

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155589	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  11/19/2012
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NAME OF PROVIDER OR SUPPLIER  MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 730 SCHOOL ST CULVER, IN 46511
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K0000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 11/19/12</p> <p>Facility Number: 000489 Provider Number: 155589 AIM Number: 100291210</p> <p>Surveyor: Joe L. Brown, Jr., Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Miller's Merry Manor was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p>	K0000	<p>Miller's Merry Manor of Culver Indiana does hereby request for Paper Compliance for the Plan of Completion submitted for our annual Life Safety Survey dated 11-19-2012 Attached is our plan of correction which we believe responds to corrections and systems that will document and address the audit materials used in attaining and maintaining substantial compliance wit the findings. If you should need any futher documentation of information please do not hesitate to contact the facility Administration at 574-842-3337 or through the Gateways system e-mail.</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>This one story facility was determined to be of Type V (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, areas opened to the corridors, and battery operated smoke detectors in the resident sleeping rooms. The facility has a capacity of 66 with a census of 61 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered, except a wooden maintenance shed which was 150 feet away from the building.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 11/26/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements.</p>				

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K0018 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities. Based on observation and interview, the facility failed to ensure 1 of 12 resident room corridor doors on 400 hall closed and latched into the door frame. This deficient practice could affect any of the 12 residents on the 400 hall pod.</p> <p>Findings include:</p> <p>Based on observation on 11/19/12 with the Maintenance Supervisor during the tour from 9:00 a.m. to 1:35 p.m., the corridor door to resident room 403 failed to latch into the door frame. This was</p>	K0018	<p>K018 : Resident room 403's entry door was obstructed by a sticky substance (gum or candy) on the threshold of the door about 1" from the strikeplate side of the door. The substance was removed immediately following the inspection and the door will now close and latch with very little effort while keeping the smoke barrier at less than 1/8 inch gap. This door and all resident room doors will be monitored on a quarterly basis per company p&amp;p and will be the responsibility of the maintenance supervisor. This issue was corrected on 11/19/2012.</p>	11/19/2012			

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	acknowledged by the Maintenance Supervisor at the time of observation.  3.1-19(b)				

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K0062 SS=D	<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, NFPA 25, 9.7.5</p> <p>Based on observation and interview, the facility failed to replace 2 of 3 sprinklers in the laundry room which were corroded or loaded with dirt or foreign material. LSC 9.7.5 requires 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, 1998 edition, 2-2.1.1 requires any sprinkler shall be replaced which is painted, corroded, damaged, loaded, or in the improper orientation. This deficient practice had the potential to affect the laundry staff.</p> <p>Findings include:</p> <p>Based on observation on 11/19/12 with the Maintenance Supervisor</p>	K0062	<p>K062 : The dust/lint that had gathered on the two sprinkler heads in the laundry room was cleaned by the administrator with canned compressed air at the time of the inspection. These sprinkler heads and all other sprinkler heads located at the facility will be monitored on a monthly basis to insure no dust/lint accumulates on them and this will be the responsibility of the maintenance supervisor. This issue was corrected on 11/19/2012.</p>	11/19/2012			

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	<p>during the tour from 9:00 a.m. to 1:35 p.m., two of three sprinklers in the laundry room had green corrosion around the frame of the sprinkler head, black accumulation of material around the deflector plate, and spider webs around the thermal linkage sprinkler head. At the time of observation, the Maintenance Supervisor acknowledged there was green corrosion around the frame of the sprinkler head, black accumulation of material around the deflector plate, and spider webs around the thermal linkage on the sprinkler heads.</p> <p>3.1-19(b)</p>			
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