

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155102	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/21/2020
NAME OF PROVIDER OF SUPPLIER MILLER'S MERRY MANOR		STREET ADDRESS, CITY, STATE, ZIP 635 OAKHILL AVE PLYMOUTH, IN 46563	
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	Provide and implement an infection prevention and control program. Based on record review and interview, the facility failed to ensure current CDC guidance related to COVID-19 screenings for staff were obtained appropriately, and failed to ensure screening documentation was complete for 9 of 30 staff screenings. (Employee 2, 3, 4, 5, 6, 7, 8, 10 and 11) Finding includes: During an interview, on 10/21/2020 at 9:30 A.M., Nurse 2 indicated she gets screened every morning when she comes to work and that she does it herself. Nurse 2 stated she takes her temperature and documents it on the log sheet and completes the rest of the form. During an interview, on 10/21/2020 at 10:37 A.M., LPN (Licensed Practical Nurse) 5 indicated the nurse usually screens the staff, but they are not always at the desk. She indicated the aides will take their own temperatures and document it on the form. We can't sign our own forms so the aide will give it to another person/nurse to sign off on it. On 10/21/2020 at 10:45 A.M., an audit of staff screening forms, for October 2020, was completed with the Administrator. The following was observed: 1. Employee 2's screening form, dated 10/15, lacked the documentation to show 5 out of 6 items/questions were completed. 2. Employee 3's screening form, dated 10/16, 10/19, 10/20, and 10/21, indicated the form was completed by employee 3 and signed by other staff members. 3. Employee 4's screening form, dated 10/16, 10/17, 10/18 and 10/20, indicated the form was completed by employee 4 and signed by other staff members. The back page of the form was blank and lacked the documentation to show employee 4 had completed the questionnaire or signed the acknowledgement. 4. Employee 5's screening form, dated 10/15, 10/16, 10/19, 10/20, and 10/21, indicated the form was completed by employee 5 and signed by other staff members. The back page of the form was blank and lacked the documentation to show employee 5 had completed the questionnaire or signed the acknowledgement. 5. Employee 6's screening form, dated 10/18, 10/19 and 10/21, indicated the form was completed by employee 6 and signed by other staff members. The back page of the form was blank and lacked the documentation to show employee 6 had completed the questionnaire or signed the acknowledgement. 6. Employee 7's screening form, dated 10/18 and 10/19, lacked there documentation of completing 4 of the 6 items/questions. A black line was drawn through 4 of the 6 questions that were to be completed. 7. Employee 8's screening form, dated 10/16, 10/19, 10/20 and 10/21, lacked the documentation of completing 4 of the 6 items/questions. A black line was drawn through 4 of the 6 questions that were to be completed. 8. Employee 10's screening form, dated 10/15, 10/17, 10/18, 10/19 and 10/20, indicated the form was completed by employee 10 and signed by other staff members. The back page of the form was blank and lacked the documentation to show employee 10 had completed the questionnaire or signed the acknowledgement. 9. Employee 11's screening form, dated 10/16, 10/17, 10/18, 10/19, 10/20 and 10/21, lacked the documentation to show employee 11 had completed the questionnaire or signed the acknowledgement. During an interview, on 10/21/2020 at 10:53 A.M., the Director of Nursing indicated the staff can not sign the form themselves and they should not be completing the form themselves. The DON indicated they should have waited for a nurse to assess them, complete the entire form and then sign the form. On 10/21/2020 at 1:10 P.M., the Director of Nursing provided the policy titled, Staff Screening Policy, dated 3/16/2020 and 6/29/2020, and indicated the policy was the one currently used by the facility. The policy indicated . Policy: To prevent introduction of COVID-19 into our facilities. 1. All staff will be screened prior to entering the facility by using the Staff Screening form. 2. If temp is 100 or greater or has any respiratory symptoms included on list of symptoms, ensure employee is masked, do not let them enter facility to work and contact ADM/DON for additional investigation. 3. If employee had close contact with a person who tested positive for COVID-19, ensure employee is masked , and contact ADM and DON. Facility along with HR will assist in contact tracing and determine exposure per CDC and ISDH guidelines. 4. Document findings on screening form 3.1-18(b)(1)		
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.