

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155251	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2020
NAME OF PROVIDER OF SUPPLIER MILLER'S MERRY MANOR		STREET ADDRESS, CITY, STATE, ZIP 2901 W 37TH AVE HOBART, IN 46342	
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 - Some	<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, record review, and interview, the facility failed to ensure infection control guidelines were in place and implemented to properly prevent and/or contain COVID-19 related to personal protective equipment (PPE) not worn properly with resident interaction. PPE removed in the hallway, improper storage of PPE, and lack of isolation signs on doors for random observations for infection control on 1 of 1 Units. (The West Unit) Findings include: 1. During a random observation, on 10/22/20 at 9:46 a.m., stop signs were observed on the doors of Rooms 101, 103, 116, 118, 121, 127, and 130. Isolation set ups were observed outside of the rooms and isolation gowns were hanging from hooks outside of the rooms as well. Interview with the Director of Nursing (DON) and the Inservice Coordinator on 10/22/20 at 10:06 a.m., indicated the residents in isolation were either new admissions or re-admissions and they were placed in droplet precautions for 14 days. The DON indicated stop signs were placed on the doors because corporate indicated it was a HIPPA violation by having a sign on the door indicating what type of isolation the resident was in. The DON also indicated there were hooks on the doors inside the resident rooms and that was where the gowns should be placed. 2. During a random observation, on 10/22/20 at 9:50 a.m., the call light outside of room [ROOM NUMBER] was flashing. The MDS Coordinator donned a white isolation gown which was hanging from a hook outside of the resident's room. Interview with the MDS Coordinator at the time, indicated the gown she put on was assigned to nursing, she didn't have her own separate gown. She was going to go ahead and wear the gown in the room and she would discard it prior to leaving the room. Interview with the Inservice Director on 10/22/20 at 10:06 a.m., indicated each staff member was to have their own gown for each resident for the shift. The isolation gowns were to be discarded at the end of the shift. 3. During a random observation, on 10/22/20 at 9:56 a.m., NA 1 donned a white isolation gown that was hanging from a hook outside of room [ROOM NUMBER]. She also donned gloves. The NA was wearing a surgical mask. No protective eyewear was in use. There was a stop sign on the door but no sign to indicate what type of isolation and what personal protective equipment (PPE) was to be worn. The NA entered the room and helped the resident reposition in bed. She then removed her gloves and used hand sanitizer prior to leaving the room. The NA removed the isolation gown in the hallway and hung it back up. Interview with the NA at the time, indicated she was not assigned to the resident, she just put the gown on to answer the light. Interview with the Inservice Director on 10/22/20 at 10:06 a.m., indicated each staff member was to have their own gown for each resident for the shift. The isolation gowns were to be discarded at the end of the shift. Interview with the Director of Nursing at the time, indicated the resident was in droplet precautions and the NA should have been wearing a face shield. She also indicated the isolation gown should not have been removed in the hallway. The current facility policy titled, Conservation of PPE during COVID-19 Pandemic was provided by the Director of Nursing (DON) on 10/22/20 at 2:27 p.m. The policy indicated for the reuse of gowns, there was to be 1 gown per employee per resident. The gowns were to be stored on the back of the isolation doors on the hooks provided. Disposable gowns were to be discarded at the end of each shift. The current facility policy titled, Caring for a diagnosed resident with Coronavirus (COVID-19) was provided by the DON on 10/22/20 at 2:27 p.m. The policy indicated contact/droplet precautions would be utilized with gowns, gloves, N95 masks and the use of a face shield or goggles.</p> <p>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.