

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155574	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  06/16/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 500 WALKERTON TR WALKERTON, IN 46574
--	--

(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
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: 06/16/14</p> <p>Facility Number: 000431 Provider Number: 155574 AIM Number: 100290380</p> <p>Surveyor: Dennis Austill, 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> <p>This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with automatic smoke detection in the corridors and in areas open to the corridors. All 63 resident rooms were provided with battery</p>	K010000	Miller's Merry Manor Walkerton respectfully requests paper compliance. Please accept the following plan of correction for the following F-tags as our credible allegation of compliance.	

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155574	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  06/16/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 500 WALKERTON TR WALKERTON, IN 46574
--	--

(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
K010018 SS=B	<p>operated smoke detectors. The facility has a capacity of 107 and had a census of 71 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 the wooden shed in the back used for maintenance storage.</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> <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</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155574		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED  06/16/2014	
NAME OF PROVIDER OR SUPPLIER  MILLER'S MERRY MANOR				STREET ADDRESS, CITY, STATE, ZIP CODE 500 WALKERTON TR WALKERTON, IN 46574			
(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			
K010029 SS=E	<p>regulations in all health care facilities.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 sets of double corridor doors closed and latched automatically into the door frame. This deficient practice could affect at least 5 residents using the Physical Therapy room as well as staff.</p> <p>Findings includes:</p> <p>Based on observation with the Maintenance Supervisor on 06/16/14 at 1:45 p.m., the Physical Therapy room had a set of double corridor doors. One door was equipped with a slide bolt latch which had to be manually latched to allow the other door to latch into the first door. This was acknowledged by the Maintenance Supervisor at the time of observation.</p> <p>3.1-19(b)</p> <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</p>	K010018	It is the policy of Miller's Merry Manor Walkerton that doors protecting corridor openings close and latch automatically into the doors frame. This deficient practice has the potential to affect all residents receiving therapy. Safecare installed the autoflush bolt on the therapy room door on 6/30/2014 (Attachment A) so the door close and latch automatically into the door frame. Date of compliance 7/01/2014.	07/01/2014			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155574	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  06/16/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 500 WALKERTON TR WALKERTON, IN 46574
--	--

(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
	<p>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 3 of 9 doors serving hazardous areas such as areas with quantities of combustible materials exceeding 50 square feet closed and latched to prevent the passage of smoke. This deficient practice could affect at least 10 residents as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Supervisor on 06/16/14 from 1:15 p.m. to 2:45 p.m., the following was noted:</p> <p>a. The doors to resident rooms 123 and 124 lacked door closing devices. These resident rooms were unoccupied and being used for storage of combustible materials such as cardboard boxes of recently received supplies and equipment.</p> <p>b. The two doors to the Unit 1 clean linen room lacked door closing devices. This room exceeded 50 square feet and was used for the storage of clean linens. Based on interview at the time of observation, the Maintenance Supervisor acknowledged the doors to the aforementioned rooms did not self close</p>	K010029	<p>It is the policy of Miller's Merry Manor Walkerton that doors in the facility with combustible materials exceeding 50 square feet close and latch to prevent the passage of smoke. This deficient practice has the potential to affect all residents. Spring hinges were purchased (Attachment B) and installed on the doors that were found to be deficient. Combustible materials were removed from the rooms as well. Closing devices were installed on the two Unit 1 clean linen room doors. Date of compliance 7/16/2014.</p>	07/16/2014

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155574		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED  06/16/2014	
NAME OF PROVIDER OR SUPPLIER  MILLER'S MERRY MANOR				STREET ADDRESS, CITY, STATE, ZIP CODE 500 WALKERTON TR WALKERTON, IN 46574			
(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			
K010050 SS=C	<p>and latch to prevent the passage of smoke.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 Based on record review and interview, the facility failed to conduct fire drills under varied conditions. This deficient practice affects all occupants in the facility including staff, visitors and residents.</p> <p>Findings include:</p> <p>Based on review of "Fire Drill Record" documentation with the Maintenance Supervisor at 11:40 a.m. on 06/16/14, the following was noted:</p> <p>a. 11 of 12 fire drills conducted over the past four quarter were conducted near the end of the month (1/31/14, 2/28/14,</p>	K010050	<p>It is the policy of Miller's Merry Manor Walkerton to conduct fire drills under varying conditions. This deficient practice has the potential to affect all residents. Maintenance has recently taken over the responsibility of fire drills. The fire drills in the future will be conducted at random times during the month, random times on each shift and each fire drill will have a different scenario each time. These fire drills will be documented in TELS (Attachment C). Date of compliance 7/16/2014.</p>	07/16/2014			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155574		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED  06/16/2014	
NAME OF PROVIDER OR SUPPLIER  MILLER'S MERRY MANOR				STREET ADDRESS, CITY, STATE, ZIP CODE 500 WALKERTON TR WALKERTON, IN 46574			
(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			
K010051 SS=B	<p>3/31/14, 4/26/13, 5/31/13, 6/26/13, 7/31/13, 8/29/13, 9/26/13, 10/29/13 and 11/29/13).</p> <p>b. 9 of 12 fire drills conducted over the past four quarters were not held at random times on each shift. Three of four first shift, first quarter, 2014 drills were conducted between 10:00 a.m. and 10:15 a.m.; three of four second shift, second quarter, 2013 drills were conducted between 3:30 p.m. and 4:30 p.m.; three of four third shift, third quarter, 2013 drills were conducted between 4:30 a.m. and 5:00 a.m.</p> <p>c. The fire drill form for all twelve fire drills conducted over the past four quarters lacked a scenario of the drill and only indicated the alarm was activated by a "pull station." Based on interview at the time of record review, the aforementioned conditions were acknowledged by the Maintenance Supervisor.</p> <p>3.1-19(b) 3.1-51(c)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building.</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155574	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  06/16/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 500 WALKERTON TR WALKERTON, IN 46574
--	--

(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
	<p>Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 smoke detectors located in the business office and connected to the fire alarm system was properly separated from an air supply or return vent. NFPA 72, National Fire Alarm Code, 2-3.5.1 requires in spaces served by air handling systems, detectors shall not be located where airflow prevents operation of the detectors. This deficient practice could affect at least 5 residents as well as staff and visitors outside the business office.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Supervisor at 2:45 p.m. on 06/16/14, a smoke detector was one foot from an operable ceiling fan in the business office which contained a sliding glass window to the main entrance</p>	K010051	It is the policy of Miller's Merry Manor Walkerton to insure that smoke detectors connected to the fire alarm system will be properly separated from an air supply or return vent. This deficient practice has the potential to affect all residents. Safecare moved the smoke detector on 6/30/2014 to meet the life safety code standard. (Attachment D) Date of Compliance 7/16/2014	07/16/2014

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155574	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  06/16/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 500 WALKERTON TR WALKERTON, IN 46574
--	--

(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
K010147 SS=D	<p>corridor. Based on interview at the time of observation, the Maintenance Supervisor acknowledged the distance between the ceiling fan and agreed the air flow could interfere with smoke detector function.</p> <p>3.1-19(b)</p> <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 high current draw electrical devices were not plugged into a multiplug adapter as a substitute for fixed wiring. LSC 19.5.1 requires utilities to comply with Section 9.1. LSC 9.1.2 requires electrical wiring and equipment to comply with 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 would not directly affect residents but could affect staff.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Supervisor at 1:40 p.m. on</p>	K010147	It is the policy of Miller's Merry Manor Walkerton to insure that electrical wiring and equipment is in accordance with NFPA 70. This deficient practice has the potential to mostly affect staff because it is in the break room. The multiplug adapter has been removed. A fixed wired electrical box will be intalled in the breakroom to accomodate the small appliances. (Attachment E). Date of compliance 7/16/2014.	07/16/2014

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155574	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED  06/16/2014
NAME OF PROVIDER OR SUPPLIER  MILLER'S MERRY MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 500 WALKERTON TR WALKERTON, IN 46574		
(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	
	06/16/14, two microwaves, a toaster and a coffee machine were plugged into a multiplug adapter in the employee break room. Based on interview at the time of observation, the Maintenance Supervisor acknowledged the aforementioned conditions.  3.1-19(b)				