

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>155321</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>10/21/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MILLER'S MERRY MANOR</b>		STREET ADDRESS, CITY, STATE, ZIP <b>5544 E STATE BLVD FORT WAYNE, IN 46815</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, interview, and record review, the facility failed to ensure infection control practices during the Covid-19 pandemic were followed for 1 of 3 residents reviewed, which had the potential to affect 21 of 50 residents, who resided on 1 of 3 units in the facility. (Resident 1) Findings include: On 10-21-2020 at 3:30 p.m., the record review for Resident 1 began. [DIAGNOSES REDACTED]. A review of the current physician orders [REDACTED]. The date of this order was 10-15-2020 and was active. A review of the current MAR/TAR (Medication Administration Record [REDACTED]. Documentation was lacking for the physician order [REDACTED]. A review of the current MDS (Minimum Data Set) assessments for Resident 1 indicated a Discharge Return/Anticipated assessment dated [DATE] was ready for export as well as an Entry assessment dated [DATE]. A review of the nursing acute return from short term stay assessment was completed for Resident 1 on 10-15-2020 at 2:00 p.m. by the DON (Director of Nursing). On page 1, section 2 (Vitals, Pain, Isolation), question 7, isolation in place, droplet was marked with a comment, droplet isolation due to returning from hospital as Covid precautions. Additional nursing assessments were completed on 10-16-2020 at 3:57 a.m. and 10:14 a.m., 10-17-2020 at 12:54 p.m., 10-18-2020 at 1:57 p.m. and 10-19-2020 at 8:28 a.m. On page 1 of each of those assessments under section 1 (vitals, pain, isolation), question 7, isolation in place were all answered no. A review of the Facility-Long Term Resident Care plan meeting notes dated 10-20-2020 at 11:11 a.m., indicated a member of social services and activities departments as well as Resident 1 attended the conference. In the notes area, the following comments were documented, Resident returned from the hospital recently and is on droplet isolation. Resident was given a date to be done with isolation During an initial tour of the 200 hall on 10-21-2020 at 11:50 a.m., no rooms were observed to have a droplet precaution sign or a caddy with personal protective equipment. On 10-21-2020 at 1:49 p.m., the Administrator provided a resident roster by hall. The Administrator indicated residents who were on droplet precautions were identified with yellow and all other residents were identified by green. The Administrator indicated the one room identified by yellow in the 200 hall was due to a resident being readmitted from the hospital. On 10-21-2020 at 3:35 p.m., an observation of Resident 1's room door indicated there was not a droplet precaution sign on the door and there was not a caddy for personal protective equipment outside of the door. An interview with QMA 1 (Qualified Medication Aide) at this time, indicated this resident did not have a droplet precaution sign or a caddy with personal protective equipment outside or inside the resident's room. Resident 1's current physician orders [REDACTED]. She found the order dated 10-15-2020 for isolation-droplet-in a single room and not allowed to leave room-stop sign in place on door and all services provided in room every day and night shift. When the QMA reviewed Resident 1's current MAR/TAR, she was unable to find the documentation for the isolation order. The printed date of the most current MARTAR for Resident 1 was 9-30-2020. QMA 1 was observed to immediately notify the nurse. On 10-21-2020 at 3:40 p.m., the Administrator was notified that Resident 1 had current orders effective 10-15-2020 for droplet isolation, but the orders were not initiated and Resident 1's MAR/TAR lacked documentation that the droplet precautions were initiated and being monitored. On 10-21-2020 at 3:45 p.m., an observation of Resident 1's room indicated a Contact Droplet Precautions Stop Sign was observed to be posted on the resident's door. The sign indicated to perform hand hygiene, N95 mask when entering room, eye protection when entering room, gown when entering room, gloves when entering room and keep door closed. A caddy with the personal protective equipment was observed outside the door. There was no hand sanitizer observed to be in the vicinity of the room or observed inside the room and there was not a place for hand washing except inside the resident's room on the wall in the middle of the room. An interview at this time with CNA 2 (Certified Nurse Aide), indicated she would wear a gown, gloves, mask (she pointed to her surgical mask) and a face shield when entering a room with contact droplet precautions. On 10-21-2020 at 4:05 p.m., an observation of Resident 1's room indicated there was a hand sanitizer pump placed on top of the caddy outside the room door. An interview at this time with QMA 1 indicated, prior to entering Resident 1's room, she would perform hand hygiene, don a N95 mask and place a surgical mask over the N95 mask, don a face shield, a gown, and gloves. QMA 1 indicated after she was finished with care, she would discard the gown and gloves in the red bag trash container in the resident's room and would place her surgical mask in a bag with her name on it and store in the caddy and perform hand hygiene. An interview with the Administrator on 10-21-2020 at 4:45 p.m., indicated staff in the 100 hall were placing surgical masks over their N95 masks prior to entering the contact droplet precaution rooms as the staff were caring for 9 residents on contact droplet precautions in that hall and the surgical mask was meant to protect their N95 mask. The staff were to discard the surgical mask when care was completed. For the resident in the 200 hall, the Administrator indicated the staff should remove their surgical mask and don the N95 prior to providing resident care. After providing care for the resident, the staff should place the N95 in a bag with their name on it and then place the bag in the caddy. The Administrator was made aware there were no bags observed in the caddy. An interview with Nurse 3 on 10-21-2020 at 5:53 p.m., indicated she had processed a lot of new admissions and when a resident was readmitted, it would be important to print the new orders as well as the updated MAR/TAR to reflect the changes, otherwise the changes could be missed. The Visitations Guidelines for Long Term Care Facilities updated 9-23-2020 indicated, New Admissions or Re-admissions: CDC (Center for Disease Control) recommends managing the unknown COVID-19 status for all new admissions or re-admissions to the facility. All recommended PPE (Personal Protective Equipment) should be worn during care of newly-admitted or readmitted residents under observation for unknown COVID status; this includes use of facemask, eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves and gown The Covid-19 LTC (Long Term Care) Facility Infection Control Guidance Standard Operating Procedure updated on 8-18-2020 indicated for residents in .Unknown COVID-19 status (Yellow): All residents in this category warrant transmission based precautions (droplet and contact). This can include residents .who are admitted, or readmitted .should .be isolated from residents with a known COVID-19 status (both positive and negative). Residents in this category are to remain in TBP (Transmission Based Precautions) for full 14 days Preparing for Covid 19 in Nursing Homes, a CDC guidance updated 6-25-2020, indicated, .Create a Plan for Managing New Admissions and Readmissions Whose COVID-19 Status is Unknown .HCP (Healthcare Personnel) 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 A current, undated facility policy, Prevention and Containment of Coronavirus (Covid-19) was provided by the Administrator on 10-21-2020 at 4:44 p.m. The policy indicated .71. All new admissions with unknown Covid status .will be placed in droplet/contact precautions for 14 days after admission 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.