

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155173	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 07/13/2015
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NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR - MARION	STREET ADDRESS, CITY, STATE, ZIP CODE 505 N BRADNER AVE MARION, IN 46952
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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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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: 07/13/15</p> <p>Facility Number: 000089 Provider Number: 155173 AIM Number: 100287760</p> <p>At this Life Safety Code survey, Miller's Merry Manor - Marion 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, areas open to the corridors and battery operated smoke detectors in the resident rooms. The facility has a capacity of 176 and had a census of 100 at the time of this survey.</p>	K 0000		
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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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K 0025 SS=F Bldg. 01	<p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered, except a garage used for the storage of lawn equipment and maintenance supplies.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>Based on observation and interview, the facility failed to provide complete smoke barriers for 6 of 12 smoke barrier walls. LSC Section 8.3.2 requires smoke barriers to be continuous through all concealed spaces, such as those found above a ceiling. This deficient practice affects all residents in 12 of 13 smoke compartments</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility with the Maintenance Director on</p>	K 0025	<p>It is the policy of Miller's Merry Manor to provide complete smoke barriers for smoke barrier walls. Miller's Merry Manor smoke barrier are continuous through all concealed spaces, such as those found above a ceiling. Facility used insulation to fill in the interstitial spacing that was fire rated approx 25 minutes. All the this 25 minute fire rated insulation will be removed and replaced with Boss firestop expandable foam in each of the 6 smoke barrier walls. The Boss firestop expandable foam meets or exceeds building codes and has been tested as thorough</p>	08/12/2015
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	<p>07/13/15 between 12:00 p.m. and 1:00 p.m., smoke barriers providing separation for the six halls named (South one, two, three) and (North one, two, three) were incomplete. Each of the smoke barriers terminated one inch below the top half of the corrugated roof deck, and the gaps between the smoke barrier and the corrugated roof deck was filled with pink fiberglass insulation. Based on interview, the Maintenance Director acknowledged the incomplete status of the smoke barriers at the time of observations.</p> <p>3.1-19(b)</p>		<p>penetration firestop. What corrective actions will be accomplished for those residents found to have been affected by the deficient practice? Smoke barrier walls in each of the 6 wings are constructed from outside wall to outside and from floor to floor. Smoke barriers are continuous smoke walls to ceiling, including, interstitial spaces by use of Boss firestop expandable foam, to help stop the passage of smoke. how other resident having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken? All residents have the potential to be affected the same deficient practice. Existing smoke barrier walls are continuous to ceiling, including the interstitial spaces by Boss firestop expandable foam to help stop the passage of smoke. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? Maintenance director will check all smoke barrier walls to ensure all smoke barrier walls are continuous to the ceiling with all interstitial spaces are occupied by Boss firestop expandable foam which will help stop the passage of smoke. Maintenance director will use facility layout (Exhibit A) and audit all 6 smoke barrier walls to insure all interstitial spaces are</p>	

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			occupied by Boss firestop expandable foam. This will be checked monthly for the next three months and then quarterly thereafter. By what date the systemic changes will be completed? August 12th 2015. The facility requests an extention of time to complete the removal of existing 25 minute rated insulation and implement the Boss firestop expandable foam in the intertitital spaces of the smoke barrier wall. Facility would like to request the August 31 2015 as the completion date.		