

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

PRINTED: 03/17/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155774		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 02/14/2017	
NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR				STREET ADDRESS, CITY, STATE, ZIP CODE 1101 MICHIGAN AVE LOGANSPORT, IN 46947			
(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 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: 02/14/17</p> <p>Facility Number: 012036 Provider Number: 155774 AIM Number: NA</p> <p>At this Life Safety Code survey, Miller's Merry Manor was found not in compliance with Requirements for Participation in Medicare, 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 facility located on the third floor of a three story building was determined to be of Type II (222) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and hard wired smoke detectors in all resident rooms. The facility has a capacity of 21 and had a census of 5 at</p>		K 0000				

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 0712 SS=C Bldg. 01	<p>the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered.</p> <p>Quality Review completed on 02/15/17 - DA</p> <p>NFPA 101 Fire Drills Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. 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 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 18.7.1.4 through 18.7.1.7, 19.7.1.4 through 19.7.1.7</p> <p>1. Based on record review and interview, the facility failed to ensure 12 of 12 fire drills included the verification of transmission of the fire alarm signal to the monitoring station for the last 4 quarters. LSC 19.7.1.4 requires fire drills in health care occupancies shall include the transmission of a fire alarm signal and simulation of emergency fire conditions. This deficient practice affects</p>		K 0712	<p>It is the policy of Miller's Merry Manor to ensure that when fire drills are conducted, a verification of transmission of the fire alarm signal is sent to the monitoring station. It is also our policy to differ times of fire drills, particularly those on third shift. All residents have the potential to be affected by this deficient practice. The Safety Officer at Logansport Memorial Hospital has created a</p>		02/24/2017	

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	<p>all residents in the facility as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on record review of titled "Fire Drill Evaluation" with the Safety Manager, Administrator, and Plant Manager on 02/14/17 at 9:54 a.m., the fire drill documentation did not indicate the transmission of the alarm signal to the monitoring company for all drills. Based on interview at the time of record review, the Safety Manager, Administrator, and Plant Manager acknowledged there was no verification of the transmission of alarm for all drills.</p> <p>3.1-19(b) 3.1-51(c)</p> <p>2. Based on record review and interview, the facility failed to conduct quarterly fire drills at unexpected times under varying conditions on the third shift for 4 of 4 quarters. This deficient practice could affect all residents, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on record review of titled "Fire Drill Evaluation" with the Safety Manager, Administrator, and Plant</p>		<p>new template for fire drills to include verification of transmission of signal to the system "Fire Drill Evaluation Form" (Attachment A). The Safety Officer will ensure that for each drill conducted, a call is made to verify, and that information is recorded on the fire drill template. The Safety Officer has edited the fire drill schedule through the remainder of the year to vary the conditions and times of fire drills. Any identified issues will be corrected upon discovery and logged on the facility QA tracking log. QA tracking logs are reviewed in the monthly QA meeting to monitor for ongoing compliance. All systemic changes will be completed by February 24, 2017.</p>				

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K 0918 SS=F Bldg. 01	<p>Manager on 02/14/17 at 9:54 a.m., all third shift drills took place between 5:00 a.m. and 6:00 a.m. for the last four quarters. Based on interview at the time of record review, the Safety Manager and Administrator acknowledged the aforementioned third shift fire drills were not conducted at unexpected times under varying conditions.</p> <p>3.1-19(b) 3.1-51(c)</p> <p>NFPA 101 Electrical Systems - Essential Electric Syste Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and</p>						

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	<p>feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked and readily identifiable. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations.</p> <p>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>Based on observation and interview, the facility failed to ensure 2 of 2 emergency generators were equipped with a remote manual stop. LSC 7.9.2.4 requires emergency generators providing power to emergency lighting systems shall be installed, tested and maintained in accordance with NFPA, 2010 edition, 5.6.5.6 states all installations shall have a remote manual stop station of a type to prevent inadvertent or un intentional operation located outside the room housing the prime mover, where so installed or elsewhere on the premises where the prime mover is located outside the building 5.6.5.6.1 the remote manual stop station shall be labeled. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation during a tour of the</p>	K 0918	<p>It is the policy of Miller's Merry Manor to ensure that there are remote manual stops for generators. All residents have the potential to be affected by this deficient practice. Logansport Memorial Hospital will be running electrical conduits, pull in four new wires, and install two new remote e-stop function switches for the generators. Any identified issues will be corrected upon discovery and logged on the facility QA tracking log. QA tracking logs are reviewed in the monthly QA meeting to monitor for ongoing compliance. All systemic changes will be completed by March 3, 2017.</p>		03/03/2017		

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	<p>facility with the Safety Manager, Administrator, and Plant Manager on 02/14/17 at 9:54 a.m., the two generators that were located in the generator building did not have a remote manual stop for both emergency generators. Based on an interview at the time of observation, the Safety Manager stated there was no remote E-stop for either generator.</p> <p>3-1.19(b)</p>						