

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155579	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  06/30/2015
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NAME OF PROVIDER OR SUPPLIER  MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 7440 N 825 E HOPE, IN 47246
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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: 06/30/15</p> <p>Facility Number: 000286 Provider Number: 155579 AIM Number: 100291000</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 portion of the building includes everything but 300 hall Rehabilitation Wing addition and was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This one 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, spaces open to the corridors and battery powered smoke detectors in</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 0147 SS=E Bldg. 01	<p>all resident sleeping rooms. The facility has a capacity of 75 and had a census of 63 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered except for two sheds used for facility storage of equipment is not sprinklered.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 Based on observation and interview, the facility failed to ensure 3 of 10 surge protectors observed including extension cords, non-fused extension cords and/or multiplug adapters were not used to power medical appliances. NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, Article 400-8 requires that, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect 28 residents in fire zone #3 as well as visitors and staff.</p> <p>Findings include:</p>	K 0147	<p>These corrective actions will be accomplished for those residents affected: A receptacle will be added in the breakroom for the candy vending machine. The activity room refrigerator was moved to another location within the room to reach a wall receptacle. Medical devices will be removed from power strips and will be plugged into appropriate receptacles as needed and receptacles will be added if necessary. Other residents who could be affected will be identified as follows: All rooms will be inspected for power strip usage. These measures will be put in place or systems changes made</p>	07/30/2015

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K 0000  Bldg. 02	<p>Based on observations on 06/30/15 during the tour between 12:44 p.m. to 2:00 p.m. a surge protector was used to provide power to a nebulizer in resident room 211, a surge protector was used to power vending machine in the employee breakroom and a surge protector was used to power a mini refrigerator in the Activities office all in fire zone #3.</p> <p>Based on interview on 06/30/15 concurrent with the observations it was acknowledged by the Maintenance Supervisor, surge protectors were used to provide power to the aforementioned electrical appliances.</p> <p>3.1-19(b)</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: 06/30/15</p> <p>Facility Number: 000286 Provider Number: 155579 AIM Number: 100291000</p>	K 0000	to prevent reoccurrence: All nursing staff will be inserviced as to proper power strip usage. Corrective measures will be monitored in this way: A room inspection of power strip usage will be completed monthly on an ongoing basis. All corrections will be completed on or before 7/30/2015		

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	<p>At this Life Safety Code survey, Miller's Merry Manor was found 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 300 hall Rehabilitation Wing addition built in 2004 was surveyed with Chapter 18, New Health Care Occupancies.</p> <p>The 2004 addition located to the north of the original building is a one story addition and was determined to be of Type V(111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and battery powered smoke detectors in all resident sleeping rooms. The facility has a capacity of 75 and had a census of 63 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered except for two sheds used for facility storage of equipment is not sprinklered.</p>			