

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155556		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 08/01/2011	
NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR				STREET ADDRESS, CITY, STATE, ZIP CODE 300 FAIRGROUNDS RD TIPTON, IN46072			
(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
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: 08/01/11</p> <p>Facility Number: 000505 Provider Number: 155556 AIM Number: 100266350</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 (NFPA) National Fire Protection Association 101, (LSC) Life Safety Code and 410 IAC 16.2. The original building consisting of the first floor Meadows hall south, Orchard hall excluding the elevator mechanical room and Terrace hall north and south was surveyed with Chapter 19, Existing Health Care Occupancies</p> <p>This two story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire</p>			K0000			

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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K0000	<p>alarm system with smoke detection in the corridors and spaces open to the corridors. The facility has a capacity of 150 and had a census of 137 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/08/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <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: 08/01/11</p> <p>Facility Number: 000505 Provider Number: 155556 AIM Number: 100266350</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p>	K0000			

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K0130 SS=E	<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 (NFPA) National Fire Protection Association 101, (LSC) Life Safety Code and 410 IAC 16.2. The first floor Meadows north including the elevator mechanical room, elevator mechanical room on Orchard south and the entire second floor consisting of the Vineyard, Aviary and Garden halls were surveyed with Chapter 18, New Health Care Occupancies</p> <p>This two story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. The facility has a capacity of 150 and had a census of 137 at the time of this survey.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>OTHER LSC DEFICIENCY NOT ON 2786</p>				

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NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR				STREET ADDRESS, CITY, STATE, ZIP CODE 300 FAIRGROUNDS RD TIPTON, IN46072			
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	<p>Based on observation and interview, the facility failed to ensure the care and maintenance of 1 of 1 rolling fire doors was in accordance with NFPA 80. LSC 4.5.7 requires any device, equipment or system which is required for compliance with the provisions of this Code, such device, equipment or system shall thereafter be maintained unless the Code exempts such maintenance. NFPA 80, 1999 Edition, the Standard for Fire Doors and Fire Windows, Section 15-2.4.3 requires all horizontal or vertical sliding and rolling fire doors to be inspected and tested annually to check for proper operation and full closure. Resetting of the release mechanism shall be done in accordance with the manufacturer's instructions. A written record shall be maintained and shall be made available to the authority having jurisdiction. This deficient practice could affect 8 residents on Meadows north as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on observation on 08/01/11 at 1:35 p.m. with the Maintenance Supervisor, one metal rolling fire door was protecting the opening from the kitchen to the Main dining room which did not have an inspection tag. Based on interview on 08/01/11 at 1:37 p.m. with the</p>	K0130	<p>Please accept the following plan of correction for the deficiency cited under tag K130, which 8 residents, as well as visitors and staff, could have been negatively affected by. To correct this deficiency, the metal roll-up door found to not have an inspection tag on it was inspected by our fire-protection service vendor, Safecare, on 8-8-2011. Safecare will also begin conducting annual inspections of all such facility roll-up doors and providing the facility documentation, accordingly. To prevent recurrence of this deficient practice, the Maintenance Director will be checking for compliance through monthly inspections of the roll-up doors for proper operation, as well as through quarterly inspections that the documentation (inspection tag) is in place for each roll-up door and current.</p>	08/08/2011			

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	Maintenance Supervisor, there was no additional documentation of an annual inspection or test to check for proper operation and full closure of the metal rolling fire door. 3.1-19(b)				