

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/19/2021
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155102 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____ | (X3) DATE SURVEY COMPLETED 04/15/2021 |
| NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR | | | STREET ADDRESS, CITY, STATE, ZIP CODE 635 OAKHILL AVE PLYMOUTH, IN 46563 | |
| (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 000 | <p>INITIAL COMMENTS</p> <p>A Life Safety Code Pre-Occupancy Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 04/15/2021</p> <p>Facility Number: 000041 Provider Number: 155102 AIM Number: 100275400</p> <p>At this Life Safety Code Pre-Occupancy 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 2012 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 building was constructed in three phases: the original building was constructed in 1968 and includes the Terrace wing, ICF I and ICF II; ICF III and the Skilled wing were completed in 1974 with the Orchard wing and Main hall added in 1985. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and battery powered smoke detectors in all resident sleeping rooms. The facility has 131 certified beds, 115 are dually certified for Medicare and Medicaid, 16 are certified only for Medicare. The facility had a census of 49 at the time of this survey.</p> <p>This Pre-Occupancy Survey focused on the</p> | K 000 | | |
| 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 000 | <p>Continued From page 1</p> <p>following: Remodel of the entrance, dining and lounge space and part of a resident room renovated into a new physical therapy area (with restroom, storage, and private dining room), an office renovated into a beauty shop, a conference room renovated into a fitness room, an office renovated into bistro area in the Orchard Wing. The renovation of a kitchenette and nurse station into two new resident rooms to be numbered N18 and N19; A therapy office into new resident room to be numbered 14; An existing therapy space and storage area and resident room renovated into a common room; and a resident room and adjacent office renovated into a lounge with a storage area. As well as the renovation of a vestibule adjacent to existing dining and lounge into a nurse ' s station in the North Wing.</p> <p>The addition of a canopy at the Main Entrance with new power sliding doors at the existing main entrance beside Orchard Wing.</p> <p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered except for two detached sheds for facility storage which were not sprinklered.</p> <p>Quality Review completed on 04/16/21</p> | K 000 | | | |