

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155102	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED  06/08/2016
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NAME OF PROVIDER OR SUPPLIER  MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 635 OAKHILL AVE PLYMOUTH, IN 46563
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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 IN00200628 was conducted by the Indiana State Department of Health.</p> <p>Complaint Number: IN00200628</p> <p>Substantiated: Deficiencies related to the allegations are cited at K-62.</p> <p>Date of Survey: 06/08/16</p> <p>Facility Number: 000041 Provider Number: 155102 AIM Number: 100275400</p> <p>Census: 88</p> <p>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 IN00200628.</p> <p>Quality Review completed on 06/10/16 - DA</p>	K 0000		
K 0062 SS=F Bldg. 01	<p>NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13,</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>NFPA 25, 9.7.5 Based on record review and interview, the facility failed to ensure 1 of 1 sprinkler systems was continuously maintained in reliable operating condition. LSC Section 9.7.5 states all automatic sprinkler systems shall be inspected, tested and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, Section 1-4.4 states the owner or occupant promptly shall correct or repair deficiencies, damaged parts, or impairments found while performing the inspection, test, and maintenance requirements of this standard. Corrections and repairs shall be performed by qualified maintenance personnel or a qualified contractor. This deficient practice would directly affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on record review of a letter dated 01/25/16 from the facility's contracted sprinkler vendor, the last internal pipe inspection was performed on 11/23/15 and the dry system was found to be in need of a system flush. A Purchase Order #33186 had been issued to the sprinkler vendor to start the system flush on 5/2/16. Based on interview on</p>	K 0062	All residents could have been affected by this deficiency, We have obtained a proposal from Kropp Fire Protection, Inc (see Attachment, pages 1 & 2) & have authorized them to begin work on flushing both fire sprinkler systems as of 6/20/16, This project will be completed by 7/8/16, In the future, we will monitor the need for fire sprinkler system flushing in our TELS/Preventative Maintenance system to ensure future compliance ongoing,	07/08/2016			

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	06/08/16 between 9:25 a.m. and 9:34 a.m., the Maintenance Supervisor confirmed the sprinkler flush had not occurred.  3.1-19(b)				