

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155173	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 02/14/2012
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NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR - MARION	STREET ADDRESS, CITY, STATE, ZIP CODE 505 N BRADNER AVE MARION, IN 46952
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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: 02/14/12</p> <p>Facility Number: 000089 Provider Number: 155173 AIM Number: 100287760</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Miller's Merry Manor – Marion 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</p>	K0000		
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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>sprinklered. The facility has a fire alarm system with smoke detection in the corridors, areas open to the corridors and battery operated smoke detectors in the resident rooms on North 1 and North 2 halls. The facility has a capacity of 176 and had a census of 130 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 02/22/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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K0018 SS=D	<p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¼ 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.</p> <p>Based on observation and interview, the facility failed to provide 1 of 1 corridor doors to the service hall lounge. This deficient practice was not in a resident care area but could affect any number of staff.</p> <p>Finding include:</p> <p>Based on observation with the Maintenance Director on 02/14/12 at 1:40 p.m., the service hall lounge lacked a corridor door. This was acknowledged by the Maintenance Director at the time of observation.</p> <p>3.1-19(b)</p>	K0018	It is the policy of Miller's Merry Manor of Marion to have doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1 3/4 inch solid bonded core wood, or capable of resisting fire for at least 20 minutes. This alleged deficient practice could not have affected any 130 of 130 residents. This practice could have potentially affected staff members who enter the service hall. The facility asked a vendor to install a system sensor smoke detector in this lounge area of the service hall. The vendor installed this device on February 20 2012 (attachment A). The facility maintenance staff rounded all other halls to make sure there were no other lounge rooms without a door. Maintenance staff walked other 5 halls and no	03/15/2012			

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			concerns identified. This was completed the day of the inspection. The maintenance director will monitor all halls on a monthly basis making sure that all new lounge/room areas either have a door to the corridor or have a system smoke detector installed. (Attachment B)The maintenance director will use the quality assurance summary log (attachment C) if any issues are identified. The quality assurance log will be reviewed by the quality assurance committee on a monthly basis for 6 months and then quarterly thereafter until the committee deems the issue resolved.		

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K0067 SS=F	<p>Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</p> <p>Based on observation and interview, the facility fail to ensure 6 of 6 smoke barrier walls with duct penetrations were provided with smoke dampers. NFPA 90A, Section 3-3.5.1 requires smoke dampers shall be installed at or adjacent to the point where air ducts pass through required smoke barriers. This deficient practice affect all occupants.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Director on 02/14/12 from 2:40 p.m. to 2:50 p.m., smoke dampers were not installed in the ventilation ducts that penetrate the smoke barrier walls on South 2 hall and North 1 hall. Based on interview with the Maintenance Director at the time of observation, all six halls are set up the same way. The ventilation ducts penetrate the smoke barrier wall on each hall to supply air to the first two rooms and the corridor on the opposite side of</p>	K0067	<p>It is the policy of Miller's Merry Manor of Marion to have heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. This deficient practice had the potential to affect 130 of 130 residents. The facility has asked for a couple of quotes from vendors for installation of dampers to be installed to our current ventilation system. Currently, our system does not recirculate air when the fire alarm is activated on any of the 6 halls. This facility is asking for a 45 - 60 day extension to have all this work completed. The facility has obtained permissions from the corporate office for this expensive repair to be completed. we really need the extension for completion time due to materials having to be ordered, obtaining an installation date from the vendor etc...The maintenance department will be responsible for checking the new damper systems on a monthly basis for the next three months and then quarterly thereafter to ensure the dampers are working correctly(Attachment B). Any problems identified will be logged on the Quality Assurance log</p>	03/15/2012			

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	<p>the smoke barrier wall. He did not believe smoke dampers were required since the ventilation system shuts down with the fire alarm and there are duct detectors installed in the system.</p> <p>3.1-19(b)</p>		(attachment C).	
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