

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155564	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>02</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/20/2016
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NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 259 W HARRISON ST MOORESVILLE, IN 46158
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K 0000 Bldg. 02	<p>A Life Safety Code and Preoccupancy Survey for the new drive through exterior canopy, vestibule, reception area, beauty shop, Therapy, offices and conference room identified as Building 02 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 06/20/16</p> <p>Facility Number: 000398 Provider Number: 155564 AIM Number: 100291110</p> <p>At this Life Safety Code and Preoccupancy 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, and 410 IAC 16.2. Building 02 was surveyed with Chapter 18, New Health Care Occupancies and with 410 IAC 16.2-3.1-19, Environment and Physical Standards of the Indiana Health Facilities Rules for Comprehensive care facilities in regard to Building 0202.</p>	K 0000	<p>To whom it may concern, Please accept the enclosed plan of correction as credible allegation of compliance for the deficiencies cited during our life safety codepreoccupancy survey on 6/20/2016. Hopefully you will find our remedies correctthe concerns noted during our survey. As of 6/29/2016 all citations have beencorrect and we are ready for our follow up inspection. Feel free to contact me at 317-831-6272 if youhave any questions. Thank you, LindseyHart- Executive Director Miller's Merry Manor, Mooresville. 317-831-6272.</p>	
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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=E Bldg. 02	<p>Building 02 was determined to be a one story building of Type V (111) construction and fully sprinklered except the Therapy storage room. Building 02 is provided with smoke detectors hard wired to the fire alarm system in the corridor and in Therapy. The facility has a capacity of 98 and had a census of 52 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered except the Therapy storage room.</p> <p>Quality Review on 06/23/16 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers shall be constructed to provide at least a one hour fire resistance rating and constructed in accordance with 8.3. Smoke barriers shall be permitted to terminate at an atrium wall. Windows shall be protected by fire-rated glazing or by wired glass panels in approved frames. 8.3, 18.3.7.3, 18.3.7.5</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 ceiling smoke barriers was maintained to provide at least a one hour fire resistance rating. This deficient practice could affect 10 residents, staff and visitors.</p>	K 0025	It is the policy of Miller's Merry Manor to ensure ceiling smoke barriers are installed to main and provide at least a one hour fire resistance rating. 10 residents, staff, and visitors had the potential to be affected by this practice. On 6/29/2016 the therapy gym storage room has a sprinkler installed along	06/29/2016

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K 0029 SS=E Bldg. 02	<p>Findings include:</p> <p>Based on observations with the Maintenance Director during a tour of the facility from 9:40 a.m. to 11:00 a.m. on 06/20/16, the following was noted:</p> <p>a. the Therapy storage room which measured ten feet by ten feet had no ceiling and exposed the adjoining Harrison Hall and the Therapy room as the walls of the storage room did not extend to the roof deck above.</p> <p>b. a five inch in diameter hole was noted in the ceiling of the Salon in the middle of the room which exposed the interstitial space above the room.</p> <p>Based on interview at the time of the observations, the Maintenance Director acknowledged the aforementioned openings in the ceiling smoke barrier failed to maintain at least a one hour fire resistance rating for the ceiling smoke barrier.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Hazardous areas are protected in accordance with 8.4. The areas shall be enclosed with a one hour fire-rated barrier, with a 3/4 hour fire-rated door, without</p>		with ceiling tiles. Also the five inch gaps noted in thesalon have been corrected and there is no longer a gap nor exposed interstitialspace above the room. All systematic changes and corrections were completed by6/29/2016.		

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	<p>windows (in accordance with 8.4). Doors shall be self-closing or automatic closing in accordance with 7.2.1.8. Hazardous areas are protected by a sprinkler system in accordance with 9.7, 18.3.2.1, 18.3.5.1.</p> <p>Based on observation and interview, the facility failed to ensure 2 of 2 doors to hazardous areas such as combustible storage rooms measuring greater than 100 square feet were separated from other spaces by smoke resistant partitions and doors. Doors to hazardous areas are self-closing or close automatically upon activation of the fire alarm system. This deficient practice could affect 20 residents, staff and visitors in the vicinity of Room 20 and Room 21.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Director during a tour of the facility from 9:40 a.m. to 11:00 a.m. on 06/20/16, Room 20 and Room 21 each measured greater than 100 square feet and were being used to store combustible boxes, paint, and construction supplies and the corridor door to each room was not equipped with a self-closing device. Based on interview at the time of the observations, the Maintenance Director acknowledged the aforementioned hazardous areas were not separated from other spaces by smoke resistant partitions and doors.</p>	K 0029	<p>It is the policy of Miller's Merry Manor to ensure hazardous areas such as combustible storage rooms measuring great 100 square feet were separated from other spaces by smoke resistant partitions and doors. Doors to hazardous areas are self-closing or close automatically upon activation of the fire alarm system. This deficient practice had the potential to affect 20 residents, staff, and visitors in the vicinity of Room 20 and Room 21. On 6/29/2016 rooms 20 and 21 were cleaned out and are not longer being used as storage rooms. This was a temporary storage that will not be used again as storage. We are no longer using any resident rooms as storage rooms. All systematic changes were completed by 6/29/2016.</p>	06/29/2016

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K 0051 SS=F Bldg. 02	<p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. Fire alarm system wiring or other transmission paths are monitored for integrity. Initiation of the fire alarm system is by manual means and by any required sprinkler system alarm, detection device, or detection system. Manual alarm boxes are provided in the path of egress near each required exit. Manual alarm boxes in patient sleeping areas shall not be required at exits if manual alarm boxes are located at all nurse's stations. Occupant notification is provided by audible and visual signals. In critical care areas, visual alarms are sufficient. The fire alarm system transmits the alarm automatically to notify emergency forces in the event of fire. The fire alarm automatically activates required control functions. System records are maintained and readily available. 18.3.4, 19.3.4, 9.6</p> <p>Based on observation and interview, the facility failed to ensure documentation of reacceptance testing of the facility's fire alarm system was maintained. LSC 9.6.1.4 refers to NFPA 72, National Fire Alarm Code. NFPA 72, 7-1.6.2.1 states reacceptance testing shall be performed after any of the following:</p>	K 0051	<p>It is the policy of Miller's Merry Manor to ensure documentation of reacceptance testing of the facility's fire alarm systems was maintained. At the time of the survey the facility did not have the paperwork in hand but knew the testing had been completed and that the system was in compliance with NFPA 72, National Fire Alarm Code. Please see</p>	06/29/2016
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	<p>(1) added or deleted system components (2) any modification, repair, or adjustment to system hardware or wiring (3) any change to site specific software All components, circuits, systems operations, or site specific software functions known to be affected by the change or identified by a means that indicates the system operational changes shall be 100 percent tested. In addition, 10 percent of initiating devices that are not directly affected by the change, up to a maximum of 50 devices, also shall be tested, and correct system operation shall be verified. A revised record of completion in accordance with 1-6.2.1 shall be prepared to reflect any changes. NFPA 72, 7-5.1 states the owner shall be responsible for maintaining reacceptance records for the life of the system for examination by an authority having jurisdiction. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Director during a tour of the facility from 9:40 a.m. to 11:00 a.m. on 06/20/16, fire alarm system initiating devices which includes smoke detectors and fire alarm boxes were observed installed in the Therapy, Salon, vestibule and reception area. Based on interview at</p>		attachment A for documentation completed for the testing that occurred on the fire alarm system on 2/15/2016. All systematic changes were completed and paperwork obtained by 6/29/2016.		

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K 0056 SS=E Bldg. 02	<p>the time of the observations, the Maintenance Director stated initiating devices had been added to the facility fire alarm system in the aforementioned areas, functional testing documentation of fire alarm system component changes was not available for review and acknowledged reacceptance testing documentation of the facility's fire alarm system due to the addition of system components was not available for review.</p> <p>3-1.19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD There is an automatic sprinkler system installed in accordance with NFPA13, Standard for the Installation of Sprinkler Systems, with approved components, device and equipment, to provide complete coverage of all portions of the facility. Systems are equipped with waterflow and tamper switches, which are connected to the fire alarm system. In Type I and II construction, alternative protection measures shall be permitted to be substituted for sprinkler protection in specific areas where State or local regulations prohibit sprinklers. 18.3.5, 18.3.5.1. Based on observation and interview, the facility failed to ensure a sprinkler head was installed in 1 of 1 Therapy room storage rooms to provide coverage for all portions of the building. This deficient practice could affect 10 residents, staff</p>	K 0056	It is the policy of Miller's Merry Manor to ensure asprinkler head is installed in 1 of 1 therapy room storage rooms to providecoverage for all portions of the building This deficient practice had thepotential to affect 10 residents, staff, and visitors in the therapy gym.	06/29/2016	

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	<p>and visitors in the Therapy room.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director during a tour of the facility from 9:40 a.m. to 11:00 a.m. on 06/20/16, the Therapy room storage room was not sprinklered. Based on interview at the time of observation, the Maintenance Director acknowledged the aforementioned storage room was not provided with a sprinkler head.</p> <p>3.1-19(b) 3.1-19(ff)</p>		<p>Asprinkler head has been installed in the therapy storage room. All systematicand corrections were completed by 6/29/2016.</p>				