

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155583	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 12/30/2013
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NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 1367 S RANDOLPH ST GARRETT, IN 46738
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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: 12/30/13</p> <p>Facility Number: 000499 Provider Number: 155583 AIM Number: 100266120</p> <p>Surveyor: Amy Kelley, 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) and 410 IAC 16.2. The original building consisting of the East, West, Back and Center halls and the main dining room was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>The original one story building was determined to be of Type I (332) construction and fully sprinklered. The</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>new addition was determined to be of Type V (000) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in spaces open to the corridors and hard wired smoke detectors in the sleeping rooms of the Rehabilitation Center. Battery operated smoke detectors are installed in the sleeping rooms of the original section of the building. The facility has a capacity of 76 and had a census of 49 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered, except a storage unit used for general storage.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 01/02/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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K010018 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¼ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities. Based on observation and interview, the facility failed to ensure 2 of 2 sets of double corridor doors entering Therapy closed and latched automatically into the door frame. This deficient practice affects up to 5 residents in Therapy.</p> <p>Findings includes:</p> <p>Based on observation with the senior environmental supervisor on 12/30/13 at 3:00 p.m., the Therapy room had two sets of double corridor doors. On each set, one door was equipped with a manual latching device that would latch into the door frame and the remaining door was designed to latch into the stationary door. Each door could not latch automatically, and independent of</p>	K010018	The therapy room has two sets of double corridor doors. These doors will be replaced with double doors meeting the 19.3.6.3.6 guideline on or before 1/24/2014. This will put the facility back into compliance with the life safety regulations. See attachment A. Administrator will monitor, environmental supervisor is responsible.	01/24/2014	

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K010038 SS=E	<p>the other door, into the door frame. This was acknowledged by the senior environmental supervisor at the time of observation.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p> <p>Based on observation and interview, the facility failed to ensure the means of egress through 2 of 3 exits was readily accessible for residents without a clinical diagnosis requiring specialized security measures. LSC 19.2.2.2.4 requires doors within a required means of egress shall not be equipped with a latch or lock that requires the use of a tool or key from the egress side. Exception No. 1 requires door locking arrangements without delayed egress shall be permitted in health care occupancies, or portions of health care occupancies, where the clinical needs of the residents require specialized security measures for their safety, provided staff can readily unlock such doors at all times. This deficient practice could affect any number of residents who did not require special security measures and visitors.</p>	K010038	<p>The facility will ensure the means of egress through 2 of 2 exits is readily accessible for residents without a clinical diagnosis requiring specialized security measures on or before 1/24/2014. This will put the facility back into compliance with the life safety regulation. LSC 18.2.2.2.4 See attachment B. Administrator will monitor, environmental supervisor is responsible.</p>	01/24/2014

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K020000	<p>Findings include:</p> <p>Based on observation with the senior environmental supervisor on 12/30/13 from 1:15 p.m. to 4:00 p.m., all of the exit doors, except the main entrance/exit door, were magnetically locked and could be opened by entering a code. The posted code was MV* for one exit and MDL* for the remaining exit. There were numbers on the keypad. Based on an interview with the senior environmental supervisor at the time of observations, when asked how these letters can be entered on the numbered keypad, he stated they were Roman numerals.</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: 12/30/13</p> <p>Facility Number: 000499 Provider Number: 155583 AIM Number: 100266120</p>	K020000			

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	<p>Surveyor: Amy Kelley, 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) and 410 IAC 16.2. The 2007 addition of the Therapy Center was surveyed with Chapter 18, New Health Care Occupancies.</p> <p>The original one story building was determined to be of Type I (332) construction and fully sprinklered. The new addition was determined to be of Type V (000) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in spaces open to the corridors and hard wired smoke detectors in the sleeping rooms of the Rehabilitation Center. Battery operated smoke detectors are installed in the sleeping rooms of the original section of the building. The facility has a capacity of 76 and had a census of 49 at the time of this survey.</p> <p>All areas where the residents have</p>						

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K020038 SS=E	<p>customary access were sprinklered. All areas providing facility services were sprinklered, except a storage unit used for general storage.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 18.2.1</p> <p>Based on observation and interview, the facility failed to ensure the means of egress through 2 of 2 exits was readily accessible for residents without a clinical diagnosis requiring specialized security measures. LSC 18.2.2.2.4 requires doors within a required means of egress shall not be equipped with a latch or lock that requires the use of a tool or key from the egress side. Exception No. 1 requires door locking arrangements without delayed egress shall be permitted in health care occupancies, or portions of health care occupancies, where the clinical needs of the residents require specialized security measures for their safety, provided staff</p>	K020038	The facility will ensure the means of egress through 2 of 2 exits is readily accessible for residents without a clinical diagnosis requiring specialized security measures on or before 1/24/2014. This will put the facility back into compliance with the life safety regulation. LSC 18.2.2.2.4 See attachment B. Administrator will monitor, enviornmental supervisor is responsible.	01/24/2014

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	<p>can readily unlock such doors at all times. This deficient practice could affect 2 residents who did not require special security measures and visitors.</p> <p>Findings include:</p> <p>Based on observation with the senior environmental supervisor on 12/30/13 from 1:15 p.m. to 4:00 p.m., both exit doors were magnetically locked and could be opened by entering a code. The posted code was MV* for both exits. There were numbers on the keypad. Based on an interview with the senior environmental supervisor at the time of observations, when asked how these letters can be entered on the numbered keypad he stated they were Roman numerals.</p> <p>3.1-19(b)</p>			