

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155774	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 01/26/2016
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NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 1101 MICHIGAN AVE LOGANSFORT, IN 46947
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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
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: 01/26/16</p> <p>Facility Number: 012036 Provider Number: 155774 AIM Number: NA</p> <p>At this Life Safety Code survey, Miller's Merry Manor was found not in compliance with Requirements for Participation in Medicare, 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 facility located on the third floor of a three story building was determined to be of Type II (222) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and hard wired smoke detectors in all resident rooms. The facility has a capacity of 21 and had a census of 8 at</p>	K 0000		

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 0061 SS=F Bldg. 01	<p>the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered.</p> <p>Quality Review completed on 02/01/16 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems have valves supervised so that at least a local alarm will sound when the valves are closed. NFPA 72, 9.7.2.1</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 automatic sprinkler systems was continuously maintained in reliable operating condition. LSC 9.7.2.1 requires automatic sprinkler systems shall be installed and monitored for integrity and a distinctive supervisory signal shall be provided to indicate a condition which would impair the satisfactory operation of the sprinkler system. Monitoring shall include, but shall not be limited to, monitoring of control valves, fire pump power supplies and running conditions, water tank levels and temperatures, tank pressure and air pressure on dry pipe valves. Supervisory signals shall sound and shall be displayed either at a location within the protected building which is</p>	K 0061	<p>February 11, 2016 Kim Rhoades Director, Long Term Care Division Indiana State Department of Health 2 North Meridian Street Indianapolis, In 46204 Re: Survey Event ID DHEB21 Dear Ms. Rhoades: Please accept our enclosed plan of correction as credible allegation of compliance for the deficiencies cited during our annual Life Safety Code Survey on January 26, 2016 at The Arbor by Millers Merry Manor in Logansport, Indiana. We are respectfully requesting paper compliance. Hopefully you will find our remedies are sufficient, thoroughly explained and able to provide a clear picture of how we corrected these concerns. I would like to formally request your consideration for granting this facility paper compliance. If after</p>	05/05/2016	

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	<p>constantly attended by qualified personnel or a an approved, remotely located receiving facility. This deficient practice could affect all residents, as well as staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on observation on 01/26/16 at 2:17 p.m. with the Director of Plant Operations, the Post Indicator Valve (PIV) had a key lock on the handle of the PIV, but was not equipped with a electrically supervised tamper switch. Based on interview on 01/26/16 at 2:18 p.m. with the Maintenance Supervisor, it was acknowledged the facility did not have a supervised tamper switch on the PIV and was unaware about the requirement for a tamper switch.</p> <p>3.1-19(b)</p>		<p>reviewing our plan of correction you have any questions orrequire additional information, please do not hesitate to contact JarrettMitchell, Administrator 574-725- 3000. Sincerely, Jarrett D. Mitchell, HFA K061: It is the policy of Miller's Merry Manor atThe Arbor to ensure the fire pump supply lines are electronically monitored toensure an alarm sounds if the valves are inadvertently closed. All residents have the potential to be affected bythis practice. We are requesting thata temporary waiver be allowed to gives us time to have a system installed thatwill be attached from the fire pump supply lines to the fire monitoring boardin the hospital. (Attachment A). Simplex Grinnell has inspected the issue andwill provide a means to electronically monitor the fire pump. Due to the complexityof installing supervisory/tamper switches and then a means to monitor itelectronically the installation will be completed by May 5, 2016. The electricwill need to be run underground from the pump approximately 100 feet and allelectric and water lines will be marked and flagged before the work can bedone. (Attachment B). The MaintenanceDirector or Designee will complete the "Maintenance Log Run" (Attachment C)weekly for four weeks and monthly thereafter to monitor for compliance. Any</p>		

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			identified issues will be corrected upon discovery and logged on the facility QA tracking log. QA tracking logs are reviewed in the monthly QA meeting to monitor for ongoing compliance. All systematic plans will be completed by February 25, 2016; with work completion scheduled for May 5, 2016.		