

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

PRINTED: 05/23/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155297		X2) MULTIPLE CONSTRUCTION A. BUILDING      -- B. WING      _____		X3) DATE SURVEY COMPLETED 05/08/2023	
NAME OF PROVIDER OR SUPPLIER  MILLER'S HEALTH & REHAB BY MILLER'S MERRY MANOR				STREET ADDRESS, CITY, STATE, ZIP COD 3530 MONROE STREET LA PORTE, IN 46350			
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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: 05/08/2023</p> <p>Facility Number: 000194 Provider Number: 155297 AIM Number: 100267790</p> <p>At this Emergency Preparedness survey, Miller's Health and Rehab by 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 81 certified beds. Sixty-one beds are dually certified for Medicare and Medicaid, Twenty beds are certified only for Medicare. At the time of the survey, the census was 47.</p> <p>Quality Review completed on 05/09/23</p>			E 0000			
K 0000  Bldg. 03	<p>A Life Safety Code Certification and State Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 05/08/2023</p> <p>Facility Number: 000194 Provider Number: 155297 AIM Number: 100267790</p>			K 0000			

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

TITLE

(X6) DATE

Kari Mitchell

Administrator

05/19/2023

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 0324 SS=E Bldg. 03	<p>At this Life Safety Code survey, Miller's Health and Rehab by Miller's Merry Manor was found not in compliance with 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>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, spaces open to the corridors and in resident rooms. The building is fully protected by a 750 kW diesel-powered generator. The facility has a capacity of 81. Sixty-one beds are dually certified for Medicare and Medicaid, Twenty are certified only for Medicare. The facility had a census of 47 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered and all areas which provide facility services were sprinklered.</p> <p>Quality Review completed on 05/09/23</p> <p>NFPA 101 Cooking Facilities Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2,</p>						

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	<p>19.3.2.5.2</p> <p>* cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or</p> <p>* cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor.</p> <p>18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2</p> <p>Based on observation and interview, the facility failed to ensure staff had access to the shutoff switch for 2 of 2 cook tops in the therapy gym and dining area. LSC 19.3.2.5.4 states within a smoke compartment, residential or commercial cooking equipment that is used to prepare meals for 30 or fewer persons shall be permitted, provided that the cooking facility complies with all of the following conditions:</p> <p>(1) The space containing the cooking equipment is not a sleeping room.</p> <p>(2) The space containing the cooking equipment shall be separated from the corridor by partitions complying with 19.3.6.2 through 19.3.6.5.</p> <p>(3) The requirements of 19.3.2.5.3(1) through (10) and (13) are met.</p> <p>19.3.2.5.3(9) states A switch meeting all of the following is provided:</p> <p>(a) A locked switch, or a switch located in a restricted location, is provided within the cooking facility that deactivates the cooktop or range.</p> <p>(b) The switch is used to deactivate the cooktop or range whenever the kitchen is not under staff supervision.</p> <p>This deficient practice could affect approximately 20 staff and residents.</p>			K 0324	<p>K324</p> <p>It is the policy of Millers Health &amp; Rehab La Porte to ensure staff have access to the shutoff switch for the cook tops in therapy and dining area and they are secured.</p> <p>All residents and staff have the potential to be affected by the deficient practice.</p> <p>To correct the deficient practice, a lock was placed on the cabinet door housing the shutoff switch for the cook top in the therapy gym. The key will be stored in the therapy gym as well as in the maintenance lock box.</p> <p>Inservicing with return demonstration was completed with Activity Staff on or before 5/19/23 on how to shut off the cook top in the dining area.</p>		05/19/2023

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K 0711 SS=C Bldg. 03	<p>Findings include:</p> <p>Based on observation with the Administrator and Maintenance Director on 05/08/23 between 12:23 p.m. and 1:37 p.m., a stove top was located in the main dining area near the front entrance. The breaker shut off was secured, but when tested, the stove top was active and was not under staff supervision. Furthermore, the stovetop located in the therapy gym did have a breaker accessible, but the location was not secured or restricted. Based on interview at the time of observations, the Administrator agreed that the stove tops were active and unsecured.</p> <p>The finding was reviewed with Maintenance Director and Administrator during the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Evacuation and Relocation Plan Evacuation and Relocation Plan There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. Employees are periodically instructed and kept informed with their duties under the plan, and a copy of the plan is readily available with telephone operator or with security. The plan addresses the basic response required of staff per 18/19.7.2.1.2 and provides for all of the fire safety plan components per 18/19.2.2. 18.7.1.1 through 18.7.1.3, 18.7.2.1.2, 18.7.2.2, 18.7.2.3, 19.7.1.1 through 19.7.1.3, 19.7.2.1.2, 19.7.2.2, 19.7.2.3 Based on record review and interview, the facility</p>			K 0711	K711		05/19/2023

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	<p>failed to provide 1 of 1 written emergency fire safety plan that incorporated all items listed in NFPA 101, Section 19.7.2.2.</p> <ol style="list-style-type: none"> <li>1. Use of alarms.</li> <li>2. Transmission of alarms to fire department.</li> <li>3. Emergency phone call to fire department</li> <li>4. Response to alarms.</li> <li>5. Isolation of fire.</li> <li>6. Evacuation of immediate area.</li> <li>7. Evacuation of smoke compartment.</li> <li>8. Preparation of floors and building for evacuation.</li> <li>9. Extinguishment of fire.</li> </ol> <p>This deficient practice affects all residents, staff and visitors in the event of an emergency.</p> <p>Findings include:</p> <p>Based on record review with the Administrator on 05/08/23 between 09:26 a.m. and 12:16 p.m., the facility's fire emergency plan located in the Disaster Manual did not address the types of fire extinguishers nor how to use fire extinguishers in the event of an emergency. According to the annual fire extinguisher report, class ABC and class K extinguishers are located in the building. Based on interview with the administrator, she acknowledged the aforementioned condition and stated a sheet located in the Disaster Manual did have a sheet available for classifications for all types of fire extinguishers, but did not represent classes found in the facility nor usage of a fire extinguisher.</p> <p>Findings were discussed with the Administrator and Maintenance Director at exit conference.</p> <p>3.1-19(b)</p>				<p>It is the policy of Millers Health &amp; Rehab LaPorte to provide written emergency fire safety plan that incorporates all items required by NFPA 101, Section 19.7.2.2.</p> <p>All residents and staff have the potential to be affected by the deficient practice.</p> <p>Facility fire policy (Attachment A) was updated to include: Types of Fire Extinguishers: Types A, B, C, D, and K are each designed to extinguish a different type of fire based on type of material is burning. There are also multi-purpose fire extinguishers such as BC and ABC that can be used on more than one type of fire and are multi-purpose. Fire Extinguishers should only be used in small fires. (i.e. the size of a small trash can) Type K extinguisher in the kitchen are used on fires involving oils and fats used in cooking appliance. Fire Extinguisher Use: Remember RACE. Before you begin to extinguish a fire, you want to make sure residents in immediate danger are removed to a safe location and the alarm has been pulled in order to get the fire department on the way. To Operate a Fire Extinguisher: PASS P – Pull the pin. You cannot activate the extinguisher with the</p>		

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					<p>pin in place.</p> <p>A – Aim at the base of the fire. You need to extinguish the fuel which is at the base, not the flames.</p> <p>S – Squeeze the lever slowly. S – Sweep from side to side. Start from several feet away and move closer as the fire diminishes.</p> <p>Evacuation: To ensure continued compliance the updated fire policy will be reviewed annually or as needed by the administrator or her designee.</p>		