

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  06/27/2016
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NAME OF PROVIDER OR SUPPLIER  MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 500 WALKERTON TR WALKERTON, IN 46574
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K 0000  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: 06/27/16</p> <p>Facility Number: 000431 Provider Number: 155574 AIM Number: 100290380</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>Building 01 is a one story facility determined to be of Type V (111) construction and was fully sprinklered. Building 02 is a one story extended Therapy room determined to be of Type V (111). 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</p>	K 0000	Miller's Merry Manor is respectfully requesting Paper Compliance for this Life Safety Code annual survey Thank you	
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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 0018 SS=E Bldg. 01	<p>provided with battery operated smoke detectors. The facility has a capacity of 107 and had a census of 55 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 completed on 06/30/16 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be substantial doors, such as those constructed of 13/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Clearance between bottom of door and floor covering is not exceeding 1 inch. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Doors shall be provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.2.3.2.1. Roller latches are prohibited by CMS regulations in all health care facilities. 19.3.6.3</p>			

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K 0025 SS=E Bldg. 01	<p>Based on observation and interview, the facility failed to ensure 1 of 1 Activity room corridor doors closed and positively latched into the door frame. This deficient practice could affect staff and up to 15 residents.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Supervisor on 06/27/16 at 10:03 a.m., the Activity room contained a set of double doors that latched into one another. The door that latched into the frame contained a manual latch. Based on interview at the time of observation, the Maintenance Supervisor acknowledged the aforementioned condition.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers shall be constructed to provide at least a one half hour fire resistance rating and constructed in accordance with 8.3. Smoke barriers shall be permitted to terminate at an atrium wall. Windows shall be protected by fire-rated glazing or by wired glass panels and steel frames. 8.3, 19.3.7.3, 19.3.7.5</p> <p>Based on observation and interview, the facility failed to ensure the penetrations caused by the passage of wire and/or conduit through 3 of 5 smoke barrier</p>	K 0018	<p>It is the policy of Miller's Merry Manor Walkerton that doors will close and positively latch into the door frame. The new double doors to the activity room did not meet the standard. This deficient practice has the potential to affect all staff and all residents. The facility has contacted Safe Care who will install an auto lock mechanism on the double doors by 7/27/2016. The maintenance supervisor will be responsible for monitoring the resident doors in the facility by using the QA tool titled "Interior Room Door Inspection" ( Attachment A) on a weekly basis and then monthly thereafter on an ongoing basis. The results will be documented in the TELS preventative maintenance program and findings will be discussed at the monthly QA meeting</p>	07/27/2016
		K 0025	<p>It is the policy of Miller's Merry Manor Walkerton that smoke barriers shall be constructed to provide at least a one half hour fire resistance rate and</p>	07/27/2016

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	<p>walls were protected to maintain the smoke resistance of each smoke barrier. LSC Section 19.3.7.3 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 purpose. This deficient practice could affect staff and at least 50 residents.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Supervisor on 06/27/16 between 11:43 a.m. an 11:51 a.m., the following smoke barrier unsealed penetrations were discovered:</p> <ul style="list-style-type: none"> <li>a) a quarter inch around cables above the drop ceiling near Therapy</li> <li>b) one inch around a cable above the drop ceiling near resident room 131</li> <li>c) two separate one inch around cables above the drop ceiling near resident room 125.</li> </ul> <p>Based on interview at the time of observation, the Maintenance Supervisor acknowledged the aforementioned</p>		<p>constructed in accordance with 8.3. This deficient practice has the potential to affect all residents and all staff. The maintenance staff have sealed the penetrations in the areas that were found to be deficient. The maintenance supervisor will be responsible for monitoring the smoke barrirers by using QA tool "Life Safety Review" (Attachment B) on a weekly basis for four weeks and then monthly thereafter on an ongoing basis. The results will be documented in the TELS preventative maintenance program and findings will be discussed at the monthly QA meeting</p>	

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K 0029 SS=D Bldg. 01	<p>condition and provided the measurements.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with 0 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 the corridor door to 1 of 1 fuel fired Kitchen, a hazardous area, was provided with self-closer and would latch into the frame. This deficient practice could affect staff and up to 1 resident.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Supervisor on 06/27/16 between 8:51 a.m. and 9:01 a.m., the Kitchen room contained fuel fired appliances. The corridor door to the Kitchen room was held open by a plastic bag attached to the door knob and the storage shelf. Based on interview at the</p>	K 0029	<p>It is the policy of Miller's Merry Manor Walkerton that one hour fire rated construction (with 0 hour fire-rated doors) or an approved automatic fire extinguishing system protects hazardous areas. The kitchen corridor door was being held open with a plastic bag while the staff was putting stock away. This deficient practice could affect all residents and staff. The plastic bag was removed on 6/27/16. The facility kitchen staff was inserviced on July 12 regarding this deficient practice and that doors that protect hazardous areas are not to be propped open. The maintenance supervisor will be responsible for monitoring the doorways in the facility by using the QA tool titled</p>	07/27/2016

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K 0104 SS=F Bldg. 01	<p>time of observation, the Maintenance Supervisor acknowledged the aforementioned condition.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Penetrations of smoke barriers by ducts are protected in accordance with 8.3.5. Dampers are not required in duct penetrations of smoke barriers in fully ducted HVAC systems where a sprinkler system in accordance with 18/19.3.5 is provided for adjacent smoke compartments. 18.3.7.3, 19.3.7.3. Hospitals may apply a 6-year damper testing interval conforming to NFPA 80 &amp; NFPA 105. All other health care facilities must maintain a 4-year damper maintenance interval. 8.3.5</p> <p>Based on interview, the facility failed to ensure 21 of 21 dampers in the ductwork at smoke barriers and fire barriers were inspected and provided necessary maintenance at least every four years in accordance with NFPA 90A to protect 88 of 88 residents. LSC 19.5.2.1 refers to Section 9.2. LSC 9.2.1 requires air conditioning, heating, ventilating ductwork and related equipment shall be in accordance with NFPA 90A, Standard for the Installation of Air-Conditioning</p>	K 0104	<p>"Life Safety Review" (Attachment B) weekly for 4 weeks and then monthly thereafter on an ongoing basis. The dietary manager will also be responsible that the door will not be propped open in the future. The results will be documented in the TELS preventative maintenance program and findings will be discussed at the monthly QA meeting</p> <p>It is the policy of Miller's Merry Manor Walkerton that smoke dampers maintain a 4 year damper maintenance interval according to fire code 8.3.5. The smoke detectors had not been maintained for over 4 years. This deficient practice has the potential to affect all residents and staff. The facility has contacted Poorman's Heating and Air Conditioning who will be here to conduct damper inspections before July 27, 2016. The maintenance supervisor will be</p>	07/27/2016			

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K 0147 SS=E Bldg. 01	<p>and Ventilating Systems. NFPA 90A, 1999 Edition, 3.4.7, Maintenance, requires at least every 4 years, fusible links shall be removed; all dampers shall be operated to verify they fully close; the latch, if provided, shall be checked, and moving parts shall be lubricated as necessary. This deficient practice affects all residents, staff and visitors.</p> <p>Findings include: Based on record review with the Maintenance Supervisor on 06/27/16 at 9:22 a.m., the "Fire Damper Inspection" paperwork indicated that inspection and testing was completed on 04/02/12. Based on interview at the time of record review, the Maintenance Supervisor acknowledged the aforementioned condition. 3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment shall be in accordance with National Electrical Code. 9-1.2 (NFPA 99) 18.9.1, 19.9.1 Based on observation and interview, the facility failed to ensure 5 of 5 flexible cords were not used as a substitute for fixed wiring to provide power equipment with a high current draw. NFPA 70, National Electrical Code, 1999 Edition,</p>	K 0147	<p>responsible for monitoring that all dampers in the facility will be inspected every four years by using the QA tool titled "Life Safety Review" (Attachment B) monthly and thereafter on an ongoing basis. The results will be documented in the TELS preventative maintenance program and findings will be discussed at the monthly QA meeting</p> <p>It is the policy of Miller's Merry Manor Walkerton that electrical wiring and equipment is in accordance with NFPA 99. All residents and staff have the potential to be affected by this deficient practice. The discoveries (a) thru (d) were all</p>	07/27/2016	

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K 0000  Bldg. 02	<p>Article 400-8 requires that, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice affects staff and up to 15 residents.</p> <p>Findings include:</p> <p>Based on observation with Maintenance Supervisor on 06/27/16 between 10:30 a.m. to 1:46 p.m. the following was discovered:</p> <ul style="list-style-type: none"> <li>a) a surge protector was powering a coffee pot and a refrigerator in the Admissions office</li> <li>b) a surge protector was powering a refrigerator in the CDP Dining Room</li> <li>c) a surge protector was powering another surge protector powering computer equipment in the Unit 2 Nurses' station</li> <li>d) a surge protector was powering a refrigerator in the Unit 1 Nurses' station medication room</li> </ul> <p>Based on interview at the time of observation, the Maintenance Supervisor acknowledged each aforementioned condition.</p> <p>3.1-19(b)</p>		corrected by the 1st of July by removing appliances and other power strips with the exception of (c) which will be corrected by July 27 per Banner Electric Invoice (Attachment C). The maintenance supervisor will be responsible for monitoring the use of power strips by using QA tool "Electrical Power Strip Assessment" (Attachment D) on a weekly basis then monthly thereafter on an ongoing basis. The results will be documented in the TELS preventative maintenance program and discussed at the monthly QA meeting.	

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	<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: 06/27/16</p> <p>Facility Number: 000431 Provider Number: 155574 AIM Number: 100290380</p> <p>At this Life Safety Code survey, Miller's Merry Manor therapy expansion addition was found 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 addition was surveyed with Chapter 18, New Health Care Occupancies.</p> <p>Building 02 is a one story extended Therapy room determined to be of Type V (111). 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 operated smoke detectors. The facility has a capacity of 107 and had a census of 55 at the time of this survey.</p>	K 0000	Miller's Merry Manor is respectfully requesting Paper Compliance for this Life Safety Code annual survey Thank you		

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	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.  Quality Review completed on 06/30/16 - DA				