

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

PRINTED: 05/28/2025
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155049		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING _____		X3) DATE SURVEY COMPLETED 05/12/2025	
NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR				STREET ADDRESS, CITY, STATE, ZIP COD 1630 S COUNTY FARM RD WARSAW, IN 46580			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
E 0000 Bldg. --	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 05/12/2025</p> <p>Facility Number: 000017 Provider Number: 155049 AIM Number: 100273830</p> <p>At this Emergency Preparedness survey, Miller's Merry Manor was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73.</p> <p>The facility has 137 certified beds. At the time of the survey, the census was 96.</p> <p>Quality Review completed on 05/14/25</p>			E 0000			
K 0000 Bldg. 01	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 05/12/2025</p> <p>Facility Number: 000017 Provider Number: 155049 AIM Number: 100273830</p> <p>At this Life Safety Code survey, Miller's Merry Manor was found not in compliance with</p>			K 0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Hillary Corbitt

Executive Director

05/22/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 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 0345 SS=C Bldg. 01	<p>Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(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>The facility is a one-story facility with a partial basement that was determined to be of Type V (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in corridors and areas open to the corridors. Battery-operated smoke detectors have been installed in the resident rooms. The facility has a capacity of 137 and a census of 96 at the time of this survey.</p> <p>All areas where the residents have customary access are sprinklered. The facility had a detached maintenance supply shed, a generator shed and a fire pump building providing facility services that were not sprinklered.</p> <p>Quality Review completed on 05/14/25</p> <p>NFPA 101 Fire Alarm System - Testing and Maintenance</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 fire alarm system was continuously in proper operating condition. NFPA 72, National Fire Alarm and Signaling Code, 2010 Edition, Section 14.2.1.2.2 states system defects and malfunctions shall be corrected. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation with the Administrator,</p>			K 0345	<p>It is the policy of Miller's Merry Manor to ensure the fire alarm system is continuously in proper operating condition. On date of survey, the fire alarm panel was reading the incorrect date and time.</p> <p>All residents, staff, and visitors, have the potential to be affected by this deficient practice. SafeCare was contacted and maintenance staff were educated</p>		05/22/2025

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K 0920 SS=E Bldg. 01	<p>Maintenance Director, and Corporate Maintenance Assistant at 12:01 p.m. on 05/12/2025, the fire control panel indicated the time of 3:00 a.m. and date of 01/15/18. Based on interview with the Maintenance Director at 12:01 p.m. on 05/12/2025, he acknowledged the time on the fire control panel was incorrect, stating he did not know how the time and date were wrong.</p> <p>These findings were reviewed with the Administrator, Maintenance Director, and Corporate Maintenance Assistant during the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Electrical Equipment - Power Cords and Extens</p> <p>Based on observation and interview, the facility failed to ensure power strips were not used as a substitute for fixed wiring to provide power equipment with a high current draw. NFPA-70/2011, 400.8 state unless specifically permitted in 400.7 flexible cords and cables shall not be used for (1) as a substitute for fixed wiring. This deficient practice could affect residents, staff and visitors in 2 of 9 smoke compartments.</p> <p>Findings include:</p> <p>1. Based on observation with the Administrator, Maintenance Director, and Corporate Maintenance Assistant at 11:17 a.m. on 05/12/2025, a refrigerator (high power draw equipment) was plugged into and supplied power by a power strip under the receptionist's desk in the front lobby. Based on interview with the Maintenance Director at 11:17 a.m. on 05/12/2025,</p>			K 0920	<p>on how to change the date and time on the fire panel. Facility fire panel now reads the correct date and time.</p> <p>Maintenance staff have begun checking fire panel date and time, on their daily rounds of the facility. Maintenance will use the Fire Panel Audit Tool (Attachment A) Monday-Friday for two weeks, then weekly for two months. If incorrect information is seen, maintenance will change on the spot, and a summary will be provided at the monthly QAPI meeting.</p> <p>It is the policy of Miller's Merry Manor to not use power strips as a substitute for fixed wiring to provide power to equipment with a high current draw. On date of survey, a refrigerator under the receptionist's desk and a refrigerator in the Director of Nursing's office, were both plugged into a power strip. All residents, staff, and visitors, have the potential to be affected by this deficient practice. On date of survey, Administrator corrected this deficient practice, by plugging both refrigerators into outlets directly on the wall. Maintenance staff will begin checking offices, to ensure power strips are not being used as a</p>		05/22/2025

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	<p>he confirmed that the refrigerator was plugged into the power strip. Based on interview with the Administrator at 11:17 a.m. on 05/12/2025, she was previously unaware of the refrigerator under the receptionist's desk.</p> <p>2. Based on observation with the Administrator, Maintenance Director, and Corporate Maintenance Assistant at 11:23 a.m. on 05/12/2025, a refrigerator (high power draw equipment) was plugged into and supplied power by a power strip in the Director of Nursing (DON) office. Based on interview with the Maintenance Director at 11:23 a.m. on 05/12/2025, he confirmed that the refrigerator was plugged into the power strip. Based on interview with the Administrator at 11:23 a.m. on 05/12/2025, she stated she believed the refrigerator was brought in by the DON. Based on interview with the Corporate Maintenance Assistant at 11:23 a.m. on 05/12/2025, he stated a refrigerator was previously located in another location in the office where it was plugged directly in the wall.</p> <p>These findings were reviewed with the Administrator, Maintenance Director, and Corporate Maintenance Assistant during the exit conference.</p> <p>3.1-19(b)</p>				<p>substitute for fixed wiring to provide power equipment with a high current flow. Maintenance will use the Power Strip Audit Tool (Attachment B) weekly for four weeks, then monthly for three months. If a deficiency is seen, maintenance will correct on the spot, and a summary will be provided at the monthly QAPI meeting.</p>		