

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 02/27/2012
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NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 317 BLAIR PIKE PERU, IN 46970
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K0000	<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: 02/27/12</p> <p>Facility Number: 000014 Provider Number: 155039 AIM Number: 100288670</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 II (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and battery smoke detectors in all resident sleeping rooms. The facility has a</p>	K0000	Please allow this Plan of Correction to serve as our credible allegation of compliance for Survey Event ID D8V121.	
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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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	<p>capacity of 130 and had a census of 72 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 03/06/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			
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K0051 SS=F	<p>A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6</p> <p>Based on observation and interview, the facility failed to install 1 of 1 fire alarm systems in accordance with NFPA 72, National Fire Alarm Code, 1999 Edition. NFPA 72, 1-5.2.5.2 requires the fire alarm circuit disconnecting means shall have a red marking, shall be accessible only to authorized personnel, and shall be identified as FIRE ALARM CIRCUIT CONTROL. This deficient practice could affect all residents as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 02/27/12 at 3:10 p.m. with the Maintenance Supervisor, the fire alarm system circuit breaker</p>	K0051	<p>It is the intent of this facility to ensure that the fire alarm system is installed in accordance with NFPA 72, National Fire Alarm code, 1999 Edition.No residents have been adversely affected by this deficient practice.All residents have the potential to be affected by this practice.The fire alarm system circuit breaker located in the maintenance room has been identified in RED as FIRE ALARM CIRCUIT CONTROL.A lock has been placed on the breaker so that it is only accessible to authorized personnel.Once corrected - this deficiency no longer exists. Maintenance will monitor monthly during routine QA to ensure that identification and lock remain in place per regulations.Completion Date:</p>	03/07/2012			

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	located in the maintenance room was not identified in red as FIRE ALARM CIRCUIT CONTROL. Based on interview on 02/27/12 at 3:15 p.m. with the Maintenance Supervisor it was acknowledged the electrical breaker for the fire alarm control panel (FACP) did not have any identification in red with the inscription FIRE ALARM CIRCUIT CONTROL to distinguish it as the power source for the FACP. 3.1-19(b)		3/7/12		

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K0056 SS=E	<p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>Based on observation and interview, the facility failed to ensure 2 of 3 sprinkler heads in the medical records room on north hall were installed a minimum of 6 feet apart. NFPA 13, Section 5-6.3.4, "Minimum Distance between Sprinklers", states sprinklers shall be spaced not less than 6 feet on center. This deficient practice could affect 6 residents on north hall as well as visitors and staff</p> <p>Findings include:</p> <p>Based on observation on 02/27/12 at 1:40 p.m. with the Maintenance Supervisor, the medical records room on north hall had two sprinkler heads on the north part of the ceiling which were five feet apart. Based on interview on 02/27/12 at 1:42 p.m. with the Maintenance Supervisor, it was acknowledged the two sprinkler heads in the medical records room on</p>	K0056	<p>It is the intent of this facility to ensure that the automatic sprinkler systems is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems.No residents have been adversely affected by this deficient practice.All residents on the north hall have the potential to be affected by this practiceSafe Care has been notified and will be removing one sprinkler head from the Medical Records room on the North hall which will place us in compliance.Once removed - this deficiency will no longer exist. Maintenance will monitor placement of any sprinkler heads in the future to ensure that they are "spaced not less than 6' on center".Completion Date: 3/28/12</p>	03/28/2012			

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	north hall were less than six feet apart. 3.1-19(b)			
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