STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155321	A. BUILDING _____ B. WING _____	**06/26/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
MILLER'S MERRY MANOR	**5544 E STATE BLVD FORT WAYNE, IN 46815**

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 -** Few	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to follow protocol for physician notification in determining resident testing for 1 of 3 residents reviewed with respiratory symptoms (Resident C). Findings include: On 6/26/20 at 11:15 A.M., Resident C's record was reviewed. [DIAGNOSES REDACTED]. On 6/26/20 at 12:08 P.M., Resident C was observed sitting up in her bedside chair eating her lunch. She was non-verbal and made no response to being waved at. She appeared pale but was dressed and well groomed. She shared a room with another resident who was seated on the other side of the room, eating her lunch. On 6/26/20 at 12:15 P.M., LPN 3 (Licensed Practical Nurse) who was caring for Resident C was interviewed. She indicated they hadn't been sure what had been going on with the resident related to her being sick. LPN 3 indicated she was doing better now. When questioned, LPN 3 indicated she didn't know if the resident had been tested for Covid-19. Nurse Progress notes indicated the following: 6/21/20 at 11:45 p.m., Condition change follow-up Note: Resident's vital signs were B/P 152/70; Respirations-16; Pulse-74; Oxygen saturation-93% (R/A); Temperature-99.0 AX. Fluids were encouraged. Resident had no gestures of pain or distress. 6/22/20 at 5:08 a.m., the resident was calm and resting quietly. Her skin was very warm/red. No gestures of pain. Her morning vital signs showed her O2 sat was 90% on room air and her temperature was 101.8 axillary. She was administered Tylenol and oxygen as ordered. 6/22/20 at 6:37 a.m., the nurse attempted to straight catheterize the resident to collect a urinalysis sample but was unable to obtain. The day shift nurse would try later today. 6/22/20 at 9:46 a.m., new orders were received for a chest x-ray to be done and start [MEDICATION NAME] (antibiotic) 100 mg by mouth 2 times per day for 7 days for increased temperature and decreased O2 sats. 6/22/20 at 3:31 p.m., results of the resident's chest x-ray were received and indicated the resident had a modest infiltrate in the left lower lung lobe. 6/22/20 at 5:37 p.m., the resident continued on oxygen as ordered. Her O2 sats ranged from 90-95%. She had diminished lung sounds in her left lower lobe. She had no coughing, sneezing, shortness of breath, or nasal drainage. 6/23/20 at 5:44 a.m., Resident C slept well through the night. O2 sats ranged from 95-96% on 2 liters of oxygen. 6/23/20 at 4:48 p.m., resident attempted to get around more by herself, but when staff would offer to assist, she would say No and push their hands away. Her lung sounds were clear with the exception of her left lower lung lobe which was slightly diminished. She remained without a fever throughout the shift. No cough or nasal drainage noted. Resident displayed no signs or symptoms of pain or discomfort. She fed herself at meals and had adequate fluid intake. 6/24/20 at 5:40 a.m., resident sat up on in her chair on evening shift; drank fluids and ate a snack without complications. She slept well throughout the night. Resident C needed 2 staff to check and change her during the night. She was unsteady in the morning with care but only needed 1 staff member to assist her. Her lung sounds were clear and no coughing was noted. 6/24/20 at 4:43 p.m., the residents urinalysis results were received and she was found to have a urinary tract infection. She was currently taking [MEDICATION NAME] for pneumonia. The NP was notified and no new orders given. A Nurse Practitioner (NP) Progress Note, dated 6/22/20 at unknown time, indicated the resident had been visited due to fever and decreased oxygen saturations. The resident appeared very sick and pale. She appeared acutely ill but not in acute distress. Her lung sounds were diminished and some crackles were heard in the bases. The Assessment was: respiratory infection, low oxygen saturation, elevated temperature, pale, decreased oral intake, and dementia. The Plan was to start [MEDICATION NAME] 100 mg by mouth 2 times per day due to fever and respiratory infection for 7 days, urinalysis, labs pending, and Covid test pending. On 6/26/20 at 12:40 P.M., the Director of Nursing (DON) was interviewed about the pending Covid 19 test results. She indicated she hadn't been aware that a test had been ordered. When questioned about staff being tested for Covid infection, she indicated CNA 5 (Certified Nurse Assistant), who was always scheduled to work with Resident C, was tested for Covid-19 on 6/19/20. On 6/23/20, she was notified that CNA 5's Covid test was positive. CNA 5 was asymptomatic but was placed on medical leave and instructed to isolate for 14 days. On 6/26/20 at 3:24 P.M., the DON and ED were interviewed. The DON indicated there had been a misunderstanding on the part of the NP and Resident C had not been tested for Covid-19. She indicated neither the physician, Medical Director, nor NP had been notified that the resident had been in contact with a Covid positive employee who had provided direct care to the resident on 6/16, 6/17, 6/18, 6/20, and 6/21. Resident C was noted to become ill on 6/21/20 and diagnosed with [REDACTED]. Both the ED and DON indicated the Medical Director and physician should have been notified of the resident's exposure. This Federal tag relates to Complaint IN 227. 3.1-18(b)(2)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE