

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  03/04/2013
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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 Environmental Preoccupancy Survey to add 4 title 18/19 beds, one bed each to rooms 129, 130, 131, and 132 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 03/04/13</p> <p>Facility Number: 000154 Provider Number: 155251 AIM Number: 100289680</p> <p>Surveyor: Joe L. Brown, Jr., Life Safety Code Specialist and Robert Sutton, Life Safety Code Specialist Trainee.</p> <p>At this Life Safety Code and Environmental Preoccupancy 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</p>	K010000	<p>K-Tag 018 It is the policy of Miller's Merry Manor Hobart to ensure that the doors to all resident rooms will latch in its frame. The door to resident room 115 door strike was adjusted to ensure proper latching of the door. All residents are at risk to be affected by the deficient practice. An environmental walk through was conducted to ensure proper latching of all resident doors. Doors were found to be latching properly. The Maintenance Director or other designee will be responsible to perform "Door Maintenance" (Attachment A) 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. Completion Date March 20, 2013</p>	
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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>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, was determined to be Type V (III) 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; spaces open to the corridors, and battery operated smoke detectors in the resident sleeping rooms. The facility has a capacity of 110 and had a census of 73 at the time of the survey.</p> <p>All areas where the residents have</p>						

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	<p>customary access were sprinklered. All areas providing facility services were sprinklered except the two detached storage sheds in the back of the facility.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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K010018 SS=E	<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 regulations in all health care facilities. Based on observation and interview, the facility failed to ensure 1 of 68 resident room doors closed and latched into the door frame. This deficient practice had the potential to affect 14 residents in the 100 hall.</p> <p>Findings include:</p> <p>Based on observation on 03/04/13 with the Maintenance Director during the tour from 9:45 a.m. to 12:37 p.m., the door to resident room 115 would not latch in its frame. Based on interview at the time of observation, the</p>	K010018	K-Tag 018 It is the policy of Miller's Merry Manor Hobart to ensure that the doors to all resident rooms will latch in its frame. The door to resident room 115 door strike was adjusted to ensure proper latching of the door. All residents are at risk to be affected by the deficient practice. An environmental walk through was conducted to ensure proper latching of all resident doors. Doors were found to be latching properly. The Maintenance Director or other designee will be responsible to perform "Door Maintenance" (Attachment A) 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	03/20/2013			

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	Maintenance Director acknowledged the door to resident room 115 would not latch in its frame.  3.1-19(b)		monthly in the facility QA meeting to ensure ongoing compliance. Completion Date March 20, 2013		