STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED
	155556		12/02/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLER'S MERRY MANOR	300 FAIRGROUNDS RD TIPTON, IN 46072

(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	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). Survey Date: 12/02/15 Facility Number: 000505 Provider Number: 155556 AIM Number: 100266350 At this Life Safety Code survey, Miller's Merry Manor was found 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 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, spaces open to the corridors	K 0000	Please accept the following plan of correction as credible allegation of compliance to the deficiencies cited during the LSC Survey conducted here on December 2, 2015. 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 by considered. Sincerely, Paula Juday.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	and battery smoke detectors in all resident rooms. The facility has a capacity of 150 and had a census of 139 at the time of this survey. Quality Review completed 12/07/15 - DA			
K 0070 SS=E Bldg. 01	NFPA 101 LIFE SAFETY CODE STANDARD Portable space heating devices are prohibited in all health care occupancies, except in non-sleeping staff and employee areas where the heating elements of such devices do not exceed 212 degrees F. (100 degrees C) 19.7.8 Based on observation, interview and record review, the facility failed to regulate the use of 1 of 1 portable space heaters observed in the facility. This deficient practice could affect 24 residents on Therapy hall as well as visitors and staff. Findings include: Based on observation on 12/02/15 at 1:30 p.m. with the Maintenance Supervisor and Administrator, inside the Case Worker's office on Therapy hall was observed a portable space heater plugged in and available for use under an employee's desk. Based on interview on 12/02/15 concurrent with the observation, it was acknowledged by the Maintenance Supervisor and Administrator space	K 0070	**K-070 Life Safety Code Standard.** It is the policy of Miller's Merry Manor to prohibit portable space heaters within all MHS buildings.. To correct this deficiency: The space heater located in the Case Manager's office was immediately removed. All residents are at risk to be affected by this deficient practice. To ensure that other residents are not affected: · 100% audit of the facility to ensure that no other space heaters were being used in any area of the facility. To prevent recurrence: · All staff will be in-serviced regarding the portable space heater policy (1-A). This will be completed on 12/14/15. · Maintenance Director or designee will make at least 3 spot	12/14/2015

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	heaters were not allowed in the facility and a portable space heater policy was available to verify this. 3.1-19(b)		checks daily (M-F) to ensure that no space heaters have been brought into the facility. This will be implemented on or before 12/14/15. · The Maintenance Director or Designee will monitor compliance using the QA tool titled "LSC Audit" daily (M-F) X30 days, then weekly X4weeks, then monthly thereafter. This QA tool will be started on or before 12/14/15. Attachments: *Policy & Procedures Manual: Space Heaters(1-A); QA Tool "LSC Audit" (1-B)*	
K 0130 SS=E Bldg. 01	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 Based on observation and interview, the facility failed to ensure the care and maintenance of 1 of 1 rolling fire doors were in accordance with NFPA 80. NFPA 80, 1999 Edition, the Standard for Fire Doors and Fire Windows, Section 15-2.4.3 requires all horizontal or vertical sliding and rolling fire doors to be inspected and tested annually to check for proper operation and full closure. Resetting of the release mechanism shall be done in accordance with the manufacturer's instructions. A written record shall be maintained and shall be made available to the authority having jurisdiction. This deficient practice could affect 6 residents in the main dining room	K 0130	**K-130 Miscellaneous.** It is the standard of Miller's Merry Manor to annually inspect all fire doors, including rolling fire doors. To correct this deficiency: The rolling fire door in the kitchen was inspected on 12/3/15 and found to be in working condition (2-A). All residents are at risk to be affected by this deficient practice. To ensure that other residents are not affected: · No other rolling fire doors exist in the facility.. To prevent recurrence: · Maintenance staff will be in-serviced regarding the requirement for annual inspection. This will be completed on 12/14/15. · Maintenance Director or	12/14/2015

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	adjacent to the Kitchen as well as staff and visitors. Findings include: Based on observation on 12/02/15 at 1:45 p.m. with the Maintenance Supervisor and Administrator, there was one metal rolling fire door protecting the opening from the kitchen to the main dining room which had an attached inspection tag dated 11/12/14 and was past due for its annual inspection. Based on interview concurrent with the observation with the Maintenance Supervisor and Administrator it was stated the facility was aware the rolling metal door had to be inspected annually, but failed to do so. 3.1-19(b)		designee will add this to the annual inspection requirements to ensure that it is done annually. Attachments: *SafeCare Service Call Report (2-A)*	
K 0147 SS=E Bldg. 01	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 Based on observation and interview, the facility failed to ensure 1 of 8 surge protectors and 1 of 1 extension cords observed including extension cords, non-fused extension cords and/or multiplug adapters were not used to	K 0147	**K-147 Life Safety Code Standard.** It is the policy of Miller's Merry Manor to use electrical power strips in accordance with NFPA 70, National Electrical Code. To correct this deficiency: The surge protector in the beauty shop and	12/14/2015

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	power medical appliances or as a substitute for fixed wiring. NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, Article 400-8 requires that, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect 24 residents on Dining hall as well as visitors and staff. Findings include: Based on observations on 12/02/15 during a tour of the facility between 2:00 p.m. to 2:30 p.m. with the Maintenance Supervisor and Administrator a surge protector was used in the Beauty shop on Dining hall to provide power to a hair dryer and a curling iron. In addition, there was an extension cord with a multi prong end used in resident room #55 for resident "B" on Dining hall to power a small christmas tree and table light. Based on interview concurrent with the observations it was acknowledged by the Maintenance Supervisor and Administrator, a surge protector and extension cord were used to provide power to the aforementioned electrically powered equipment. . 3.1-19(b)		the extension cord in the resident's room were immediately removed. All residents are at risk to be affected by this deficient practice. To ensure that other residents are not affected: · 100% audit of the facility to ensure that no other extension cords were being used in any area of the facility, and that power strips were used only as acceptable according to NFPA 70 standards. To prevent recurrence: · All staff will be in-serviced regarding the electrical power strip policy (3-A). This will be completed on 12/14/15. · Maintenance Director or designee will make at least 3 spot checks daily (M-F) to ensure that no power strips or extension cords are being used inappropriately in the facility. This will be implemented on or before 12/14/15. · The Maintenance Director or Designee will monitor compliance using the QA tool titled "LSC Audit" daily (M-F) X30 days, then weekly X4weeks, then monthly thereafter. This QA tool will be started on or before 12/14/15. Attachments: *Policy & Procedures Manual: Electrical Power Strip Policy (3-A); QA Tool "LSC Audit" (1-B)*	

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K 0000 Bldg. 02	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). Survey Date: 12/02/15 Facility Number: 000505 Provider Number: 155556 AIM Number: 100266350 At this Life Safety Code survey, Miller's Merry Manor was found 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 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 This two story facility was determined to be of Type V (111) construction and was	K 0000	Please accept the following plan of correction as credible allegation of compliance to the deficiencies cited during the LSC Survey conducted here on December 2, 2015. 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 by considered. Sincerely, Paula Juday.	

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