STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155557	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 09/17/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLER'S MERRY MANOR	1651 N CAMPBELL ST INDIANAPOLIS, IN 46218

(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	A Quality Assurance Walk-thru Survey was conducted by the Indiana State Department of Health. Survey Date: 09/17/12 Facility Number: 000500 Provider Number: 155557 AIM Number: 100266220 Surveyor: Mark Caraher, Life Safety Code Specialist At this Quality Assurance Walk-thru survey, Miller's Merry Manor was found not in compliance with 410 IAC 16.2-3.1-19(ff). This facility with a two story center section and two one story wings was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. The facility has battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 114 and had a census of 66 at the time of this visit. The facility was found not in compliance with state law in regard to sprinkler	K0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	coverage. The facility was found in compliance with the state law in regard to smoke detector coverage. All areas where residents have customary access were sprinklered. The facility has one detached building providing storage services which was not sprinklered. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 09/18/12. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			

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K9999	State Findings 3.1-19 ENVIRONMENT AND PHYSICAL STANDARDS 3.1-19(ff) A health facility licensed under 16-28 and this rule must do the following: (1) Have an automatic sprinkler system installed throughout the facility before July 1, 2012. (2) If an automatic sprinkler system is not installed throughout the health care facility before July 1, 2010, submit before July 1, 2010 a plan to the department for completing the installation of the automatic sprinkler system before July 1, 2012. (3) Have a battery operated or hard-wired smoke detector in each resident's room before July 1, 2012. This State Rule has not been met as evidenced by: Based on observation and interview, the facility failed to provide sprinkler coverage for 5 of 5 combustible exterior canopies which were each wider than 4 feet. NFPA 13, 1999 Edition, Section 5-13.8.1 requires sprinklers shall be installed under combustible exterior roofs or canopies exceeding 4 feet in width. This deficient practice could affect all	K9999	K9999The facility was found not in compliance with the aforementioned regulatory requirments as evidenced by:Each of the five exterior canopies on the Campbell street side of the facility extended six feet from the building, were wood construction and were not provided with automatic sprinklers.We respectfully submit our plan of correction for K9999. We have contracted sprinkler service installation from Safecare to sprinkle the listed over hang areas on our 2567. This work will put us back in compliance. Please let me know if you have any questions.	11/05/2012

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	residents, staff and visitors. Findings include: Based on observations with the Maintenance Supervisor during the tour of the facility from 9:50 a.m. to 11:05 a.m. on 09/17/12, each of the five exterior canopies on the Campbell Street side of the facility extended six feet from the building, were of wood construction and were not provided with automatic sprinklers. Based on interview at the time of the observations, the Maintenance Supervisor acknowledged each of the five aforementioned canopies extended more than four feet from the building, were of wood construction and were not provided with automatic sprinklers. 3.1-19(ff) 3.1-19(b)			