

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>155235</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>10/26/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MILLER'S MERRY MANOR</b>		STREET ADDRESS, CITY, STATE, ZIP <b>200 26TH ST LOGANSPOUT, IN 46947</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</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<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 implement their infection prevention and control program when two staff members failed to perform proper hand hygiene during random observations for infection control practices (CNA 7 and LPN 14). Findings include: 1. On 10/26/20 at 11:49 a.m., Certified Nursing Assistant (CNA) 7 was wearing a face shield and an N95 mask while passing lunch trays in the 100 hallway. She left room [ROOM NUMBER], but did not wash her hands before getting the next resident's tray off of the food cart. There was an alcohol based hand rub (ABHR) dispenser inside the resident's room. During an interview, on 10/26/20 at 10:49 a.m., CNA 7 indicated she usually washed her hands after she passed all of the food trays out. She acknowledged she should have washed her hands after exiting the resident's room and before getting the next resident's tray. 2. On 10/26/20 at 12:10 p.m., Licensed Practical Nurse (LPN) 14 was finishing a medication administration on the 300 front hallway. She was wearing eye goggles and an N95 mask. There was a hand sanitizer spritz in a spray bottle on top of the medication cart. She locked the cart, dispensed the medications to the resident in room [ROOM NUMBER] and then washed her hands with soap and water in the resident's bathroom before exiting the room. During an interview, on 10/26/20 at 12:16 p.m., LPN 14 acknowledged she should have used ABHR after touching the medication cart and before entering the resident's room. A current facility document, titled COVID-19 Update, provided by the Director of Nursing (DON) on 10/26/20 at 1:54 p.m., indicated Miller's Health Systems COVID-19 Safety Plan .Hand Hygiene is to be performed before and after resident contact, after contact with potentially infectious material and before putting on and after removing PPE, including gloves as directed by infection control policies 3.1-18(l)		
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.