

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

PRINTED: 11/18/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155321		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/15/2022	
NAME OF PROVIDER OR SUPPLIER WATERS OF FORT WAYNE SKILLED NURSING FACILITY, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 5544 E STATE BLVD FORT WAYNE, IN 46815			
(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
E 000	<p>Initial Comments</p> <p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 11/15/22</p> <p>Facility Number: 000214 Provider Number: 155321 AIM Number: 100267240</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. The facility has a capacity of 77 and had a census of 46 at the time of this survey.</p>			E 000			
K 000	<p>Quality Review on 11/17/22</p> <p>INITIAL COMMENTS</p> <p>A Life Safety Code (LSC) 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: 11/15/22</p> <p>Facility Number: 000214 Provider Number: 155321 AIM Number: 100267240</p> <p>At this LSC survey, Miller's Merry Manor was found 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</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>Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>The original one-story facility with a walkout lower level was determined to be of Type II (111) construction and the 2015 constructed therapy gym was determined to be of Type V (111) and was separated from the original building by a two-hour fire barrier. The facility is fully sprinklered, has a fire alarm system with hard wired smoke detectors in the corridors, areas open to the corridors, and in the resident rooms. The facility is partially protected by a Type II EES 160 kW diesel power generator. The facility has a capacity of 77 and had a census of 46 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. The facility had a detached shed that was not sprinklered.</p> <p>Quality Review on 11/17/22</p>			K 000			