

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155251	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 06/09/2014
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NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 2901 W 37TH AVE HOBART, IN 46342
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K010000	<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: 06/09/14</p> <p>Facility Number: 000154 Provider Number: 155251 AIM Number: 100289680</p> <p>Surveyor: Phillip Komsiski, 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, 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>The original one story facility consisting of the west wing and administrative area with a partial basement was determined to be of Type II (222) construction and was fully sprinklered. A later one story addition, consisting of the east wing constructed prior to March 2003,</p>	K010000		
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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>determined to be Type V (111) was also fully sprinklered, therefore it was surveyed as one building in accordance with LSC Chapter 19.</p> <p>The facility has a fire alarm system with smoke detection in the corridors, in spaces open to the corridors and battery powered smoke detectors in all resident rooms. The facility has a capacity of 110 and had a census of 84 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered except for two detached storage sheds in the back of the facility and the vinyl canopy outside the front entrance.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 06/17/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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K010052 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p> <p>Based on observation and interview, the facility failed to ensure 1 of 14 manual fire alarm boxes was unobstructed and readily accessible. NFPA 72, National Fire Alarm Code, 2-8.2.1 states manual fire alarm boxes shall be distributed throughout the protected area so they are unobstructed, readily accessible, and located in the path of exit from the area. This deficient practice could affect 42 residents on East wing as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 06/09/14 at 12:15 p.m. with the Maintenance Supervisor, the manual fire alarm box provided for the front entrance was located in the exit foyer of the front entrance which was only accessible by the use of a keypad override code which</p>	K010052	K-Tag 052 It is the policy of Miller's Merry Manor Hobart to ensure that manual fire alarm boxes are unobstructed and readily accessible. The manual fire alarm boxes are scheduled to be moved by SafeCare on July 1, 2014. All residents are at risk to be affected by the deficient practice. An environmental walk through was conducted to ensure that all manual fire alarm boxes were unobstructed and readily accessible.	07/01/2014			

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K010056 SS=E	<p>would disengage the magnetically locked doors thus delaying alarm notification to facility occupants. Based on interview on 06/09/14 at 12:20 p.m. with the Maintenance Supervisor, it was acknowledged the manual fire alarm box was not accessible once inside the facility unless the keypad override code was used to first disengage the magnetically locked doors.</p> <p>3.1-19(b)</p> <p>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 sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5 Based on observations and interview, the facility failed to ensure a complete automatic sprinkler system was provided for 1 of 3 exits with outside canopies in</p>	K010056	K-Tag 056 It is the policy of Miller's Merry Manor Hobart to ensure a complete automatic sprinkler system is provided to completely cover all portions of	07/01/2014	

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	<p>accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. NFPA 13, 1999 Edition, Section 5-13.8.1 requires sprinklers shall be installed under exterior combustible roofs or canopies exceeding four feet in width. This deficient practice could affect 42 residents on East hall as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on observation on 06/09/14 during the tour between 12:20 p.m. and 2:01 p.m. with the Maintenance Supervisor, the front entrance canopy which was constructed of a vinyl material, connects to the building and extends ten feet from the front entrance, lacked sprinkler protection. Based on interview at the time of observation, the Maintenance Supervisor acknowledged the lack of sprinkler protection by the front entrance for the vinyl canopy and no documentation of a flame spread rating for the vinyl canopy could be documented.</p> <p>3.1-19(b)</p>		<p>the building. The canopy is constructed with Sunbrella Firesist fire retardant material. Documentation attached. (Attachment A)</p>				

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K010147 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>Based on observation and interview, the facility failed to ensure 4 of 4 surge protectors including extension cords, nonfused extension cords and multiplug adapters were not used as a substitute for fixed wiring. NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, Article 400-8 requires, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect 2 residents in resident room 144, 2 residents in room 147, 1 resident in room 151 and 2 residents in room 153 as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observations on 06/09/14 during the tour between 1:11 p.m. and 1:26 p.m., a surge protector was used to provide power to resident beds which are medical equipment for residents in rooms 144, 147, 151 and 153 instead of directly plugging the medical equipment into a wall outlet. Based on interview on 06/09/14 concurrent with the observations, it was acknowledged by the Maintenance Supervisor, a surge</p>	K010147	<p>K-Tag 147 It is the policy of Miller's Merry Manor Hobart to ensure surge protectors were not used as a substitute for fixed wiring. Beds in rooms 144, 147, 151 and 153 were removed from surge protectors and plugged directly into a wall outlet. All residents are at risk to be affected by the deficient practice. An environmental walk through was conducted of all resident rooms to ensure that medical devices were plugged directly into wall outlets. Any issues were corrected immediately. All staff were inserviced on Electrical Power Strip Policy (Attachment B). The Maintenance Director or other designee will be responsible to perform " Medical Equipment Review" (Attachment C) weekly for four weeks and then monthly thereafter for ongoing compliance. Any issues identified will be corrected and logged on the facility tracking QA log. The QA tracking log is reviewed monthly in the facility QA meeting to ensure ongoing compliance.</p>	07/01/2014			

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	protector was used for the aforementioned medical devices. 3.1-19(b)				