

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155039	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 04/07/2015
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NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 317 BLAIR PIKE PERU, IN 46970
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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 000 Bldg. 01	<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: 04/07/15</p> <p>Facility Number: 000014 Provider Number: 155039 AIM Number: 100288670</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> <p>This one story facility was determined to be of Type II (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in spaces open to the corridors with battery powered smoke detectors in all resident sleeping rooms. The facility has a capacity of 130 and had a census of 66 at the time of this survey.</p>	K 000		

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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K 015 SS=E Bldg. 01	<p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered with exception of the vending machine area in the staff break room.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Interior finish for rooms and spaces not used for corridors or exitways, including exposed interior surfaces of buildings such as fixed or movable walls, partitions, columns, and ceilings, has a flame spread rating of Class A or Class B. (In fully sprinklered buildings, flame spread rating of Class A, Class B, or Class C may be continued in use within rooms separated in accordance with 19.3.6 from the access corridors.) 19.3.3.1, 19.3.3.2</p> <p>Based on observation and interview, the facility failed to ensure the interior finish for 1 of 1 employee break rooms has a flame spread rating of Class A, Class B or Class C finish. This deficient practice was not in a resident treatment area but could affect any staff using the employee break room.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility with the Maintenance Supervisor on 04/07/15 at 12:01 p.m., in the employee break room there was a 16 foot</p>	K 015	<p>CORRECTIVE ACTION(S) FOR THOSE AFFECTED:</p> <p>In the employee break room, the wood shingle canopy covering the vending machines was removed on 4/8/15.</p> <p>CORRECTIVE ACTION(S) FOR OTHERS AFFECTED:</p> <p>The maintenance director will inspect the interior finish for rooms and spaces not used for corridors or exitways in order to identify any</p>	05/07/2015
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	<p>by 3 foot wood shingle canopy covering the vending machines. Based on interview at the time of observation, the Maintenance Supervisor stated the canopy was not treated ensuring a flame spread rating of Class A, Class B or Class C finish.</p> <p>3.1-19(b)</p>		<p>where the finish does not have a flame spread rating of Class A, Class B, or Class C. Any surface identified as failing to have the required flame spread rating will be removed or replaced with an appropriate product that meets the flame spread rating or treated so that it attains the required flame spread rating.</p> <p>MEASURES TO PREVENT RECURRENCE:</p> <p>Monthly, the maintenance director will inspect the interior finish for rooms and spaces not used for corridors or exitways in order to identify any where the finish does not have a flame spread rating of Class A, class B, or Class C. Any surface identified as failing to have the required flame spread rating will be removed or replaced with an appropriate product that meets the flame spread rating or treated so that it attains the required flame spread rating.</p> <p>MONITORING TO PREVENT RECURRENCE:</p> <p>Monthly, the maintenance director will report to the Quality Assurance (QA) Committee the results of inspections and actions taken. The QA Committee will review the maintenance director's monthly</p>		

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K 025 SS=E Bldg. 01	<p>NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>Based on observation and interview, the facility failed to ensure the penetrations through 1 of 11 smoke barrier walls was protected to maintain the smoke resistance of each smoke barrier. LSC Section 18.3.7.3 requires smoke barriers to be constructed in accordance with LSC Section 8-3. LSC Section 8.3.6.1 requires the passage of building service materials such as pipe, cable or wire to be protected so the space between the penetrating item and the smoke barrier shall be filled with a material capable of maintaining the smoke resistance of the smoke barrier or be protected by an approved device designed for the specific</p>	K 025	<p>report and make any further recommendations necessary to ensure that the interior finish for rooms and spaces not used for corridors or exitways has a flame spread rating as required.</p> <p>CORRECTIVE ACTION(S) FOR THOSE AFFECTED:</p> <p>On 4/8/15, the maintenance director applied additional filler around the air duct identified above the drop ceiling in the west hall smoke wall between rooms 14 and 16, so that there is no longer a gap.</p> <p>CORRECTIVE ACTION(S) FOR OTHERS AFFECTED:</p> <p>The maintenance director will inspect all smoke barrier walls, in order to identify any penetration where the smoke barrier is not</p>	05/07/2015	

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	<p>purpose. This deficient practice could affect 10 residents in the west wing of 2 of 11 smoke compartments.</p> <p>Findings include:</p> <p>Based on observations during a tour of the facility with the Maintenance Supervisor on 03/07/15 at 12:52 p.m. there was a one fourth of an inch gap around an air duct above the drop ceiling in the west hall smoke wall between rooms 14 and 16. Based on the interview at the time of observation, the Maintenance supervisor acknowledge and provided the measurements of the gap.</p> <p>3.1-19(b)</p>		<p>maintained. Where he identifies that the required smoke barrier is not maintained, the maintenance director will apply filler and/or take other action(s) necessary to provide the smoke barrier.</p> <p>MEASURES TO PREVENT RECURRENCE:</p> <p>Monthly for three months, and then quarterly, the maintenance director will inspect all smoke barrier walls, in order to identify any penetration where the smoke barrier is not maintained. Where he identifies that the required smoke barrier is not maintained, the maintenance director will apply filler and/or take other action(s) necessary to provide the smoke barrier.</p> <p>MONITORING TO PREVENT RECURRENCE:</p> <p>Following each monthly or quarterly inspection, the maintenance director will report to the QA Committee the results of his inspections and actions taken. The QA Committee will review the reports and make further recommendations necessary in order to ensure that required smoke resistance is maintained in smoke barrier walls that have penetrating items.</p>		

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K 029 SS=E Bldg. 01	<p>NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>Based on observation and interview, the facility failed to ensure 1 of 4 soiled utility rooms, a hazardous area, was smoke resistive and provided one hour fire rated construction. This deficient practice could affect 10 residents in the west hall.</p> <p>Findings include:</p> <p>Based on observation during the tour of the facility with the Maintenance Supervisor on 04/07/15 at 11:01 a.m., in the west hall soiled utility room there was a 18 inch by 10 inch square penetration cut into the wall. Based on interview at the time of observation, the Maintenance Supervisor acknowledged and provided the measurement of the penetration.</p> <p>3.1-19(b)</p>	K 029	<p>CORRECTIVE ACTION(S) FOR THOSE AFFECTED:</p> <p>On 4/8/15, the maintenance director sealed the penetration cut into the wall of the west hall soiled utility room.</p> <p>CORRECTIVE ACTION(S) FOR OTHERS AFFECTED:</p> <p>The maintenance director will inspect all smoke resisting partitions in the facility, in order to identify any where a penetration or other item prevents a partition from resisting smoke. Where necessary, he will repair the partition or take other action to maintain the required smoke resistance of the partition.</p> <p>MEASURES TO PREVENT</p>	05/07/2015	

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K 056 SS=E Bldg. 01	NFPA 101 LIFE SAFETY CODE STANDARD 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 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		<p>RECURRENCE:</p> <p>Monthly for three months, and then quarterly, the maintenance director will inspect all smoke resisting partitions in the facility, in order to identify any where a penetration or other item prevents a partition from resisting smoke. Where necessary, he will repair the partition or take other action to maintain the required smoke resistance of the partition</p> <p>MONITORING TO PREVENT RECURRENCE:</p> <p>Following each monthly or quarterly inspection, the maintenance director will report to the QA Committee the results of his inspections and actions taken. The QA Committee will review the reports and make further recommendations necessary in order to ensure that required smoke resisting partitions are installed.</p>		

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	<p>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 complete coverage was provided for 1 of 1 employee break rooms in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. This deficient practice was not in a resident treatment area but could affect any staff using the employee break room.</p> <p>Findings include:</p> <p>Based on an observation during a tour of the facility with the Maintenance Supervisor on 04/07/15 at 12:01 p.m., in the employee break room there was a wood shingle canopy covering the vending machines extending three feet from the ceiling and extending 16 feet from outside wall to corridor wall obstructing the sprinkler head. The sprinkler head would not provide complete coverage for the entire employee break room. Based on interview at the time of observation, the Maintenance Supervisor acknowledged that the wood canopy was preventing full sprinkler protection of the room and provided the measurements of the</p>	K 056	<p>CORRECTIVE ACTION(S) FOR THOSE AFFECTED:</p> <p>The wood shingle canopy covering the vending machines was removed on 4/8/15, so that complete sprinkler coverage is provided in the employee break room.</p> <p>CORRECTIVE ACTION(S) FOR OTHERS AFFECTED:</p> <p>The maintenance director will complete an inspection of the entire facility in order to identify any portion of the building that is lacking complete sprinkler coverage. For any area identified as lacking the required sprinkler coverage, the maintenance director will arrange for either the impediment(s) to be removed or additional sprinkler coverage to be installed by the contracted sprinkler system service provider.</p> <p>MEASURES TO PREVENT RECURRENCE:</p> <p>Quarterly, the maintenance director will inspect the facility in order to ensure that complete sprinkler</p>	05/07/2015			

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	canopy. 3.1-19(b)		coverage is provided to all portions of the building. For any area identified as lacking the required sprinkler coverage, the maintenance director will arrange for either the impediment(s) to be removed or additional sprinkler coverage to be installed by the contracted sprinkler system service provider. MONITORING TO PREVENT RECURRENCE: Quarterly, the maintenance director will report to the QA Committee the results of inspections and actions taken. The QA Committee will review the maintenance director's report and make any further recommendations necessary to ensure that complete sprinkler coverage is provided to all portions of the building.	