

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>155578</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>10/20/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MILLER'S MERRY MANOR</b>		STREET ADDRESS, CITY, STATE, ZIP <b>220 E DUNN RD NEW CARLISLE, IN 46552</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b>  <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b>  Based on observation, record review and interview, the facility failed to ensure COVID-19 infection control quarantine was followed for new admissions and for symptomatic resident with a asymptomatic roommate for 4 of 4 resident reviewed for COVID-19 procedures. (Residents 2,3,4 &amp; 5) Findings Include: 1. During an entrance conference, on 10/20/20 at 11:15 A.M., the DON (Director of Nursing) indicated the facility had a resident with presumptive symptoms of COVID-19. Resident 4, and was being tested with the POC (Point of Care) machine. At 11:25 A.M., the DON indicated Resident 4's POC test was negative. During a tour, on 10/20/20 at 11:40 A.M., Resident 4 was in her room with her roommate, Resident 5. LPN 1 indicated Resident 4 had symptoms of Covid-19 on 10/19/20 of shortness of breath and she began having more symptoms on 10/20/20. The LPN indicated the symptomatic resident had not been removed from her room and or separated from her roommate. A record review was conducted, on 10/20/20 at 2:37 P.M., for Resident 4 and indicated her [DIAGNOSES REDACTED]. A progress note, dated 10/18/20 at 10:47 A.M., indicated Resident 4 was having a change in condition, her oxygen level was 89% (percent), the resident was pale, is alert when awake, but falls asleep mid sentence. NP (Nurse Practitioner) ordered oxygen 2-4lpm (liters a minute) by nasal cannula to keep oxygen saturation (amount of oxygen in your bloodstream) above 90%. A progress note, dated 10/19/20 at 11:39 A.M., indicated a chest x-ray results were right basilar airspace disease (partial collapse of the lung) and recommended follow up examination. The NP was notified. A progress note, dated 10/19/20 at 4:18 P.M., indicated Resident 4 reported being fatigued and short of breath with exertion. A review of the vitals summary indicated, on 10/18/20 at 4:18 A.M., Resident 4's oxygen level was 98% on room air. During an interview, on 10/20/20 at 2:01 P.M., the ADON (Assistant Director of Nursing) indicated Resident 4 and Resident 5 were not separated because Resident 4's POC test was negative. A record review was conducted, on 10/20/20 at 3:00 P.M., for Resident 5 and indicated her [DIAGNOSES REDACTED]. 2. On 10/20/2020 at 11:36 A.M., a tour was conducted and indicated two residents were in isolation due to being new admissions and sharing the same room. During an interview, on 10/20/20 at 11:43 A.M., with LPN 1 indicated the residents had been admitted within a day of each other and had been rooming together since their admission. A record review, on 10/20/20 at 1:54 P.M., indicated Resident 2 was admitted on [DATE]. A record review, on 10/20/20 at 1:55 P.M., indicated Resident 3 was admitted on [DATE]. During an interview, on 10/20/2020 at 1:57 P.M., the ED (Executive Director) indicated per the facility policy it was okay to room two new admissions together. During an interview, on 10/20/20 at 2:02 P.M., the ADON indicated when the facility gets new admissions, they are quarantined together. When the staff go in to the room for resident care they gown up and take care of both residents because they are quarantined for the same thing. During an interview, on 10/20/20 at 4:30 P.M. the ED indicated the open private rooms on the 100 hall were medicare only beds and would not be able to put residents who were not medicare on that hall. A policy was provided by the ED, on 10/20/2020 at 1:45 P.M., titled Prevention and Containment of Coronavirus (COVID-19), effective 9/14/20, and indicated this was the policy currently being used by the facility. The policy indicated .16. If tested due to symptoms or exposure and while awaiting test results, resident will be placed in droplet/contact isolation (YELLOW). This includes roommate also A policy was provided by the ADON, on 10/20/2020 at 4:30 P.M., titled Resident Admissions/Readmissions During COVID-19 Pandemic, effective 10/9/20, and indicated this was the policy currently being used by the facility. The policy indicated .All admissions/readmissions, regardless of negative test results, will be place in droplet/contact precautions upon admission (YELLOW ZONE) and will remain there 14 days. a. Will be placed in a private room, if not available, may co-hort with recent admission also in droplet/contact precautions, with privacy curtain closed at all times and social distancing practice Preparing for COVID-19 in Nursing Homes Infection Control for Nursing Homes (June 25, 2020) was retrieved, on 10/20/2020, from the Centers of Disease Control (CDC) website. The guidance indicated .Residents in the facility who develop symptoms consistent with COVID-19 could be moved to a single room pending results of [DIAGNOSES REDACTED]-CoV-2 testing. They should not be placed in a room with a new admission .Have a plan for how roommates, other residents, and HCP who may have been exposed to an individual with COVID-19 will be handled (e.g., monitor closely avoid placing unexposed residents into a shared space with them) .and .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 Responding to Coronavirus (COVID-19) in Nursing Homes (Apr. 30, 2020) was retrieved on 10/20/2020, from the Centers of Disease Control (CDC) website. The guidance indicated .Create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. Options included placement in a single room in a separate observation area so the resident can be monitored for evidence of COVID-19 .however, a single negative test upon admission does not mean that the resident was not exposed or will not become infected in the future 3.1-18(b)(1)</p>		
F 0886  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p>Based on interview and record review, the facility failed to ensure ongoing communication with a lab was documented, related to forty-five of sixty-three COVID-19 tests pending for more than forty-eight hours. Finding includes: A review of facility test results indicated forty-six COVID-19 tests were pending for more than forty-eight hours, of which: nineteen were pending for three days, twenty-one were pending for four days and five were pending for five days. During an interview, on 10/20/2020 at 2:46 P.M., the DON (director of nursing) indicated there was no documentation available related to the facilities ongoing communication with the lab related to the pending COVID-19 tests. A policy was provided by the Administrator, on 10/20/2020 at 4:34 P.M., titled COVID-19 Employee Testing Information, dated 7/13/2020, and indicated this was the policy currently used by the facility. The policy indicated .If the 48-hour turn-around time cannot be met due to community testing supply shortages, limited access or inability of laboratories to process tests within 48 hours, the facility should have documentation of its efforts to obtain quick turnaround test results with the identified laboratory or laboratories and contact with the local and state health departments</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.