

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155556	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 12/15/2014
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NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 300 FAIRGROUNDS RD TIPTON, IN 46072
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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: 12/15/14</p> <p>Facility Number: 000505 Provider Number: 155556 AIM Number: 100266350</p> <p>Surveyor: Phillip Komsiski, 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 (NFPA) National Fire Protection Association 101, (LSC) Life Safety Code and 410 IAC 16.2. The original building consisting of first floor Meadows hall south, Orchard hall excluding the elevator mechanical room and Terrace hall north and south was surveyed with Chapter 19, Existing Health Care Occupancies</p> <p>This two story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire</p>	K010000	<p>Please accept the following plan of correction as credible allegation of compliance to the deficiency cited during the LSC Survey conducted here on Dec. 15th, 2014. If you have any questions or need any further information, please do not hesitate to contact me here at the facility at 765-675-8791. The facility also respectfully requests that paper compliance be considered. Sincerely, Troy Clements</p>	
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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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K010038 SS=C	<p>alarm system with smoke detection in the corridors, spaces open to the corridors and battery smoke detectors in all resident rooms. The facility has a capacity of 150 and had a census of 129 at the time of this survey.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 12/22/14.</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 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 6 of 6 public restrooms were not equipped with slide bolts to latch the doors from the inside. LSC 7.1.10.1 states means of egress shall be continuously maintained free of all obstructions or impediments to full instant use in case of fire or other emergency. This deficient practice could affect any resident as well as visitors and staff if the occupants were inaccessible when the doors were latched from the inside.</p>	K010038	K 038 Life Safety Code Standard The facility respectfully submits for review the following correction to this deficiency, to which all residents, staff and visitors had the potential to be affected by. To correct this deficient practice, all sliding bolt locks were removed from the 6 public restrooms on the first and second floors. All maintenance personnel were in-serviced on this deficient practice and understand that sliding door locks are prohibited from use and will not be utilized in the future. To monitor for recurrence of this	12/31/2014

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K040000	<p>Findings include:</p> <p>Based on observation on 12/15/14 during the tour between 1:10 p.m. to 3:15 p.m. with the Maintenance Supervisor, the six public restrooms on first and second floor had slide bolts on the inside of each door when in the locked position could not be opened by staff to evacuate the occupants in an emergency. Based on interview on 12/15/14 concurrent with the observation it was acknowledged by the Maintenance Supervisor when the slide bolt locks were engaged inside the two public restrooms the occupants could be trapped inside if they required assistance from staff during an emergency and it was further stated they should be removed.</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: 12/15/14</p> <p>Facility Number: 000505 Provider Number: 155556 AIM Number: 100266350</p>	K040000	<p>deficient practice, the QA tool entitled "Life Safety Review" (attachment 1A) has been updated to include monitoring for sliding door locks within the facility. This QA tool will be completed by the Maintenance Director, or designee, monthly per company policy. Any concerns noted will be addressed immediately and discussed at the monthly QA Committee meeting.</p> <p>Please accept the following plan of correction as credible allegation of compliance to the deficiency cited during the LSC Survey conducted here on Dec. 15th, 2014. If you have any questions or need any further information, please do not hesitate to contact me here at the facility at 765-675-8791. The facility also respectfully requests that paper compliance be considered. Sincerely, Troy</p>				

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	<p>Surveyor: Phillip Komsiski, 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 (NFPA) National Fire Protection Association 101, (LSC) Life Safety Code and 410 IAC 16.2. The first floor Meadows north including the elevator mechanical room, elevator mechanical room on Orchard south and the entire second floor consisting of the Vineyard, Aviary and Garden halls was surveyed with Chapter 18, New Health Care Occupancies</p> <p>This two story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. The facility has a capacity of 150 and had a census of 129 at the time of this survey.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 12/22/14.</p> <p>The facility was found in substantial compliance with the aforementioned</p>		Clements	

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K040038 SS=C	<p>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 Based on observation and interview, the facility failed to ensure 6 of 6 public restrooms were not equipped with slide bolts to latch the doors from the inside. LSC 7.1.10.1 states means of egress shall be continuously maintained free of all obstructions or impediments to full instant use in case of fire or other emergency. This deficient practice could affect any resident as well as visitors and staff if the occupants were inaccessible when the doors were latched from the inside.</p> <p>Findings include:</p> <p>Based on observation on 12/15/14 during the tour between 1:10 p.m. to 3:15 p.m. with the Maintenance Supervisor, the six public restrooms on first and second floor had slide bolts on the inside of each door when in the locked position could not be opened by staff to evacuate the occupants in an emergency. Based on interview on 12/15/14 concurrent with the observation</p>	K040038	<p>K 038 Life Safety Code Standard The facility respectfully submits for review the following correction to this deficiency, to which all residents, staff and visitors had the potential to be affected by. To correct this deficient practice, all sliding bolt locks were removed from the 6 public restrooms on the first and second floors. All maintenance personnel were in-serviced on this deficient practice and understand that sliding door locks are prohibited from use and will not be utilized in the future. To monitor for recurrence of this deficient practice, the QA tool entitled "Life Safety Review" (attachment 1A) has been updated to include monitoring for sliding door locks within the facility. This QA tool will be completed by the Maintenance Director, or designee, monthly per company policy. Any concerns noted will be addressed immediately and discussed at the monthly QA Committee meeting.</p>	12/31/2014			

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	<p>it was acknowledged by the Maintenance Supervisor when the slide bolt locks were engaged inside the two public restrooms the occupants could be trapped inside if they required assistance from staff during an emergency and it was further stated they should be removed.</p> <p>3/1-19(b)</p>				