

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 08/30/2012
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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
K0000	<p>A Life Safety Code Recertification, State Licensure and Quality Assurance Walk-thru Survey were conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 08/30/12</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 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 (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</p>	K0000		

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>fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and battery powered smoke detectors in all resident rooms. The facility has a capacity of 150 and had a census of 137 at the time of this survey.</p> <p>The facility was found not in compliance with state law in regard to sprinkler coverage, but in compliance with smoke detector coverage.</p> <p>All areas where the residents have customary access were sprinklered. The facility has one detached barn for facility storage which was not sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 09/06/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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K0056 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD There is an automatic sprinkler system, installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, with approved components, devices, and equipment, to provide complete coverage of all portions of the facility. The system is maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. There is a reliable, adequate water supply for the system. The system is equipped with waterflow and tamper switches which are connected to the fire alarm system. 18.3.5.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 3 outside canopies was provided with automatic sprinklers to ensure sprinkler coverage in all portions of the building. This deficient practice could affect 8 residents on north Therapy hall as well as visitors or staff.</p> <p>Findings include:</p> <p>Based on observation on 08/30/12 at 3:00 p.m. with the Maintenance Supervisor, the canopy attached to the outside wall of north the Therapy hall exit was not provided with sprinkler head coverage. The outside canopy extended ten from the the building and was constructed of aluminum supports and a cloth covering for the roof. Based on interview on 08/30/12 at 3:02 p.m. with the</p>	K0056	<p>This facility has on record proper fire rating documentation for the canopy named in this citation, which we believe satisfies the LSC requirements for this canopied entrance. This documentation is attached for your review. Respectfully, we submit this fire rating documentation as our plan of correction for this citation.</p>	09/18/2012	

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	<p>Maintenance Supervisor, it was acknowledged there were no sprinklers present for the canopy outside of Therapy hall north exit to provide complete sprinkler coverage for the facility nor has the cloth canopy been treated with a fire retardant solution.</p> <p>3.1-19(b) 3.1-19(ff)</p>			