

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

PRINTED: 04/03/2025  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155102		X2) MULTIPLE CONSTRUCTION A. BUILDING      -- B. WING            _____		X3) DATE SURVEY COMPLETED 03/10/2025	
NAME OF PROVIDER OR SUPPLIER  MILLER'S MERRY MANOR				STREET ADDRESS, CITY, STATE, ZIP COD 635 OAKHILL AVE PLYMOUTH, IN 46563			
(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: 03/10/2025</p> <p>Facility Number: 000041 Provider Number:155102 AIM Number: 100275400</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 a capacity of 131 and had a census of 68 at the time of this survey.</p> <p>Quality Review completed on 03/12/25</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: 03/10/2025</p> <p>Facility Number: 000041 Provider Number:155102 AIM Number: 100275400</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

Bryan Zehr

Administrator

03/27/2025

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 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. 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>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, areas open to the corridors and battery-operated smoke detectors in the resident rooms. The facility has a capacity of 131 and had a census of 68 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered except for a detached wooden shed that was used for storage.</p> <p>Quality Review completed on 03/12/25</p> <p>NFPA 101 Cooking Facilities</p> <p>Based on observation and interview, the facility failed to maintain 1 of 1 kitchen extinguishing system in accordance with NFPA 96, Standard for Ventilation and Fire Protection of Commercial Cooking Operations, Section 10.5.1 states A readily accessible means for manual activation shall be located between 42 in. and 48 in. above the floor, be accessible in the event of a fire, be located in a path of egress, and clearly identify the hazard protected. Additionally, NFPA 101, Life Safety Code, 4.6.12.3 states that existing life safety features obvious to the public, if not required by the code, shall be either maintained or removed. This deficient practice could affect kitchen staff</p>			K 0324	<p>K 324</p> <p>The facility respectfully submits the following allegation of compliance for regulation K 324. All kitchen staff have the potential to be affected by this deficient practice.</p> <p>The ANSUL "Remote Pull Station" was lowered to 48 inches. (Attachment A). This was completed by B A Solutions 3-25-2025 (Attachment B).</p> <p>Staff were in-serviced on the ANSUL "Remote Pull</p>		03/27/2025

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K 0511 SS=E Bldg. 01	<p>only.</p> <p>Findings include:</p> <p>Based on observation and interview with the Administrator and Maintenance Director from 11:35 a.m. to 1:05 p.m. on 03/10/2025, the ANSUL "Remote Pull Station" was mounted 60 inches above the floor in the path of egress out of the kitchen from the cooking area. Based on interview at time of observation, the Administrator viewed the measurement on the tape measure that was used to measure the height of the pull station from the floor and acknowledged the measurement.</p> <p>This finding was reviewed with the Administrator and Maintenance Director during the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Utilities - Gas and Electric</p>			K 0511	<p>Station" on 3-26-2025 (Attachment F).</p> <p>This is the only ANSUL "Remote Pull Station" in the facility. To ensure ongoing compliance Maintenance Staff or Designee will monitor with Safe Care during their annual Kitchen Suppression Systems Inspection. All deficiencies found by Safe Care will be corrected immediately. Results will be shared and logged with the QAPI team during the monthly meeting.</p>		03/27/2025
	<p>Based on observation and interview, the facility failed to ensure 1 of 1 electrical receptacle in the ICF 3 medication room was provided with a ground fault circuit interrupter (GFCI) protection against electric shock. LSC 19.5.1.1 requires utilities comply with Section 9.1. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code. NFPA 70, NEC 2011 Edition at 210.8 Ground-Fault Circuit-Interrupter Protection for Personnel, states, ground-fault circuit-interruption for personnel shall be provided as required in 210.8(A) through (C). The ground-fault circuit interrupter shall be installed in a readily accessible location.</p> <p>(B) Other Than Dwelling Units. All 125-volt,</p>				<p>K 511</p> <p>The facility respectfully submits the following allegation of compliance for regulation K 511. All staff and residents have the potential to be affected by this deficient practice.</p> <p>The non GFCI outlet on the IFC 3 medication room was replaced by a GFCI outlet. This was completed on 3-13-2025 by maintenance staff (Attachment C). All resident rooms, offices, and common areas were inspected by maintenance staff with no other findings.</p>		

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	<p>single-phase, 15- and 20-ampere receptacles installed in the locations specified in 210.8(B)(1) through (8) shall have ground-fault circuit-interrupter protection for personnel.</p> <p>(1) Bathrooms (2) Kitchens (3) Rooftops (4) Outdoors</p> <p>Exception No. 1 to (3) and (4): Receptacles that are not readily accessible and are supplied by a branch circuit dedicated to electric snow-melting, deicing, or pipeline and vessel heating equipment shall be permitted to be installed in accordance with 426.28 or 427.22, as applicable.</p> <p>Exception No. 2 to (4): In industrial establishments only, where the conditions of maintenance and supervision ensure that only qualified personnel are involved, an assured equipment grounding conductor program as specified in 590.6(B)(2) shall be permitted for only those receptacle outlets used to supply equipment that would create a greater hazard if power is interrupted or having a design that is not compatible with GFCI protection.</p> <p>(5) Sinks - where receptacles are installed within 1.8 m (6 ft.) of the outside edge of the sink.</p> <p>Exception No. 1 to (5): In industrial laboratories, receptacles used to supply equipment where removal of power would introduce a greater hazard shall be permitted to be installed without GFCI protection.</p> <p>Exception No. 2 to (5): For receptacles located in patient bed locations of general care or critical care areas of health care facilities other than those covered under 210.8(B)(1), GFCI protection shall not be required.</p> <p>(6) Indoor wet locations (7) Locker rooms with associated showering facilities (8) Garages, service bays, and similar areas where</p>				<p>All staff were in-serviced on proper locations of GFCI outlets. This was completed on 3-26-2025/ 3-27-2025 (Attachment F).</p> <p>To ensure ongoing compliance Maintenance Staff or Designee will make daily rounds for 2 weeks (M-F), weekly rounds for 6 weeks, and monthly rounds 3 months. This will be logged on the QA Tool "Life Safety Code Audit Tool" (Attachment D). All deficiencies that are found will be corrected immediately. Results will be shared and logged with the QAPI team during the monthly meeting.</p>		

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K 0920 SS=E Bldg. 01	<p>electrical diagnostic equipment, electrical hand tools, or portable lighting equipment are to be used.</p> <p>NFPA 70, 517-20 Wet Locations, requires all receptacles and fixed equipment within the area of the wet location to have ground-fault circuit interrupter (GFCI) protection. Note: Moisture can reduce the contact resistance of the body, and electrical insulation is more subject to failure. This deficient practice could affect staff only</p> <p>Findings include:</p> <p>Based on observation and interview with the Administrator, and Maintenance Director from 11:35 a.m. to 1:05 p.m. on 03/10/2025, there was an electrical receptacle 33 inches from the outside edge of a sink, as measured with a tape measure, in the ICF 3 medication room, that was not provided with a ground fault circuit interrupter (GFCI) protection against electric shock. This was confirmed by the Administrator and Maintenance Director at the time of observation.</p> <p>3.1-19(b)</p>		K 0920	<p>K 920</p> <p>The facility respectfully submits the following allegation of compliance for regulation K 920. All staff and residents have the potential to be affected by this deficient practice.</p> <p>The surge protector was removed from the office. This was completed on 3-10-2025 by</p>		03/27/2025	
	<p>NFPA 101</p> <p>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. LSC 9.1.2 requires electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code. NFPA 70, 2011 Edition, Article 400.8 requires that, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice affect residents, staff and visitors in 1 of 9</p>						

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	<p>smoke compartments.</p> <p>Findings include:</p> <p>Based on observation and interview with the Administrator, and Maintenance Director from 11:35 a.m. to 1:05 p.m. on 03/10/2025, a surge protector in the Activity office was powering another surge protector that was supplying power to a phone charger. Based on interview at the time of observation, the Maintenance Director acknowledged the power strips when staff in the activity office asked what was wrong, the Maintenance Director responded that there were "power strips daisy chained."</p> <p>This finding was reviewed with the Administrator and Maintenance Director at the exit conference.</p> <p>3.1-19(b)</p>				<p>maintenance staff (Attachment E). All resident rooms, offices, and common areas were inspected by maintenance staff with no other findings.</p> <p>All Staff were in-serviced on plugging surge protectors into each other. This was completed on 3-26-2025/ 3-27-2025 (Attachment F)</p> <p>To ensure ongoing compliance Maintenance Staff or Designee will make daily rounds for 2 weeks (M-F), weekly rounds for 6 weeks, and monthly rounds 3 months. This will be logged on the QA Tool "Life Safety Code Audit Tool" (Attachment D). All deficiencies that are found will be corrected immediately. Results will be shared and logged with the QAPI team during the monthly meeting.</p>		