

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 04/27/2020
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 0580 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on record review and interview, the facility failed to ensure each resident's Responsible Party was notified of laboratory test results for 2 of 3 residents reviewed for coronavirus (COVID-19). (Residents B and C) Findings include: 1. The record for Resident B was reviewed on 4/26/20 at 7:39 p.m. [DIAGNOSES REDACTED]. The Quarterly Minimum Data Set (MDS) assessment, dated [DATE]5/20, indicated the resident was cognitively impaired for daily decision making. Nursing progress notes, dated [DATE]5/20 at 12:32 p.m., indicated the resident's Physician was updated on the resident's recent temperatures. The Physician requested an order for [REDACTED]. A COVID-19 Suspected or Confirmed assessment, dated [DATE]8/20 at 2:43 a.m., indicated the resident had tested positive on [DATE]7/20. There was no documentation indicating the resident's Responsible Party was notified of the test results. Interview with the Director of Nursing on 4/27/20 at 10:50 a.m., indicated the resident's Responsible Party should have been notified when the test results were received. 2. The record for Resident C was reviewed on 4/26/20 at 8:31 p.m. [DIAGNOSES REDACTED]. The Annual Minimum Data Set (MDS) assessment, dated 2/20/20, indicated the resident was moderately impaired for daily decision making. Nursing progress notes, dated [DATE]5/20 at 12:57 p.m., indicated the resident had a mild temperature on [DATE]3/20 and had been afebrile since. The resident's Physician was updated and a COVID-19 test was requested. A message was left for the resident's son to call the facility regarding the new orders. An entry in the nursing progress notes, dated [DATE]6/20 at 3:45 p.m., indicated the resident had been tested for COVID-19. The resident's test results came back positive on [DATE]7/20. There was no documentation indicating the resident's Responsible Party had been notified by the facility when the test results were received. Interview with the Director of Nursing on 4/27/20 at 10:50 a.m., indicated the resident's Responsible Party should have been notified when the test results were received. This Federal tag relates to Complaint IN 729. 3.1-5(a)(3)</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.