

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155150	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 02/04/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 640 W ELLSWORTH ST COLUMBIA CITY, IN 46725
--	--

(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
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: 02/04/13</p> <p>Facility Number: 000071 Provider Number: 155150 AIM Number: 100273140</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</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>This two story facility was determined to be of Type II (222) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, areas open to the corridor and battery operated smoke detectors in the resident rooms. The facility has a</p>	K0000		

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155150	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 02/04/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 640 W ELLSWORTH ST COLUMBIA CITY, IN 46725
--	--

(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
	<p>capacity of 84 and had a census of 54 at the time of this survey.</p> <p>All areas where the residents have customary access are sprinklered. The facility does have a shed providing facility services that was not sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 02/06/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155150	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 02/04/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 640 W ELLSWORTH ST COLUMBIA CITY, IN 46725
--	--

(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
K0056 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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 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 3 sprinkler heads in the Medical Records office were separated by at least six feet as required by NFPA 13. NFPA 13, Section 5-6.3.4 requires sprinklers be located no closer than six feet measured on center. This deficient practice could affect 1 or possibly 2 residents in the Medical Records office.</p> <p>Findings include:</p> <p>Based on observation with the Environmental Supervisor and the Maintenance Assistant on 02/04/13 at 12:55 p.m., the Medical Records office had two sprinkler heads located thirty six inches apart. This was acknowledged by the Environmental Supervisor at the time</p>	K0056	<p>K056 3.1-19(b). On 2/5/13, the facility's contracted sprinkler system service provider capped off one (1) sprinkler head in the Medical Records Office so that the remaining two (2) sprinkler heads are located no closer than six feet measured on center (Please see Attachment LSC-1). No other sprinkler heads in the facility were found to be closer than six feet measured on center. It will be the responsibility of the Environmental Services Supervisor and Maintenance Technician – in conjunction with the facility's contracted sprinkler system service provider – to ensure that any new sprinkler head(s) that are installed are placed in accordance with applicable NFPA Life Safety Code Standards.</p>	02/05/2013

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155150	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 02/04/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 640 W ELLSWORTH ST COLUMBIA CITY, IN 46725
--	--

(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
	of observation. 3.1-19(b)		The facility submits this information as credible allegations of compliance.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155150		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 02/04/2013	
NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR				STREET ADDRESS, CITY, STATE, ZIP CODE 640 W ELLSWORTH ST COLUMBIA CITY, IN 46725			
(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			
K0069 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96</p> <p>1. Based on observation and interview, the facility failed to ensure 1 of 1 manual hood fire extinguishing activation devices was located in the path of egress. Section 9.2.3 requires commercial cooking equipment to be in compliance with NFPA 96, 1998 Edition, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations. NFPA 96 at Section 7-5.1 states a readily accessible means for manual activation shall be located between 42 inches and 60 inches above the floor, located in a path of exit or egress, and clearly identify the hazard protected. This deficient practice could affect resident in the first floor dining room which could seat 36 or more residents.</p> <p>Findings include:</p> <p>Based on an observation with the Environmental Supervisor and Maintenance Assistant on 02/04/13 at 11:12 a.m., the activation device for the kitchen hood fire protection system was mounted on the wall in the dish room which was not located in the path of egress. This was acknowledged by the Environmental Supervisor at the time.</p>	K0069	<p>K069 19.3.2.6, NFPA 96 5 3.1-19(b). 1. On 2/6/13, the facility's contracted fire safety system provider relocated the manual activation device for the kitchen hood fire protection system from the wall in the dish room to a wall in the direct path of egress and exit from the main kitchen (Please see Attachment LSC-2). It will be the responsibility of the Environmental Services Supervisor and Maintenance Technician - in conjunction with the facility's contracted fire safety system provider – to ensure that any new manual hood fire extinguishing activation device is located in the path of exit or egress and clearly identifies the hazard protected. This will also be in accordance with applicable NFPA Life Safety Code Standards and Standards for Ventilation Control and Fire Protection of Commercial Cooking Operations.</p> <p>2. The initial service report conducted by the facility's contracted service provider for cleaning the kitchen hood on 10/7/12 stated "inaccessible</p>	02/11/2013			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155150		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 02/04/2013	
NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR				STREET ADDRESS, CITY, STATE, ZIP CODE 640 W ELLSWORTH ST COLUMBIA CITY, IN 46725			
(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			
	<p>3.1-19(b)</p> <p>2. Based on record review and interview, the facility failed to ensure 2 of 2 kitchen exhaust systems were maintained in proper working order. NFPA 96, 10-6.5 requires inspection and testing of the total operation and all safety interlocks in accordance with the manufacturer's instructions shall be performed by qualified service personnel a minimum of once every 6 months or more frequently if required. This deficient practice was not in a resident area but could affect kitchen staff.</p> <p>Findings include:</p> <p>Based on record review with the Environmental Supervisor and the Maintenance Assistant on 02/04/13 at 10:45 a.m., the 360 Degree Services kitchen hood cleaning report titled "Service Report" dated 10/07/13 stated "Both fans damaged upon arrival. Ductwork not sealed on either system. Inaccessible area exist: ductwork on both system." Based on an interview with the Environmental Supervisor at the time of record review, she confirmed the inaccessible areas have not been properly cleaned.</p> <p>3.1-19(b)</p>		<p>areas exist: ductwork to both systems. Cleaned all accessible areas of exhaust systems. Need more time next visit to try mag scraping the duct." Please see Attachment LSC-3. On 2/11/13, the facility's contracted service provider for cleaning the kitchen hood was at the facility and conducted a reassessment and more thorough inspection of the hood ductwork. The report states "all areas of ductwork are accessible for us to thoroughly clean this exhaust system. Cleaning went well!" In addition, the report stated "after further review, access panel no longer needed." Please see Attachment LSC-4.</p> <p>Further, the initial report from the service provider on 10/7/12 stated that "both fans damaged upon arrival." The facility's Environmental Services Supervisor and Maintenance Technician inspected the fans on 10/8/12 (Please see Attachment LSC-3) and found that this statement was incorrect in that the fan switches had merely been turned off; both fans were fully functional at the time of the inspection on 10/7/12 and still are. The facility's Environmental Services Supervisor made a note of this on the bottom of the service provider's report dated 10/7/12. This is circled on</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155150	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 02/04/2013
NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 640 W ELLSWORTH ST COLUMBIA CITY, IN 46725		
(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	
			<p>Attachment LSC-3.</p> <p>It will be the responsibility of the Environmental Services Supervisor and Maintenance Technician – in conjunction with the facility's contracted service for kitchen hood cleaning – to ensure that the kitchen exhaust system is maintained in proper working order. This will include inspection and testing of the total operation and all safety interlocks in accordance with the manufacturer's instructions and will be completed at least once every six (6) months or more frequently if required. Service and/or inspection reports will be reviewed and monitored and problems identified on these reports will be corrected promptly. The Environmental Services Supervisor or Maintenance Technician will also perform monthly cleaning of the exterior hood, vent, and grease trap over the stove, as listed on the "Kitchen Area Procedure", Item 2 (A) (Please see Attachment LSC-5).</p> <p>The facility submits this information as credible allegations of compliance.</p>		