

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155297	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 11/12/2015
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NAME OF PROVIDER OR SUPPLIER MILLER'S HEALTH & REHAB BY MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 1007 LINCOLNWAY LA PORTE, IN 46350
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(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
K 0000 Bldg. 01	<p>An investigation of Complaint Number IN00185055 was conducted by the Indiana State Department of Health.</p> <p>Complaint Number: IN00185055 Substantiated: Deficiency related to the allegation is cited at K-56.</p> <p>Date of Survey: 11/12/15</p> <p>Facility Number: 000194 Provider Number: 155297 AIM Number: 100267790</p> <p>Census: 47</p> <p>Miller's Health & Rehab by Miller's Merry Manor was found not in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2 in regard to the investigation of Complaint Number IN00185055.</p> <p>Quality Review completed on 11/16/15 - DA</p>	K 0000	<p>K - 056 NFPA Life Safety Code Standard</p> <p>The facility respectfully submits the following plan of correction as credible allegation of compliance to the above mentioned regulation, prefix K056. The facility also requests paper compliance for the mentioned Plan of Correction.</p>	
K 0056 SS=D Bldg. 01	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for</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.

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	<p>all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 Rooftop Penthouses were provided with automatic sprinkler head protection to ensure sprinkler coverage in all portions of the building. This deficient practice could affect staff only.</p> <p>Findings include:</p> <p>Based on observations with the Administrator and Facility Director on 11/12/15 between 9:16 a.m. and 9:41 a.m., the Rooftop Penthouse was not provided with sprinkler head protection. Based on interview and record review at the time of observation, the Administrator and Facility Director acknowledged the aforementioned condition and provided documentation showing the sprinkler plans created by Viking Fire Protection were submitted to the state to be reviewed on 11/6/15. It was also confirmed that there is not a sprinkler head in the elevator shaft.</p>	K 0056	<p>K - 056 NFPA Life Safety Code Standard The facility respectfully submits the following plan of correction as credible allegation of compliance to the above mentioned regulation, prefix K056. This deficient practice has the potential to affect all resident, staff and visitors within IU La Porte Hospital. IU Health La Porte Hospital, which maintains the facility and all Life Safety Code Standards has submitted the following information, after reviewing with an independent fire safety consulting agency RTM.A fully sprinklered system shall be installed and fully functional by January 12, 2016 for both North and South Tower Penthouses. Contracted services, Viking Fire Protection Services will complete the contracted service for IU La Porte Hospital. Fire safety / environmental rounds will be increased to 3 times daily specifically for the North and South Tower Penthouses. The facility will increase the total number of fire drills to 2 per month.</p>	01/12/2016	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0391

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	3.1-19(b) 3.1-19(ff)				