

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155589	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>02</u> B. WING _____	X3) DATE SURVEY COMPLETED 11/19/2015
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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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(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
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K 0000 Bldg. 02	<p>A Life Safety Code Preoccupancy 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: 11/19/15</p> <p>Provider Number: 155589 AIM Number: 100291210 Facility Number: 000489</p> <p>At this Life Safety Code Preoccupancy survey, Miller's Merry Manor addition was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire, the 2000 edition of NFPA (National Fire Protection Association) 101, LSC (Life Safety Code) and 410 IAC 16.2. The Therapy area and Dining Hall extension was surveyed with Chapter 18, New Health Care Occupancies.</p> <p>This one story addition was determined to be of Type V (000) construction and fully sprinklered. The facility has a fire alarm system with hard wired smoke detection in corridors and in spaces open to the corridors. There are no resident rooms in the addition.</p>	K 0000		
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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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K 0012 SS=F Bldg. 02	<p>All areas where residents have customary access and all areas providing facility services were sprinklered.</p> <p>Quality Review completed 11/24/15 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following: 18.1.6.2, 18.1.6.3, 18.2.5.1</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 new additions to the building met the required building construction type of Type V (111). This deficient practice could affect residents evacuated through the main entrance addition.</p> <p>Findings include:</p> <p>Based on record review with the Maintenance Supervisor and Administrator on 11/19/15 between 12:34 p.m. and 12:54 p.m., site plans failed to include the construction type. Based on observation, the new addition expanded the healthcare dining room and all new addition rooms would have resident access. Based on interview with the Administrator on 11/23/15, he confirmed with his architect that the new</p>	K 0012	The facility Administrator was given the incorrect building construction type by the architect. We have attached the email from the architect along with the blue print showing the correct building construction type. Please accept this as our allegation of compliance and issue and authorization to occupy.	12/02/2015			

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	addition was built with Type V (000) construction. 3.1-19(b)				