

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155150	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 02/25/2014
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NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 640 W ELLSWORTH ST COLUMBIA CITY, IN 46725
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K010000	<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: 02/25/14</p> <p>Facility Number: 000071 Provider Number: 155150 AIM Number: 100273140</p> <p>Surveyor: Dennis Austill, 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 two story facility 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, in areas open to the corridor and battery operated smoke</p>	K010000		
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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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K010029 SS=E	<p>detectors in the resident rooms. The facility has a capacity of 84 and had a census of 59 at the time of this survey.</p> <p>All areas where the residents have customary access are sprinklered. All areas providing facility services were sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 03/03/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 Based on observation and interview, the</p>	K010029	K029, 3.1-19(b). Room 6	02/28/2014

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	<p>facility failed to ensure the corridor door to 1 of 6 hazardous areas such as combustibile storage areas over 50 square feet in size was provided with a door equipped with self closing devices that would cause the door to automatically close and latch into the door frame. This deficient practice could affect residents as well as staff and visitors in the corridor near room 6.</p> <p>Findings include:</p> <p>Based on an observation made with the Administrator, Environmental Services Director and Maintenance Technician on 02/25/14 during the tour from 12:30 p.m. to at 1:45 p.m., the corridor door to room 6 on the first floor, which measured over 50 square feet in size and contained storage of combustibile material such as at least 30 cardboard boxes, was not equipped with a self closing device. Based on interview at the time of observation, the Administrator acknowledged the room was being used for temporary storage.</p> <p>3.1-19(b)</p>		<p>on the first floor had all items stored in the room removed by 2/28/14. The lock was also removed from the door and it was placed back into service as a resident room on 2/28/14 (Please see Attachment LSC-1-Photo Room 6). All other rooms currently being used for storage have the appropriate self-closing devices on them. It will be the responsibility of the Maintenance Mechanic and the Environmental Services Director to inspect all the doors in the facility according to the Quarterly Preventative Maintenance Report (Please see Attachment LSC-2 and Attachment LSC-3) to ensure that they are in proper working condition and have the proper types of closures installed.</p> <p>2/28/14</p> <p>The facility submits this information as credible allegations of compliance.</p>		

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K010046 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9.19.2.9.1.</p> <p>Based on record review and interview; the facility failed to ensure 2 of 2 battery operated emergency lights in the facility were maintained in accordance with LSC 7.9. LSC 7.9.3, Periodic Testing of Emergency Lighting Equipment requires an annual test to be conducted on every required battery powered emergency lighting system for not less than a 1 ½ hour duration. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. This deficient practice could affect all residents, staff and visitors throughout the facility.</p> <p>Findings include:</p> <p>Based on review of "Battery Operated Emergency Lighting" documentation and interview with the Administrator, Environmental Services Director and Maintenance Technician on 02/25/14 from 11:00 a.m. to 12:30 p.m., the annual 90 minute test for the battery lights located at the generator and north stairwell was not documented.</p>	K010046	<p>K046, 19.2.9.1. The two (2) battery operated emergency lights in the facility were tested on 2/26/14 for a 1 ½ hour duration. The Environmental Services Supervisor and the Maintenance Mechanic tested the lights in the north stairwell and the Maintenance Mechanic tested the lights at the generator. Both emergency lights were found to be fully operational for the duration of the test (Please see Attachment LSC-4). The two (2) battery operated emergency lights were tested for the annual 1 ½ hour requirement on 8/22/13 and documented in the facility's TELS report (Please see Attachment LSC-5 and LSC-6). However, this was not specifically noted on the facility's Battery-operated Emergency Lights – Test Log. It will be the responsibility of the Environmental Services Supervisor and the Maintenance Mechanic to ensure that the facility's two (2) battery operated emergency lights are tested annually for not less than a 1 ½ hour duration and document those inspections on both the facility's TELS Report and on the Battery-operated Emergency Lights – Test Log.</p>	02/26/2014			

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K010050 SS=C	<p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 Based on record review and interview, the facility failed to conduct fire drills at unexpected times in 9 of 12 fire drills. This deficient practice affects all occupants in the facility including staff, visitors and residents.</p> <p>Findings include:</p> <p>Based on review of fire drill report documentation with the Administrator, Environmental Services Director and Maintenance Technician on 02/25/14 from 11:00 a.m. to 12:30 p.m., the following was noted:</p> <p>a. Two of four first shift fire drills were conducted at 1:30 p.m..</p>	K010050	<p>2/26/14</p> <p>The facility submits this information as credible allegations of compliance.</p> <p>K050, 19.7.1.2. The facility has developed a new "Fire Drill Tracking Form" that will be kept in the front of the binder containing the monthly fire drills (Please see Attachment LSC-7). This form has boxes to enter the date and time the fire drill is held on each shift for the 4 quarters of the year. This will provide a better visual tracking tool so that drills can be conducted at unexpected times under varying conditions at least quarterly on each shift. It will be the responsibility of the Environmental Services Supervisor, or her designee, to utilize the Fire Drill Tracking Form when determining the date and time for the drills on each shift. This will help to ensure that all</p>	03/03/2014
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	<p>b. Three of four second shift fire drills were conducted between 2:00 p.m. and 2:15 p.m.</p> <p>c. Two of four third shift fire drills were conducted at 3:30 a.m. and two of four third shift drills were conducted between 12:30 a.m. and 1:30 a.m. Based on interview at the time of record review, the Administrator and Environmental Services Director acknowledged the fire drills were not held randomly.</p> <p>3.1-19(b) 3.1-51(c)</p>		<p>future drills will be held at unexpected times at least quarterly on each shift. The new form was implemented on 03/03/14. 3/3/14 The facility submits this information as credible allegations of compliance.</p>				