

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155617	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 06/07/2013
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NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 524 ANDERSON RD CHESTERFIELD, IN 46017
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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: 06/07/13</p> <p>Facility Number: 000524 Provider Number: 155617 AIM Number: 100267090</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 National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type II (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 the resident sleeping. The facility has a</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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	<p>capacity of 55 and had a census of 52 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. The facility had four sheds used for facility storage which were not sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 06/12/13.</p> <p>The facility was found in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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K010143 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Transferring of oxygen is:</p> <p>(a) separated from any portion of a facility wherein patients are housed, examined, or treated by a separation of a fire barrier of 1-hour fire-resistive construction;</p> <p>(b) in an area that is mechanically ventilated, sprinklered, and has ceramic or concrete flooring; and</p> <p>(c) in an area posted with signs indicating that transferring is occurring, and that smoking in the immediate area is not permitted in accordance with NFPA 99 and the Compressed Gas Association. 8.6.2.5.2</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 oxygen storage rooms where oxygen transfer occurs had continuously working, electrically powered mechanical ventilation. This deficient practice could affect 10 residents adjacent to Service hall as well as visitors and staff in the area.</p> <p>Findings include:</p> <p>Based on observation on 06/07/13 at 2:46 p.m. with the Maintenance Supervisor, the oxygen storage room on Service hall used to store and transfer oxygen was provided with electrically powered mechanical ventilation, but it was not working. Based on interview on 06/07/13 at 2:50 p.m. it was acknowledged by the</p>	K010143	<p>1. Oxygen storage room where oxygen transfer occurs will have continuously working, electrically powered mechanical ventilation. 2. All residents have the potential to be affected by this deficient practice. 3. Maintenance director to replace current motor with a new motor. 4. Maintenance director, or designee, will conduct monthly facility inspection titled: Check Oxygen Room. (Attachment A) 5. Systematic changes will be completed by July 7, 2013.</p>	07/07/2013	

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	<p>the Maintenance Supervisor, this room was used to transfer oxygen and although it had an electrically powered mechanical vent, it was not working at the time of inspection.</p> <p>3.1-19(b)</p>			