

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155297	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  01/26/2015
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NAME OF PROVIDER OR SUPPLIER  MILLER'S HEALTH & REHAB BY MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 1007 LINCOLNWAY LA PORTE, IN 46350
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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: 01/26/15</p> <p>Facility Number: 000194 Provider Number: 155297 AIM Number: 100267790</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Miller's Health and Rehabilitation 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 facility is located on the fifth floor of the North tower and the West wing, sixth floor of the South tower and was determined to be of Type II (111) construction separated from the existing hospital by a 2 hour fire wall was fully sprinklered. The facility has a fire alarm</p>	K010000	Please accept this as our credible allegation of compliance. The facility respectfully requests paper compliance for the below Plan of Correction.	
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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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K010012 SS=F	<p>system with smoke detection in the corridors, spaces open to the corridors and battery powered smoke detectors in resident rooms. The facility has a capacity of 55 and had a census of 50 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered and all areas which provide facility services were sprinklered.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 01/28/15.</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 Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1</p> <p>Based on record review and interview, the facility failed to ensure the building construction type was a permitted type as listed in Table 19.1.6.2. Table 19.1.6.2 requires a building, four or more stories in height to be Type II (222), Type I (332) or Type I (443). This deficient practice could affect all residents, staff and visitors.</p>	K010012	K - 012 NFPA Life Safety Code Standard The facility respectfully submits the following plan of correction as credible allegation of compliance to the above mentioned regulation, prefix K012. This deficient practice has the potential to affect all residents, staff and visitors within IU La Porte Hospital. IU Health La Porte Hospital, which	02/25/2015

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K010038 SS=F	<p>Findings include:</p> <p>Based on review of Fire Safety Evaluation System (FSES) documentation dated 06/14/13 and interview with the Director of Facilities on 01/26/15 at 2:00 p.m., the facility was determined to be of Type II (111) construction and seven stories tall with a basement. The concrete floor slab in the North tower is only 2 1/2 inches thick. This results in a construction type classification of II (111). The attached South tower is Type I (332) construction and is separated from the North tower on all stories by a 2 hour fire barrier wall.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p> <p>Based on observation, record review and interview, the facility failed to ensure 3 of 3 vertical exit egress towers provided a means of egress which discharges to the exterior or the public way in accordance with requirements of NFPA 101, 2000 edition, 7.7. 7.7.1 requires exits to discharge directly to a public way or exterior exit discharge. 7.7.2 allows no</p>	K010038	<p>maintains the facility and all Life Safety Code Standards has submitted the following information, after reviewing with an independent fire safety consulting agency RTM. A FSES will be completed and updated on 2/25/15 to correct this deficient practice. The Director of Facilities will be responsible to review the FSES annually thereafter ensuring ongoing compliance moving forward.</p> <p>K - 038 NFPA Life Safety Code Standard The facility respectfully submits the following plan of correction as credible allegation of compliance to the above mentioned regulation, prefix K038. This deficient practice has the potential to affect all resident, staff and visitors within IU La Porte Hospital. IU Health La Porte Hospital, which maintains</p>	02/25/2015	

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K010056 SS=F	<p>more than 50 percent of the exits or egress capacity to discharge into areas on the level of exit discharge. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of Fire Safety Evaluation System (FSES) documentation dated 06/14/13 and interview with the Director of Facilities on 01/26/15 at 2:15 p.m., exit stairs #3 and #4 in the North tower and exit stair #5 in the South tower do not discharge to the exterior through an approved exit passageway at the first floor level. Based on observation and interview with the Director of Facilities concurrent with the tour, the aforementioned exit stair discharges were confirmed.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required</p>		<p>the facility and all Life Safety Code Standards has submitted the following information, after reviewing with an independent fire safety consulting agency RTM. A FSES will be completed and updated on 2/25/15 to correct this deficient practice. The Director of Facilities will be responsible to review the FSES annually thereafter ensuring ongoing compliance moving forward.</p>		

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	<p>sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>Based on observation and interview, the facility failed to ensure 2 of 2 rooftop Penthouses were provided with automatic sprinkler head protection to ensure sprinkler coverage in all portions of the building. This deficient practice could affect all residents as well as visitors or staff.</p> <p>Findings include:</p> <p>Based on observations on 01/26/15 at 1:20 p.m. and 1:30 p.m. with the Director of Facilities, the North tower Penthouse and the South tower Penthouse were not provided with sprinkler head protection. Based on interview concurrent with the observations with the Maintenance Supervisor it was acknowledged the aforementioned rooftop Penthouses which contain the elevator mechanical equipment, air handlers and other facility utilities were not equipped with sprinkler head protection in order to provide complete sprinkler coverage to all areas of the facility.</p> <p>3.1-19(b) 3.1-19(ff)</p>	K010056	<p>K - 056 NFPA Life Safety Code Standard The facility respectfully submits the following plan of correction as credible allegation of compliance to the above mentioned regulation, prefix K056. This deficient practice has the potential to affect all resident, staff and visitors within IU La Porte Hospital. IU Health La Porte Hospital, which maintains the facility and all Life Safety Code Standards has submitted the following information, after reviewing with an independent fire safety consulting agency RTM Consultants, INC. A fully sprinklered system shall be installed and fully functional by June 16th, 2015 for both North and South Tower Penthouses. Contracted services, Viking Fire Protection Services and Shambaugh &amp; Son, have been contacted along with quotes for installation to be submitted prior to February 20th, 2015. Additional shunt breakers are to be installed prior to the sprinkler system being installed and functioning. The time and capital funds needed to complete this project require greater then 90 days to complete. Please see the attached Life Safety Code Waiver Request form to complete this deficient practice by June 16th, 2015. Fire safety / environmental</p>	06/16/2015			

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			rounds will be increased to 3 times daily specifically for the North and South Tower Penthouses. The facility will increase the total number of fire drills to 2 per month, along with completing daily Interim Life Safety Measure Assessment tool for 5th and 6th floor.		