

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/20/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155589</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01, 02</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/19/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>MILLER'S MERRY MANOR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>730 SCHOOL ST</b> <b>CULVER, IN 46511</b>	
(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 000}	<p><b>INITIAL COMMENTS</b></p> <p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey completed on 02/22/16 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 05/19/16</p> <p>Facility Number: 000489 Provider Number: 155589 AIM Number: 100291210</p> <p>At this PSR survey, Miller's Merry Manor was found 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) and 410 IAC 16.2. The 2015 addition of the Dining room and Therapy Gym was surveyed with Chapter 18, New Health Care Occupancies.</p> <p>This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in areas opened to the corridors, and battery operated smoke detectors in the resident sleeping rooms. The facility has a capacity of 66 with a census of 60 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered.</p> <p>Quality Review by Lex Brashear, LSC Specialist on 05/19/16.</p>	{K 000}		
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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/20/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155589</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01, 02</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/19/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>MILLER'S MERRY MANOR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>730 SCHOOL ST</b> <b>CULVER, IN 46511</b>		
(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 000}	<p>INITIAL COMMENTS</p> <p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey completed on 02/22/16 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 05/19/16</p> <p>Facility Number: 000489 Provider Number: 155589 AIM Number: 100291210</p> <p>At this PSR survey, Miller's Merry Manor was found 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) and 410 IAC 16.2. Victory Court, Serenity Court, Grand Court and the common areas were surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in areas opened to the corridors, and battery operated smoke detectors in the resident sleeping rooms. The facility has a capacity of 66 with a census of 60 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered.</p> <p>Quality Review by Lex Brashear, LSC Specialist</p>	{K 000}			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/20/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155589</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01, 02</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/19/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>MILLER'S MERRY MANOR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>730 SCHOOL ST</b> <b>CULVER, IN 46511</b>		
(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 000}	Continued From page 2 on 05/19/16.	{K 000}			