isolation depending on the test results. Resident E had recently came back to the facility after a hospital stay for pneumonia. The resident had been tested for COVID at the hospital and it was negative. About a week ago the resident had a dry hacky cough and a fever with loose stools. She had called the NP and she had ordered an antibiotic shot, placed the resident on droplet precautions, and ordered a COVID test. The COVID and Flu swab was negative and the resident was taken of isolation. During an interview on 10/20/20 at 1:36 P.M., the DON (Director of Nursing) indicated that readmissions are to be placed on droplet isolation for 14 days. When resident E returned to the facility on [DATE] she wasn't aware of the resident needing to be placed in isolation for the 14 day. They had been back and forth with cooperate trying to figure out who/when/where for isolation. During an interview on 10/20/20 at 3:49 P.M., the DON indicated she could not provide a copy of a facility policy that had not been updated before 10/09/20. The CDC guidance - Preparing for COVID-19 in Nursing Homes, dated as updated 6/25/20, indicated the following: Create a Plan for Managing New Admissions and Readmissions Whose COVID-19 Status is Unknown. -Depending on the prevalence of COVID-19 in the community, this might include placing the resident in a single-person room or in a separate observation area so the resident can be monitored for evidence of COVID-19. HCP should wear an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a face shield that covers the front and sides of the face), gloves, and gown when caring for these residents. Residents can be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their admission. Testing at the end of this period can be considered to increase certainty that the resident is not infected. 3.1-18(a)</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.