

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155118	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 11/18/2014
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NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 787 N DETROIT ST LAGRANGE, IN 46761
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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: 11/18/14</p> <p>Facility Number: 000049 Provider Number: 1552118 AIM Number: 100270890</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist and Thomas Forbes, Life Safety Code Specialist Trainee</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 smoke detection in the corridors, areas open to the corridors and hard wired smoke detectors in resident</p>	K010000		
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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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K010062 SS=D	<p>rooms 18, 19, 22, 23, 26 and 27 on the suite hall. The remaining resident room have battery operated smoke detectors. The facility has a capacity of 100 and had a census of 80 at the time of this survey.</p> <p>All areas providing customary access to the residents were sprinklered. The facility had a detached maintenance shed and a biohazardous waste shed providing facility services that were not sprinklered.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 11/25/14.</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 Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 Based on observation and interview, the facility failed to maintain sprinkler heads in 1 of 1 laundry rooms. LSC 9.7.5 requires all automatic sprinkler systems shall be inspected and maintained in</p>	K010062	All residents have the potential to be effected by this deficient practice. The maintenance department immediately cleaned the two sprinkler heads that had dust on	12/08/2014

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	<p>accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 1998 edition, 2-2.1.1 requires any sprinkler shall be replaced which is painted, corroded, damaged, loaded, or in the improper orientation. This deficient practice was not in a resident care area but could affect facility staff.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Supervisor and the Maintenance Assistant on 11/18/14 at 2:03 p.m., the two sprinkler heads above the washers in the laundry room were covered with a build up of lint. Based on an interview with the Maintenance Supervisor at the time of observation, he acknowledged the build up of lint on the aforementioned sprinkler heads.</p> <p>3.1-19(b)</p>		<p>them and have also added the cleaning of all sprinkler heads in the laundry department to their list of monthly cleaning duties.</p>				
K010130 SS=E	<p>NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 Based on observation and interview, the facility failed to ensure the penetration in</p>	K010130	All residents have the potential to be	12/08/2014			

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	<p>1 of 10 fire barrier walls was maintained to ensure 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> <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</p>		<p>effected by this deficient practice. Immediately the maintenance department filled the void in the partial breach of the fire wall and also inspected again the 10 other fire walls to insure that no other breaches were noted and will be monitored with quarterly with our fire barrier checks.. All repairs have been completed and all fire walls are sealed with fire rated caulk.</p>				

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K010147 SS=D	<p>residents in 2 of 10 smoke compartments.</p> <p>Findings include:</p> <p>Based on an observation with the Maintenance Supervisor and the Maintenance Assistant on 11/18/14 at 3:02 p.m., there was a pencil size unsealed penetration through the first layer of five eights inch drywall above the ceiling tile at the northwest fire barrier doors. Based on an interview with the Maintenance Supervisor at the time of observation, he acknowledged the unsealed penetration and confirmed the fire barrier wall had two layers of five inch drywall on each side.</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>Based on observation and interview, the facility failed to ensure 1 of 1 receptacles in the northwest electrical room was provided with ground fault circuit interrupter (GFCI) protection against electric shock. NFPA 70, Article 517, Health Care Facilities, defines wet locations as patient care areas subjected to wet conditions while patients are</p>	K010147	All residents have the potential to be effected by this deficient practice. The outlet near the sink in the Northwest electrical room was replaced with a GFI protected outlet. These outlets will be checked monthly with our preventative maintenance program. Please note Attachment A which shows the invoice for the purchase of this GFI outlet.	12/08/2014			

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	<p>present. These include standing fluids on the floor or drenching of the work area, either of which condition is intimate to the patient or staff. NFPA 70, 517-20 Wet Locations, requires all receptacles and fixed equipment within the area of the wet location to have GFCI protection. Moisture can reduce the contact resistance of the body, and electrical insulation is more subject to failure. This deficient practice could affect any staff with access to the northwest electrical room.</p> <p>Findings include:</p> <p>Based on an observation with the Maintenance Supervisor and the Maintenance Assistant on 11/18/14 at 1:46 p.m., there was an electrical receptacle on the wall within one foot of a sink in the northwest electrical room near the northwest nurses' station. The receptacle was provided was not protected with a GFCI receptacle and when tested with a GFCI testing device at the time of observation the Maintenance Supervisor confirmed power was not interrupted at the receptacle.</p> <p>3.1-19(b)</p>						