

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155564	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 05/09/2014
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NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 259 W HARRISON ST MOORESVILLE, IN 46158
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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
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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: 05/09/14</p> <p>Facility Number: 000398 Provider Number: 155564 AIM Number: 100291110</p> <p>Surveyor: Mark Caraher, 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 (222) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in areas open to the corridors. The facility has battery operated smoke detectors in 49 of 49</p>	K010000	The Mooresville facility respectfully requests paper compliance. Please accept the following plan of correction for K-Tag 039 and K-Tag 050 as our credible allegation of compliance.	
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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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K010039 SS=E	<p>resident sleeping rooms. The facility has a capacity of 98 and had a census of 74 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.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 05/13/14.</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 Width of aisles or corridors (clear and unobstructed) serving as exit access is at least 4 feet. 19.2.3.3</p> <p>Based on observation and interview, the facility failed to ensure 1 of 5 exit access corridors had a clear and unobstructed exit width of at least 4 feet (48 inches). This deficient practice could affect 22 residents, staff and visitors using Exit 2.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Supervisor during a tour of</p>	K010039	K039 It is the policy of Miller's Merry Manor to maintain and keep environment up to life safety guidelines. Width of aisles or corridors (clear and unobstructed) serving as exit access is at least 4 feet. Based on observation and interview, the facility failed to ensure 1 of 5 exit access corridors had a clear and unobstructed exit width of at least 4 feet (48 inches). This deficient practice could affect 22 residents, staff and visitors using Exit 2.	05/30/2014

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K010050 SS=F	<p>the facility from 11:35 a.m. to 1:55 p.m. on 05/09/14, a clear and unobstructed corridor width of 44 inches was measured from floor to ceiling for a twenty one inch long section of the south wall which protruded into the breezeway to Assisted Living outside Exit 2. Exit 2 is marked as a facility exit and leads into the breezeway to Assisted Living. Based on interview at the time of observation, the Maintenance Supervisor acknowledged the aforementioned protrusion into the exit access corridor at Exit 2 measured less than four feet in clear width.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 1. Based on record review and interview, the facility failed to document activation</p>	K010050	<p>To correct this deficiency, the facility has arranged/approved for a contractor to widen the corridor to meet Life Safety Code Regulations (Attachment C). The contractor is scheduled to start the project 5/27.</p> <p>K050</p>	05/23/2014			

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	<p>of the fire alarm system for second shift fire drills conducted between 6:00 a.m. and 9:00 p.m. for 2 of 4 quarters. LSC 19.7.1.2 states fire drills in health care occupancies shall include the transmission of the fire alarm signal and simulation of emergency fire conditions. When drills are conducted between 9:00 p.m. (2100 hours) and 6:00 a.m. (0600 hours), a coded announcement shall be permitted to be used instead of audible alarms. This deficient practice could affect all residents, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of "Direct Supply TELS Logbook Documentation: Fire Drill" with the Maintenance Supervisor during record review from 9:20 a.m. to 11:35 a.m. on 05/09/14, documentation for the second shift fire drills conducted on 05/29/13 at 3:45 p.m. and on 02/13/14 at 8:30 p.m. each indicated the drill was conducted after 6:00 a.m. but before 9:00 p.m. and did not include activation of the fire alarm system and transmission of the fire alarm signal. Each of the aforementioned fire drill's documentation stated "Yes" in response to "Was this a silent drill?" Based on interview at the time of record review, the Maintenance Supervisor acknowledged documentation</p>		<p>It is the policy of Miller's Merry Manor to maintain and keep environment up to life safety guidelines.</p> <p>Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms.</p> <p>Maintenance staff in-serviced on 4/17/13 (Attachment A) regarding LSC 19.7.1.2 stating fire drills in health care occupancies shall include the transmission of the fire alarm signal and simulation of emergency fire conditions. When drills are conducted between 9:00 p.m. (2100 hours) and 6:00 a.m. (0600 hours), a coded announcement shall be permitted to be used instead of audible alarms.</p> <p>All health care occupancy personnel shall be instructed in the use of and response to fire alarms. LSC 4.7.2 requires suitable procedures to ensure all persons subject to the drill participate. This deficient practice affects all patients, staff and visitors.</p>	

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	<p>for the aforementioned fire drills each conducted after 6:00 a.m. and before 9:00 p.m. did not include activation of the fire alarm system and transmission of the fire alarm signal.</p> <p>3.1-19(b)</p> <p>2. Based on record review and interview, the facility failed to document staff participation in 11 of 12 quarterly fire drills conducted during the most recent twelve month period. LSC 19.7.2.3 states all health care occupancy personnel shall be instructed in the use of and response to fire alarms. LSC 4.7.2 requires suitable procedures to ensure all persons subject to the drill participate. This deficient practice affects all patients, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Direct Supply TELS Logbook Documentation: Fire Drill" with the Maintenance Supervisor during record review from 9:20 a.m. to 11:35 a.m. on 05/09/14, documentation for first, second and third shift fire drills conducted during the period of 06/24/13 through 04/07/14 did not list the staff who participated in the fire drill. The only fire drill within the most recent twelve month period documenting which</p>		<p>Maintenance staff in-serviced on 4/17/13 (Attachment A) regarding LSC 4.7.2 which mandates documented staff participated during fire drills. Fire Drill Attendance form (Attachment B) will be used to document staff participation.</p>				

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	<p>staff participated was the second shift fire drill conducted on 05/29/13 at 3:45 p.m. Based on interview at the time of record review, the Maintenance Supervisor acknowledged documentation for fire drills conducted on or after 06/24/13 did not identify the staff which participated in the fire drills.</p> <p>3.1-19(b)</p>			