

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155589	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  12/22/2014
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NAME OF PROVIDER OR SUPPLIER  MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 730 SCHOOL ST CULVER, IN 46511
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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: 12/22/14</p> <p>Facility Number: 000489 Provider Number: 155589 AIM Number: 100291210</p> <p>Surveyor: Brett Overmyer, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Miller's Merry Manor was found in substantial 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 V (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in areas opened to the corridors, and battery operated smoke</p>	K010000		

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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K010054 SS=C	<p>detectors in the resident sleeping rooms. The facility has a capacity of 66 with a census of 62 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 12/29/14.</p> <p>The facility was found in substantial compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD All required smoke detectors, including those activating door hold-open devices, are approved, maintained, inspected and tested in accordance with the manufacturer's specifications. 9.6.1.3</p> <p>Based on record review and interview, the facility failed to ensure 100% of the smoke detectors had been tested as required. Note: LSC Section 9.6.2.10.1 refers to NFPA 72, National Fire Alarm Code. NFPA 72 at 7-3.2.1 states Detector sensitivity shall be checked within one year after installation and every alternative year thereafter. After the second required calibration test, if sensitivity tests indicate that the detectors</p>	K010054	The smoke detectors that failed pass the sensitivity test have been ordered will be installed on 01-09-2015. The new smoke detectors were to be installed on 01-02-2015 but do to a scheduling conflict and delivery of the new units the installation date was moved to 01-09-2015. In order to assure this does not happen again in the future we will follow up on the corporate purchase orders and follow up with the vendors to assure any	01/09/2015

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	<p>have remained within their listed and marked sensitivity ranges, the length of time between calibration tests may be extended to a maximum of five years. If the frequency is extended, records of detector caused nuisance alarms shall be maintained. In zones or areas where nuisance alarms show any increase over the previous year, calibration tests shall be performed. To ensure each smoke detector is within its listed and marked sensitivity range it shall be tested using the following methods:</p> <ol style="list-style-type: none"> <li>(1) Calibrated test method.</li> <li>(2) Manufacturer's calibrated sensitivity test instrument.</li> <li>(3) Listed control equipment arranged for the purpose.</li> <li>(4) Smoke detector/control unit arrangement whereby the detector causes a signal at the control unit where its sensitivity is outside its acceptable sensitivity range.</li> <li>(5) Other calibrated sensitivity test method acceptable to the authority having jurisdiction.</li> </ol> <p>Detectors found to have sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated or replaced. This deficient practice affects all occupants.</p>		and all smoke detectors that fail the sensitivity test are replaced as soon as possible. The Maintenance Supervisor is responsible.				

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K010062 SS=B	<p>Findings include:</p> <p>During a review of the fire system maintenance records on 12/22/14 at 10:00 a.m., with the maintenance supervisor, the last smoke detector sensitivity test record was documented on 7/21/14. The performance tests noted twelve smoke detectors failed the sensitivity testing. There was no documentation to show the failed smoke detectors had been replaced. Based on interview at the time of review, the maintenance supervisor contacted the vendor and stated the facility had been given a bid to replace the smoke detectors but had not been given the go ahead to replace them.</p> <p>The maintenance supervisor acknowledged the aforementioned deficiencies.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>Based on observation and interview, the facility failed to replace 1 of 2 sprinklers</p>	K010062	As a result of this finding the Sprinkler head that was correded has been replaced with a new	01/07/2015			

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	<p>in the shower room which were corroded or loaded with dirt or foreign material. LSC 9.7.5 requires all automatic sprinkler systems shall be inspected, tested and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 1998 edition, 2-2.1.1 requires any sprinkler shall be replaced which is painted, corroded, damaged, loaded, or in the improper orientation. This deficient practice had the potential to affect the laundry staff.</p> <p>Findings include:</p> <p>Based on observation on 12/22/14 with the maintenance supervisor during the tour from 10:30 a.m. to 12:30 p.m., one of two sprinklers in the shower room had green corrosion around the frame, the deflector plate, thermal linkage of the sprinkler head. At the time of observation, the maintenance supervisor acknowledged the aforementioned deficiencies.</p> <p>3.1-19(b)</p>		<p>waxed coated solid link pendant. This was done on 01-07-2015. We have requested that our service provider add the checking of all our sprinkler heads and report all sprinklers are in good condition, not obstructed and free of corrosion and loading. The Maintenance Supervisor is responsible to assure this is checked quarterly.</p>				