

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155059	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/16/2020
NAME OF PROVIDER OF SUPPLIER MILLER'S MERRY MANOR		STREET ADDRESS, CITY, STATE, ZIP 1500 GRANT ST HUNTINGTON, IN 46750	
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 0886 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Based on interview and record review, the facility failed to ensure documentation for Covid-19 test was completed and the results of each staff test was recorded as having been completed for 2 of 2 days reviewed. Findings included: During record review on 10/16/20 at 11:50 a.m., the STAFF COVID TEST, dated 10/8/20, 34 of 75 employees did not have a hard copy on the audit chart for proof of Covid-19 testing. On 10/12/20, 68 of 76 employees did not have a hard copy on the audit chart for proof of Covid-19 testing. During an interview on 10/16/20 at 12:30 p.m. with the Administrator and Infection Control Preventionist (ICP), they indicated staff were testing twice weekly and could decide between either Monday and Thursday or Tuesday and Friday. They were using 2 different sites for the testing. They have several staff members who were only able to give a verbal test result. They were having a difficult time obtaining the test results due to privacy regulations. On 10/16/20 at 2:12 p.m., the Administrator indicated when a staff member tested positive on 10/13/20, they initiated outbreak testing. She had no way of knowing staff went and got tested except for them telling her they got tested and when the results were finalized. During an interview on 10/16/20 at 2:30 p.m., the ICP indicated they initiated outbreak testing on 10/14/20 for residents. All of the tests were back and were negative. Staff have been testing both 10/15 and 10/16/20, but they do not all have their tests back. They have not been using the Point-of-care (POC) testing supplies as they are reserving the supplies. The Administrator indicated on 10/16/20 at 3:18 p.m., they had been testing monthly, but because of the recent outbreak they have went to weekly. A current, undated, facility policy, provided by the Administrator on 10/16/20 at 2:48 p.m., indicated the following: Policy: Staff: 1. All facility staff will participate in state wide COVID-19 initial testing 2. All staff will be tested at least once per month or more often based upon the facility's positivity rate after 9/2/20. If the 48-hour turn-around time cannot be met due to community testing supply shortages, limited access or inability of laboratories to process tests within 48 hours, the facility should have documentation of its efforts to obtain quick turnaround test results with the identified laboratory or laboratories and contact the local and state health departments.</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.