

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155582	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED  11/06/2015
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NAME OF PROVIDER OR SUPPLIER  MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 300 N WASHINGTON ST WAKARUSA, IN 46573
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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 Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 09/08/15 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 11/06/15</p> <p>Facility Number: 000521 Provider Number: 155582 AIM Number: 100266980</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 and in areas open to the corridors. 73 resident rooms were provided with battery operated smoke</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 0011 SS=C Bldg. 01	<p>detectors. The facility has a capacity of 133 and had a census of 118 at the time of this survey.</p> <p>Quality Review completed 11/12/15 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD If the building has a common wall with a nonconforming building, the common wall is a fire barrier having at least a two-hour fire resistance rating constructed of materials as required for the addition. Communicating openings occur only in corridors and are protected by approved self-closing fire doors. 19.1.1.4.1, 19.1.1.4.2</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 fire barriers to nonconforming buildings was protected by a two hour fire rating. This deficient practice could affect all residents, staff, and visitors.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Supervisor and the Administrator on 11/06/15 at 1:58 p.m., the firewall which separates the health care building from assisted living building, a nonconforming building, had a ninety minute fire rated door. Only part of the firewall separation was brought up to a two hour rating since the original inspection. Nine feet of a resident room</p>	K 0011	<p>No residents were affected by this deficiency. This deficiency had the potential to affect all residents, staff &amp; visitors. We have now installed 5/8" fire code drywall from the floor to the top of the wall at the roof rafter on both faces of the common wall. To be more specific, there will be one layer of 5/8" drywall added to the resident room side of the wall &amp; one layer of 5/8" drywall added to the corridor side of the wall. We have provided specifics related to the scope of work performed, including a drawing from Doub McComb, Engineer, (Attachment A) which shows the "work recently completed" as well as the "additional work required", which was completed as of 11/16/15. We are now ready for another inspection as we are certain that we have now met the requirement</p>	11/16/2015

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	shared a common wall with assisted living that was only rated one hour. Based on Interview at the time of observation, the Maintenance Supervisor and the Administrator acknowledged the aforementioned condition and provided the measurements.  3.1-19(b)		for a 2 hour fire rating on both sides of the common wall between the nursing facility & the nonconforming building (assisted living facility).		