

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155059	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 08/29/2012
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NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 1500 GRANT ST HUNTINGTON, IN 46750
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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: 08/29/12</p> <p>Facility Number: 000020 Provider Number: 155059 AIM Number: 100288690</p> <p>Surveyor: Amy Kelley, 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</p> <p>This one story facility was determined to be of Type II (000) construction and was fully sprinklered. The facility has a fire</p>	K0000	Please accept the following Plan of Correction as our Credible Allegation of 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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	<p>alarm system with smoke detection in the corridors and areas open to the corridors. Battery operated smoke detectors were installed in the resident rooms. The facility has a capacity of 85 and had a census of 58 at the time of this survey.</p> <p>The facility was found not in compliance with state law in regard to sprinkler coverage and in compliance with the state law in regard to smoke detector coverage.</p> <p>All areas where the residents have customary access were sprinklered. The supply closet in the Boulevard Lounge was not sprinklered. The facility has a detached garage used for storage of beds parts and lawn equipment, a shed used for storage of curtain railings and a shed for a portable generator which were not sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 09/05/12.</p> <p>The facility was found not in compliance with the</p>			

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	aforementioned regulatory requirements as evidenced by the following:			

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K0014 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD Interior finish for corridors and exitways, including exposed interior surfaces of buildings such as fixed or movable walls, partitions, columns, and ceilings has a flame spread rating of Class A or Class B. 19.3.3.1, 19.3.3.2</p> <p>Based on observation and interview, the facility failed to provide documentation for the flame spread rating of interior finish materials installed within exit access for 5 of 6 corridors in the facility. This deficient practice could affect all 58 residents in the facility.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Director on 08/29/12 during the tour from 10:10 a.m. to 12:40 p.m., carpet was installed on the bottom one third of all corridor walls with the exception the service hall. Based on an interview with the Maintenance Director at the time of observation, documentation was not available to demonstrate the carpet provides a flame spread rating of Class A or Class B.</p> <p>3.1-19(b)</p>	K0014	<p>It is the policy of Miller's Merry Manor to have class A or B flame spread ratings for interior finish in corridors and exitways Residents affected by this deficient practice did not incur any injury because of the deficient practice and remain in the facility at this time . All residents have the potential to be effected by this deficient practice. Maintenance will spray all carpeting on the wall with flame retardant to ensure flame spread rating. This product will be applied per manufactures instruction and will be reapplied every five years. A Record of the date and time the flame retardant was applied will be maintained. The systematic change that will ensure that this deficient practice will not occur in the future is maintenance staff has made the correction and maintenance staff will monitor that the deficiency doesn't happen in the future. The Q/A tool used will be Life Safety Review, Attachment (C). It will be completed weekly for the first 30 days and then monthly thereafter. Completion date 9/28/12</p>	09/28/2012

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K0018 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 4 east hall storage room corridor doors closed and latched into the door frame. This deficient practice was not in a resident care area but could affect the Home Health staff evacuated through the east hall exit in the event of an emergency.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director on 08/29/12 at 12:30 p.m., the corridor door to the east hall storage room near the exit door failed to latch into the door frame.</p>	K0018	<p>It is the policy of Miller's Merry Manor to maintain doors such that they stop the passage of smoke. Staff affected by this deficient practice did not incur any injury because of the deficient practice. All Home Health Care Staff have the potential to be effected by this deficient practice. Maintenance made repairs to East Hall Supply Closet Door to ensure it will securely latching into door frame. The systematic change that will ensure that this deficient practice will not occur in the future is maintenance staff has made the correction and maintenance staff will monitor that the deficiency doesn't happen in the future. The Q/A tool used will be Life Safety Review. Attachment (C) It will be completed weekly for the first 30 days and then monthly thereafter.</p>	09/28/2012

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	<p>This section of the east hall is currently closed to residents but is used by the Home Health staff for an emergency exit. The failure of the storage room door to latch was acknowledged by the Maintenance Director at the time of observation.</p> <p>3.1-19(b)</p>		Completion date 9/28/12	

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K0056 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>Based on observation and interview, the facility failed to ensure a complete automatic sprinkler system was provided for 1 of 1 Boulevard lounge supply closets in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems to provide complete coverage for all portions of the building. This deficient practice could affect any of the 12 residents in the Boulevard hall</p> <p>Finding include:</p> <p>Based on an observation with the Maintenance Director on 08/29/10 at 12:00 p.m., the Boulevard lounge closet lacked sprinkler coverage. This was</p>	K0056	It is the policy of Miller's Merry Manor to provide complete sprinkler coverage for all portions of the building. Residents affected by this deficient practice did not incur any injury because of the deficient practice and remain in the facility at this time . All Boulevard Residents have the potential to be effected by this deficient practice. A sprinkler head will be installed in the Boulevard Lounge supply closet. The systematic change that will ensure that this deficient practice will not occur in the future is that a sprinkler head will have been installed and maintenance staff will monitor that the deficiency doesn't happen in the future. The Boulevard closet will be monitored by Maintenance staff to insure sprinkler head provides sprinkler coverage to the area and the spray pattern has not	09/28/2012			

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	acknowledged by the Maintenance Director at the time of observation. 3.1-19(b)		been impeded. Q/A tool used will be Life Safety Review Attachment (C). It will be completed weekly for the first 30 days and then monthly thereafter. Completion Date 9/28/12		

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K0067 SS=E	<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 and interview, the facility failed to ensure 1 of 6 zones did not use the adjoining egress corridors as a portion of the return air plenum for heating, ventilating and air conditioning (HVAC) ductwork serving adjoining areas. NFPA 90A, the Standard for the Installation of Air Conditioning and Ventilation Systems at 2-3.11.1 requires egress corridors shall not be used as a portion of a supply, return or exhaust air system serving adjoining areas. This deficient practice could affect all 8 residents on the west wing.</p> <p>Finding include:</p> <p>Based on observation and interview with the Maintenance Director on 08/29/12 at 11:27 a.m., all 12 resident rooms in the west wing were using the egress corridors as a return air system. An interview with Maintenance Technician # 1 confirmed return</p>	K0067	<p>It is the policy of Miller's Merry Manor not to use the egress corridors as a portion of the return air plenum for heating ,ventilating and air conditioning (HVAC) ductwork serving adjoining areas. Residents affected by this deficient practice did not incur any injury because of the deficient practice and remain in the facility at this time . All residents have the potential to be effected by this deficient practice. The facility will have an independent contractor, Poorman's Heating and Air, install new ductwork to ensure egress corridors on the West Wing are not used as part of the return air system for adjoining areas. The systematic change that will ensure that this deficient practice will not occur in the future is that Poorman's Heating & Air have made the correction and maintenance staff will monitor that the deficiency doesn't happen in the future. The Q/A tool used will be Life Safety Review Attachment (C) It will be completed weekly for the first 30 days and then monthly thereafter. Completion date 9/28/12</p>	09/28/2012			

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	air was exhausted into the corridor for all west wing resident rooms. 3.1-19(b)				

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K0130 SS=E	<p>NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786</p> <p>Based on observation and interview, the facility failed to ensure penetrations in 1 of 8 penetrations in the west hall fire barrier wall was protected by an approved device designed for the specific purpose and capable of maintaining the fire resistance of the barrier. LSC 19.1.1.3 requires all health care facilities to be maintained and operated to minimize the possibility of a fire emergency requiring the evacuation of the occupants. LSC 8.2.3.2.4.2 requires pipes, conduits, bus ducts, cables, wires, air ducts, pneumatic tubes and ducts, and similar building service equipment that pass through fire barriers shall be protected as follows:</p> <p>(1) The space between the penetrating item and the fire barrier shall meet one of the following conditions:</p> <p>a. It shall be filled with a material that is capable of maintaining the fire resistance of the fire barrier.</p> <p>b. It shall be protected by an approved device that is designed for the specific purpose.</p>	K0130	<p>It is the policy of Miller's Merry Manor to maintain the fire resistance of fire wall barriers. Residents affected by this deficient practice did not incur any injury because of the deficient practice and remain in the facility at this time . All West wing residents have the potential to be effected by this deficient practice. Maintenance as made repairs to West wing fire wall to ensure Fire and smoke barrier is maintained. . The systematic change that will ensure that This deficient practice will not occur in the future is that maintenance staff have made the correction and maintenance staff will monitor that the deficiency doesn't happen in the future. The maintenance staff will weekly review outside vender log and review work completed to ensure that smoke barriers have not been breeched. The Q/A tool used will be Life Safety Review. Attachment (C). It will be completed weekly for the first 30 days and then monthly. Completion date 9/28/12</p>	09/28/2012	

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	<p>(2) Where the penetrating item uses a sleeve to penetrate the fire barrier, the sleeve shall be solidly set in the fire barrier, and the space between the item and the sleeve shall meet on of the following conditions:</p> <p>a. It shall be filled with a material that is capable of maintaining the fire resistance of the fire barrier.</p> <p>b. It shall be protected by an approved device that is designed for the specific purpose.</p> <p>This deficient practice could affect the 8 residents on the West hall.</p> <p>Findings include:</p> <p>Based on an observation with the Maintenance Director on 08/29/12 at 12:40 p.m., there was an unsealed penetration around a computer line measuring one eight inch above the lay in ceiling at the west hall fire barrier wall. This wall was confirmed to be a fire wall by the Maintenance Director.</p> <p>3.1-19(b)</p>			

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