

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155574	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 07/28/2015
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NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 500 WALKERTON TR WALKERTON, IN 46574
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K 0000 Bldg. 01	<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: 07/29/2015</p> <p>Facility Number: 000431 Provider Number: 155574 AIM Number: 100290380</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 and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with automatic smoke detection in the corridors and in areas open to the corridors. All 63 resident rooms were provided with battery operated smoke detectors. The facility has a capacity of 107 and had a census of</p>	K 0000	Miller's Merry Manor Walkerton respectfully requests paper compliance. Please accept the following plan of correction for the following deficiencies as our credible allegation of compliance.	
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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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K 0018 SS=D Bldg. 01	<p>68 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 for the wooden shed in the back used for maintenance storage.</p> <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. Based on observation and interview, the facility failed to ensure 1 of 63 resident room corridor doors had no impediment to closing and latching into the door frame. This deficient practice could affect 2 residents.</p> <p>Findings include:</p> <p>Based on observation and interview on 07/28/15 at 11:29 a.m., the Maintenance Supervisor acknowledged the corridor</p>	K 0018	It is the policy of Miller's Merry Manor Walkerton that doors protecting corridor openings have no impediment to closing and latching into the door frame. This deficient practice has the potential to affect two residents. The facility has contacted a contractor who will repair the door so it closes and latches into the door frame and there is no impediment to hold it open. The maintenance supervisor will be responsible for monitoring the resident doors in the facility by	08/27/2015

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K 0044 SS=D Bldg. 01	<p>door to resident room 124 had a rubber door stop that prevented the resident room door from closing and latching into the door frame.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Horizontal exits, if used, are in accordance with 7.2.4. 19.2.2.5 Based on observation and interview, the facility failed to ensure 1 of 5 fire door sets were arranged to automatically close and latch. LSC 19.2.2.5 requires horizontal exits to be in accordance with 7.2.4 and 7.2.4.3.8 requires fire doors to be self closing or automatic closing in accordance with 7.2.1.8. In addition NFPA 80, Standard for Fire Doors and Windows at 2-1.4.1 requires all closing mechanisms shall be adjusted to overcome fire resistance of the latch mechanism so that positive latching is achieved on each door operation. These deficient practices could affect up to 62 residents, staff, and visitors.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Supervisor on 07/28/15 at 12:15 p.m. the fire doors near resident</p>	K 0044	<p>using the QA tool titled "Interior Room Door Inspection" (Attachment A) on a weekly basis and then monthly thereafter on an ongoing basis. The results will be documented in the TELS preventative maintenance program and findings will be discussed at the monthly QA meeting.</p> <p>It is the policy of Miller's Merry Manor Walkerton that fire door sets are arranged to automatically close and latch on each door operation. This deficient practice has the potential to affect all residents. The doors were planed and sanded on 8/4/15 so they automatically close and latch on each operation. The maintenance supervisor will be responsible for monitoring the fire doors by using the QA tool titled "Fire Door Inspection" (Attachment B) on a weekly basis and then monthly thereafter on an ongoing basis. The results will be documented in the TELS preventative maintenance program and findings will be discussed at the monthly QA meeting.</p>	08/27/2015

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K 0050 SS=B Bldg. 01	<p>room 220 failed to latch when tested. Based on interview at the time of observation, the Maintenance Supervisor acknowledged the aforementioned condition.</p> <p>3.1-19(b)</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> <p>Based on record review and interview, the facility failed to conduct quarterly fire drills at unexpected times for 3 of 4 quarters. This deficient practice affects all residents, staff, and visitors.</p> <p>Findings include:</p> <p>Based on record review of the "Fire and Evacuation Drill/Event Form" with the Maintenance Supervisor on 07/28/15 at 10:42 a.m., three sequential second shift fire drills took place between 3:55 p.m. and 04:00 p.m. for three of the last four quarters. Based on interview at the time of record review, the Maintenance</p>	K 0050	<p>It is the policy of Miller's Merry Manor that fire drills are held at unexpected times under varying conditions at least quarterly on each shift. This deficient practice has the potential to affect all residents. The maintenance supervisor will be responsible for overseeing the quarterly fire drills so they are at varying times and varying conditions. The schedule was also reviewed and changes were made. The drills will be documented in the TELS preventative maintenance program (Attachment C) and findings will be discussed at the monthly QA meeting.</p>	08/27/2015	

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K 0072 SS=D Bldg. 01	<p>Supervisor acknowledged the aforementioned condition.</p> <p>3.1-19(b) 3.1-51(c)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10 Based on observation and staff interview, the facility failed to maintain the means of egress being continuously maintained free of all obstructions or impediments in 1 of 2 exits. This deficient practice could affect approximately 4 residents in the Therapy room.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Supervisor on 07/29/15 at 10:50 a.m., two chairs were stored in front of the exterior exit from Therapy. Based on interview at the time of observation, the Maintenance Supervisor acknowledged the aforementioned condition.</p> <p>3.1-19(b)</p>	K 0072	<p>It is the policy of Miller's Merry Manor that means of egress are continuously maintained free of all obstructions or impediments to full instant use in case of fire or other emergency. This deficient practice has the potential to affect all residents. The chairs in front of the exit door in the temporary therapy room were removed on 8/3/14. The maintenance supervisor will be responsible for using the QA tool "Fire and Evacuation Drill/Event Form" (Attachment D) weekly and then monthly on an ongoing basis. The results will be documented in the TELS preventative maintenance program and findings discussed at the monthly QA meeting.</p>	08/27/2015

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K 0075 SS=D Bldg. 01	<p>NFPA 101 LIFE SAFETY CODE STANDARD Soiled linen or trash collection receptacles do not exceed 32 gal (121 L) in capacity. The average density of container capacity in a room or space does not exceed .5 gal/sq ft (20.4 L/sq m). A capacity of 32 gal (121 L) is not exceeded within any 64 sq ft (5.9-sq m) area. Mobile soiled linen or trash collection receptacles with capacities greater than 32 gal (121 L) are located in a room protected as a hazardous area when not attended. 19.7.5.5</p> <p>Based on observation and interview, the facility failed to ensure a capacity of 32 gallons for soiled linen or trash collection receptacles was not exceeded within any 64 square foot area which was not protected as a hazardous area for 1 of 1 Unit 2 Shower Room. This deficient practice could affect staff and up to 2 residents.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Supervisor on 07/29/15 at 12:31 a.m., one 30 gallon container of biohazardous soiled linen and one 30 gallon container of biohazardous trash were adjacent to one another in Unit 2 Shower Room. When tested, the Unit 2 Shower room door did not self close into the frame. Based on an interview at the time of observation, the Maintenance Supervisor acknowledged the</p>	K 0075	<p>It is the policy of Miller's Merry Manor that soiled linen or trash collection receptacles do not exceed 32 gallon in capacity and that soiled linen or trash greater than 32 gallon are located in a room protected as a hazard area when not attended. All residents have the potential to be affected by this deficient practice. The trash barrel that exceeded the gallon limit was moved to locked rooms on both units on 7/29/15. The maintenance supervisor will be responsible for using QA audit tool "Inspection of Shower Rooms" (Attachment E) on a weekly basis then monthly on an ongoing basis. Results will be documented in the TELS preventative maintenance program and findings will be discussed at the montly QA meeting.</p>	08/27/2015
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K 0147 SS=E Bldg. 01	<p>aforementioned condition.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>1. Based on observation and interview, the facility failed to ensure 4 of 4 multiplugs and 6 of 6 flexible cords were not used as a substitute for fixed wiring to provide power equipment with a high current draw. NFPA 70, National Electrical Code, 1999 Edition, 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 affects staff and up to 32 residents.</p> <p>Findings include:</p> <p>Based on observation with Maintenance Supervisor on 07/28/2015 between 11:36 a.m. to 2:20 p.m. the following was discovered:</p> <ul style="list-style-type: none"> a) a multiplug in the maintenance shed powering computer electronics b) a power strip in Unit 1 Medication Room powering a refrigerator c) a multiplug in Resident Room 123 d) a power strip in Resident Room 131 	K 0147	<p>It is the polciy of Miller's Merry manor that electrical wiring and euqipment is in accordance with NFPA70. All residents have the potential to be affected by this deficient practice. The discoveries #1 "A thru J were all corrected on or before 8/12/2015 by moving appliances to wall receptacles, changing multiplugs to breaker outlets, hiring an electrician to install receptacle in mechanical room, removing extension cords and removing powerstrips. #2, all cords were removed by 7/29/2015 and the facility has decided to not have year round lights, but just during the 90 day window for Christmas decorations. The maintenance supervisor will be responsible for monitoring the power strips, etc. by using QA tool "Electrical Power Strip Assessment" (Attachment F) on a weekly basis then monthly thereafter on an ongoing basis. The results will be documented in the TELS preventative maintenance program and discussed at the monthly QA meeting.</p>	08/27/2015

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	<p>powering an air conditioner</p> <p>e) a power strip in Unit 2 Nurse's Station powering another power strip powering miscellaneous electronics.</p> <p>f) a multiplug in Unit 2 Nurse's Station Dining Room powering a refrigerator</p> <p>g) a power strip in the Mechanical Room powering three electrical components.</p> <p>h) a power strip in the Administration office was powering a refrigerator.</p> <p>i) a multiplug extension cord in the Copy Office Room was powering a copy machine.</p> <p>j) a power strip in the Copy Office Room was powering a microwave.</p> <p>Based on interview at the time of observation, the Maintenance Supervisor acknowledged each aforementioned condition.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to ensure 3 of 3 flexible cords were not used as a substitute for fixed wiring. NFPA 70, National Electrical Code, 1999 Edition, Article 305-3 Time Constraints:</p> <p>(a) During the Period of Construction. Temporary electrical power and lighting installations shall be permitted during the period of construction, remodeling, maintenance, repair, or demolition of buildings, structures, equipment, or</p>			

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	<p>similar activities.</p> <p>(b) 90 Days. Temporary electrical power and lighting installations shall be permitted for a period not to exceed 90 days for Christmas decorative lighting and similar purposes.</p> <p>(c) Emergencies and Tests. Temporary electrical power and lighting installations shall be permitted during emergencies and for tests, experiments, and developmental work.</p> <p>(d) Removal. Temporary wiring shall be removed immediately upon completion of construction or purpose for which the wiring was installed. This deficient practice could affect staff and at least ten residents near the gazebo.</p> <p>Findings include: Based on observation with the Maintenance Supervisor on 07/28/15 at 12:41 p.m. an extension cord near the Gazebo was found powering another extension cord powering outdoor LED strips bordering the top of the Gazebo. Another extension cord going to the Gazebo was partially buried underground.</p> <p>3.1-19(b)</p>			