

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155274	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 01/29/2014
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NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 815 W WASHINGTON ST ROCKPORT, IN 47635
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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: 01/29/14</p> <p>Facility Number: 000174 Provider Number: 155274 AIM Number: 100274810</p> <p>Surveyor: Lex Brashear, 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 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 V (000) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors and in spaces open to the corridors, plus battery</p>	K010000	Please accept this credible allegation of compliance to the findings on our annual LSC Survey completed on January 29, 2014. The facility respectfully requests to be considered for paper compliance.	

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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K010050 SS=C	<p>operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 60 and had a census of 56 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 two detached structures, a wood framed garage used for a maintenance shop and facility storage, as well as a wood framed house used for facility storage.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 01/31/14.</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 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</p>						

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	<p>Based on record review and interview, the facility failed to ensure each documented fire drill included complete documentation of the transmission of a fire alarm signal to the monitoring company for 12 of 12 drills. LSC 19.7.1.2 requires fire drills in health care occupancies shall include the transmission of the fire alarm signal and simulation of emergency conditions. This deficient practice could affect all residents in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's fire drills in the Fire System Book on 01/29/14 at 12:15 p.m. with the Administrator and Maintenance Assistant # 1 present, the question "Did the alarm company receive the alarm?" was asked on the fire drill form used. The answer on all twelve documented fire drills was always "Yes", however, there was not a name included of the person from the monitoring company who received the alarm or the time the alarm was received. This included all four third shift (night) fire drills performed during the past twelve months. The Administrator said the third shift fire drills were all silent fire drills without the use of the audible alarm, furthermore, the Administrator</p>	K010050	<p>All residents in the facility could be affected by failure to have complete documentation for fire drills including the documentation of the alarm signal being transmitted to the monitoring company. The facility has updated its Fire and Evacuation Drill/Event Form (Attachment A). The updates include if the drill was a silent drill, what time the alarm was received, what time the alarm company was contacted, and the alarm company contact's name. The maintenance supervisor or designee will review the documentation monthly for 3 monthly and the quarterly thereafter utilizing the Life Safety Review Quality Assurance Tool (Attachment B). This tool will be reviewed monthly by the Quality Assurance Committee and any concerns will be addressed immediately.</p>	02/14/2014			

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K010067 SS=B	<p>said the monitoring company was always contacted before and after a fire drill was conducted during the first and second shifts, but acknowledged all portions of the question "Did the alarm company receive the alarm?" were not answered on the fire drill reports.</p> <p>3-1.19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</p> <p>Based on observation, record review and interview; the facility failed to ensure 3 of 3 fire dampers in 2 of 7 smoke compartments were inspected and provided necessary maintenance at least every four years in accordance with NFPA 90A. LSC 9.2.1 requires air conditioning, heating, ventilating ductwork (HVAC) and related equipment shall be in accordance with NFPA 90A, Standard for the Installation of Air-Conditioning and Ventilating Systems. NFPA 90A, 1999 Edition, 3.4.7, Maintenance, requires at least every 4 years, fusible links (where applicable) shall be removed; all dampers shall be operated to verify they fully close; the latch, if provided, shall</p>	K010067	All residents in the facility could be affected by failure to ensure the 3 fire dampers are inspected at least every 4 years and maintained in proper working order. The facility has inspected all 3 dampers and found them to be in proper working order. The maintenance supervisor or designee will inspect the fire dampers annually rather than every 4 years. This inspection has been added to the facility's annual preventative maintenance schedule. The maintenance supervisor or designee will also complete the Maintenance Services Quality Assurance Tool (Attachment D) monthly to ensure all preventative maintenance tasks are current.	02/14/2014	

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	<p>be checked, and moving parts shall be lubricated as necessary. This deficient practice could affect any number of residents, as well as staff and visitors while around the west nurses' station.</p> <p>Findings include:</p> <p>Based on observations on 01/29/14 between 9:45 a.m. and 11:45 a.m. during a tour of the facility with the Administrator and Maintenance Assistant # 1, there were three fire dampers located in the HVAC supply air plenums through three smoke barrier walls. Based on review of the "Fire Damper Inspection" documents at 12:30 p.m., the last time the three fire dampers were inspected was 06/10/09. Based on interview with the Administrator at the time of record review, the fire dampers have not been inspected and serviced by an HVAC contractor, or by someone in house since 06/10/09.</p> <p>3.1-19(b)</p>			