

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155039	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED  05/11/2016
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 317 BLAIR PIKE PERU, IN 46970
--	---

(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
--------------------	--	---------------	---	----------------------

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: 05/11/16</p> <p>Facility Number: 000014 Provider Number: 155039 AIM Number: 100288670</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 one story facility was determined to be of Type II (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in spaces open to the corridors with battery powered smoke detectors in all resident sleeping rooms. The facility has a capacity of 130 and had a census of 63 at the time of this survey.</p>	K 0000	The facility requests a paper compliance review of this plan of correction.	
------------------------	---	--------	---	--

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:  155039	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED  05/11/2016
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 317 BLAIR PIKE PERU, IN 46970
--	---

(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
K 0025 SS=E Bldg. 01	<p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered.</p> <p>Quality Review completed on 05/12/16 - DA</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 Based on observation and interview, the facility failed to ensure the penetrations caused by the passage of wire and/or conduit through 3 of 9 smoke barrier 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</p>	K 0025	<p>CORRECTIVE ACTION(S) FOR THOSE AFFECTED: The unsealed penetrations identified have been sealed: a) Two penetrations in the smoke barrier wall by therapy (see "before" photos identified as Attachment A-1 and Attachment A-2 and "after" photo identified as Attachment A-3); b) One penetration in the smoke barrier wall by room six (see before and after photos, Attachment B-1 and Attachment B-2); and, c) The two penetrations in the smoke barrier wall by the dining room (see the "before" photos, Attachment C-1 and Attachment C-2, and the "after" photos, Attachment C-3 and Attachment C-4).</p>	06/10/2016

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155039		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED  05/11/2016	
NAME OF PROVIDER OR SUPPLIER  MILLER'S MERRY MANOR				STREET ADDRESS, CITY, STATE, ZIP CODE 317 BLAIR PIKE PERU, IN 46970			
(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>protected by an approved device designed for the specific purpose. This deficient practice could affect up to 34 residents in 4 of 10 smoke compartments.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility with the Administrator on 5/11/16 from 11:30 a.m. to 12:00 p.m., the following smoke barrier walls had unsealed penetrations:</p> <p>a) Above the ceiling tiles of the smoke barrier wall by therapy there were two unsealed one inch penetrations around wires.</p> <p>b) Above the ceiling tiles of the smoke barrier wall by room six there were two unsealed one inch penetrations around a wire and a pipe.</p> <p>c) Above the ceiling tiles of the smoke barrier wall by the dining room there was a fourth of an inch penetration around a wire.</p> <p>Based on interview at the time of observation, the Administrator acknowledged and provided the measurements of the penetrations.</p> <p>3.1-19(b)</p>		<p>(We believe that the surveyor incorrectly identified only one penetration at the dining room location, when there were two. We believe that the surveyor incorrectly identified two penetrations at the room six location, when there was only one.)</p> <p>CORRECTIVE ACTION(S) FOR OTHERS AFFECTED: Maintenance staff will inspect all smoke barrier walls throughout the facility in order to identify any penetrations that need to be sealed. All penetrations identified will be sealed.</p> <p>MEASURES TO PREVENT RECURRENCE: Quarterly, utilizing the form "Inspection of Smoke Barrier Walls" (Attachment D), maintenance staff will inspect one-fourth (1/4) of all smoke barrier walls throughout the facility in order to identify any penetration that needs to be sealed. Any penetrations identified will be sealed. Following any building maintenance or repair that involves smoke barrier walls, maintenance staff will inspect the smoke barrier walls and complete the sealing of any penetration that is identified.</p> <p>MONITORING TO PREVENT RECURRENCE: Quarterly the maintenance director will report to the Quality Assurance (QA) Committee the results of inspections and all work completed in</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155039		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED  05/11/2016	
NAME OF PROVIDER OR SUPPLIER  MILLER'S MERRY MANOR				STREET ADDRESS, CITY, STATE, ZIP CODE 317 BLAIR PIKE PERU, IN 46970			
(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
K 0062 SS=E Bldg. 01	<p>NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 sprinkler systems were continuously maintained in reliable operating condition. This deficient practice could was not in a resident care area but could affect five staff in the maintenance shop.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility with the Administrator on 04/11/14 at 11:10 a.m., the mechanical room in the maintenance shop had the drop ceiling removed but the sprinkler heads were left in place. Due to the two foot space between the sprinkler heads and the roof decking, this could delay the activation of the sprinkler system in event</p>			K 0062	<p>order to seal any penetrations of smoke barrier walls. The QA Committee will review the report and make any further recommendations necessary in order to maintain proper smoke barriers.</p> <p>CORRECTIVE ACTION(S) FOR THOSE AFFECTED: For those sprinkler heads identified during the survey, on 5/18/16 the contracted safety and security company installed replacement sprinkler heads at the required distance from the roof decking. (See "before" photo Attachment E-1 and "after" photos, Attachment E-2 and Attachment E-3.)</p> <p>CORRECTIVE ACTION(S) FOR OTHERS AFFECTED: Maintenance staff has inspected all sprinkler heads in mechanical rooms where the drop ceiling has been removed in order to identify those sprinkler heads whose height, in relation to the roof decking, could delay activation of the sprinkler system in the event of a fire. For those sprinkler heads identified, on 5/18/16 the contracted safety and</p>		06/10/2016

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155039	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  05/11/2016
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 317 BLAIR PIKE PERU, IN 46970
--	---

(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>of a fire. Based on interview during observation, the Administrator acknowledged the ceiling tiles had been removed, leveling the sprinkler heads two feet below the roof decking.</p> <p>3.1-19(b)</p>		<p>security company installed replacement sprinkler heads at the required distance from the roof decking.</p> <p>MEASURES TO PREVENT RECURRENCE: Monthly for three months, and then quarterly, utilizing the form "Inspection of Sprinkler Heads" (Attachment F), maintenance staff will inspect all sprinkler heads in mechanical rooms where the drop ceiling has been removed in order to identify any sprinkler head whose height, in relation to the roof decking, could delay activation of the sprinkler system in the event of a fire. Any sprinkler head identified will be replaced by the contracted safety and security company so that the sprinkler head is located at the required distance from the roof decking.</p> <p>MONITORING TO PREVENT RECURRENCE: Monthly for three months, and then quarterly, the maintenance director will report to the Quality Assurance (QA) Committee the results of inspections and all work completed in order to ensure that sprinkler heads in mechanical rooms are at the required height for proper activation of the sprinkler system in the</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155039	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED  05/11/2016
NAME OF PROVIDER OR SUPPLIER  MILLER'S MERRY MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 317 BLAIR PIKE PERU, IN 46970		
(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	
			event of a fire. The QA Committee will review the report and make any further recommendations necessary in order to maintain the sprinkler system in reliable operating condition		