

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155102	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 11/10/2014
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NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 635 OAKHILL AVE PLYMOUTH, IN 46563
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(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
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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: 11/10/14</p> <p>Facility Number: 000041 Provider Number: 155102 AIM Number: 100275400</p> <p>Surveyor: Phillip Komsiski, 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 one story facility was determined to be of Type V (000) construction and was fully sprinklered. The building was constructed in three phases: the original building was constructed in 1968 and includes the Terrace wing, ICF I and ICF II; ICF III and the Skilled wing were</p>	K010000	Miller's Merry Manor respectfully submits the Plan of Correction for the Life Safety Violations. We would also like to request paper compliance.	
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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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K010050 SS=F	<p>completed in 1974 with the Orchard wing and Main hall added in 1985. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and battery powered smoke detectors in all resident sleeping rooms. The facility has a capacity of 135 and had a census of 86 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered except for two detached sheds for facility storage which were not sprinklered.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 11/13/14.</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 Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for</p>			

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	<p>planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>Based on record review and interview, the facility failed to ensure fire drills included the verification of transmission of the fire alarm signal to the monitoring station in fire drills conducted between 6:00 a.m. and 9:00 p.m. for the last 4 of 4 quarters. LSC 19.7.1.2 requires fire exit drills in health care occupancies shall include the transmission of a fire alarm signal and simulation of emergency fire conditions. This deficient practice affects all residents in the facility as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on review of Fire Drill Reports on 11/10/14 at 3:04 p.m. with Maintenance Supervisor, the documentation for the drills performed between the hours of 6:00 a.m. and 9:00 p.m. for the past twelve months, from 10/10/13 to 10/10/14 indicated the fire alarm system had been activated, but the verification of the transmission of the signal was not documented. Based on interview on 11/10/14 at 3:05 p.m., it was acknowledged by Maintenance Supervisor, fire drills performed between</p>	K010050	<p>K050</p> <p>The deficient practice could affect all residents in the facility as well as staff and visitors.</p> <p>To correct the deficient practice Fire Drill Form was modified on 11/20/14 to add "Name of Safe Care Representative". (Attachment #5)</p> <p>To ensure the deficient practice does not occur again, staff will be inserviced on the new Fire Drill Form by 12/12/14.</p> <p>The form was corrected by the administrator and will be monitored by the Maintenance Supervisor and/or designee for proper completion.</p> <p>Changes will be completed by 12/10/2014</p>	12/10/2014

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K010062 SS=F	<p>the hours of 6:00 a.m. and 9:00 p.m., did not document the transmission of the signal was received by the monitoring station.</p> <p>3.1-19(b) 3.1-51(c)</p> <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, record review and interview; the facility failed to ensure 4 of 6 pressure gauges for the sprinkler system in the Riser room were continuously maintained in reliable operating condition and inspected and tested periodically. NFPA 25, 2-3.2 requires gauges shall be replaced every 5 years or tested every 5 years by comparison with a calibrated gauge. Gauges not accurate to within 3 percent of the full scale shall be recalibrated or replaced. This deficient practice affects all occupants in the facility including staff, visitors and residents.</p> <p>Findings include:</p> <p>Based on observation on 11/10/14 at 1:38 p.m. with the Maintenance Supervisor,</p>	K010062	<p>K062</p> <p>The deficient practice could affect all occupants in the facility including staff, visitors, and residents.</p> <p>To correct the deficient practice the vendor, Safe Care, replaced the six gauges on 11/13 /14. (See picture attachment #6 and letter from Safe Care attachment #6A)</p> <p>To ensure the deficient practice does not occur again, facility has added line to "Annual Preventative Maintenance Report" (Attachment #7) to include "Check sprinkler riser control gauges to ensure gauges maintained".</p> <p>The corrective actions were done on 11/13/14 by Safe Care</p>	12/10/2014

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K010067 SS=B	<p>four sprinkler pressure gauges in the sprinkler riser room on skilled rehabilitation hall had sprinkler vendor replacement dates of 5/20/09. Based on Sprinkler Inspection Records review on 11/10/14 at 3:15 p.m. with the Maintenance Supervisor, documentation did not reveal the sprinkler system gauges had been calibrated or replaced since the last date. Based on interview on 11/10/14 concurrent with the observation it was acknowledged by the Maintenance Supervisor and the sprinkler vendor the pressure gauges had exceeded the five year requirement for recalibration or replacement.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2 Based on observations and interview, the facility failed to ensure 67 of 82 rooms were not using the corridor as a portion of a return air system/plenum for the heating, ventilating, or air conditioning (HVAC) ductwork serving adjoining areas. NFPA 90A, the Standard for the Installation of Air Conditioning and Ventilation Systems at 2-3.11.1 requires</p>	K010067	<p>K067</p> <p>The facility has applied for an annual waiver for this deficiency.</p>	12/10/2014

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	<p>egress corridors shall not be used as a portion of a supply, return, or exhaust air system serving adjoining areas. This deficient practice could affect 59 residents as well as visitors and staff in the facility.</p> <p>Findings include:</p> <p>Based on observation on 11/10/14 during a tour of the facility between 12:33 p.m. and 4:45 p.m. with the Maintenance Supervisor, the resident rooms located on ICF II, ICF III, North SNF, and the Terrace wing and the residential hall were using the egress corridors as a return air system. Based on interview on 11/10/14 concurrent with the observations with the Maintenance Supervisor, it was confirmed the return air was exhausted in the corridor for the aforementioned adjoining rooms.</p> <p>3.1-19(b)</p>						