

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155271	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 09/21/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER MILLER'S SENIOR LIVING COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 8400 CLEARVISTA PL INDIANAPOLIS, IN 46256
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
--------------------	--	---------------	---	----------------------

K0000	<p>A Quality Assurance Walk-thru Survey was conducted by the Indiana State Department of Health.</p> <p>Survey Date: 09/21/12</p> <p>Facility Number: 000171 Provider Number: 155271 AIM Number: 100267050</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Quality Assurance Walk-thru survey, Miller's Senior Living Community was found not in compliance with 410 IAC 16.2-3.1-19(ff).</p> <p>This two story facility was determined to be of Type III (211) construction and fully sprinklered except for the area under two combustible exterior overhangs. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. The facility has battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 114 and had a census of 67 at the time of this visit.</p> <p>The facility was found not in compliance with state law in regard to sprinkler</p>	K0000	<p>Please accept this plan of correction as credible allegation of compliance. The facility respectfully requests paper compliance for the K9999 Citation. If you require additional information please contact me directly at 317-845-0464. Alaina Butiste, HFA</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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155271	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 09/21/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER MILLER'S SENIOR LIVING COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 8400 CLEARVISTA PL INDIANAPOLIS, IN 46256
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>coverage. The facility was found in compliance with the state law in regard to smoke detector coverage.</p> <p>All areas where residents have customary access were sprinklered except for the area under two combustibile exterior overhangs. The facility has one detached building providing storage services which was not sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 09/24/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155271		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 09/21/2012	
NAME OF PROVIDER OR SUPPLIER MILLER'S SENIOR LIVING COMMUNITY				STREET ADDRESS, CITY, STATE, ZIP CODE 8400 CLEARVISTA PL INDIANAPOLIS, IN 46256			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
K9999	<p>State Findings</p> <p>3.1-19 ENVIRONMENT AND PHYSICAL STANDARDS</p> <p>3.1-19(ff) A health facility licensed under 16-28 and this rule must do the following:</p> <p>(1) Have an automatic sprinkler system installed throughout the facility before July 1, 2012.</p> <p>(2) If an automatic sprinkler system is not installed throughout the health care facility before July 1, 2010, submit before July 1, 2010 a plan to the department for completing the installation of the automatic sprinkler system before July 1, 2012.</p> <p>(3) Have a battery operated or hard-wired smoke detector in each resident's room before July 1, 2012.</p> <p>This State Rule has not been met as evidenced by:</p> <p>Based on observation and interview, the facility failed to provide sprinkler coverage for 1 of 1 combustible exterior canopies which was wider than 4 feet. NFPA 13, 1999 Edition, Section 5-13.8.1 requires sprinklers shall be installed under combustible exterior roofs or canopies exceeding 4 feet in width. This deficient practice could affect staff and visitors</p>	K9999	<p>K 9999 NFPA 13, 1999 Section 5-13.8.1 The facility respectfully submits the following plan of correction as credible allegation of compliance to the above mentioned regulation, prefix K9999. I. There were no residents that were affected by the deficient practice. The area of concern was located outside of the building and it is stated in the 2567: "The deficient practice could affect staff and visitors that utilize that entrance." II. There are no other resident that have the potential to be affected by the deficient practice. III. There is a systemic change being made to ensure that the deficient practice does not recur. Automatic sprinklers will be installed under the exterior roof that exceeds 4 feet outside of the service entrance to the building. We have contacted installation companies and have received quotes to have the work completed. IV. To ensure the deficient practice does not recur, the facility will review Life Safety Code Standards during Quarterly rounds with our Regional Maintenance Supervisor. There will be a Quality Assurance Tool completed. This will be completed by the maintenance supervisor or designee. V. The bids will be collected and the automatic sprinkler will be installed with the systemic</p>	10/21/2012			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155271	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 09/21/2012
NAME OF PROVIDER OR SUPPLIER MILLER'S SENIOR LIVING COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP CODE 8400 CLEARVISTA PL INDIANAPOLIS, IN 46256		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
	<p>utilizing the service entrance.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Supervisor during a tour of the facility from 12:25 p.m. to 1:40 p.m. on 09/21/12, the exterior canopy at the service entrance to the facility measured five feet and three inches wide, was of wood construction and was not provided with automatic sprinkler coverage. Based on interview at the time of observation, the Maintenance Supervisor acknowledged the exterior canopy at the service entrance to the facility measured five feet and three inches wide, was of wood construction and was not provided with automatic sprinkler coverage.</p> <p>3.1-19(ff) 3.1-19(b)</p>		changes will be placed by October 21, 2012.		