

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155574	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>--</u> B. WING <u> </u>	(X3) DATE SURVEY COMPLETED 02/06/2024
NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR		STREET ADDRESS, CITY, STATE, ZIP COD 500 WALKERTON TR WALKERTON, IN 46574		
(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: 02/06/24</p> <p>Facility Number: 000431 Provider Number: 155574 AIM Number: 100290380</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 107 certified beds. At the time of the survey, the census was 34.</p> <p>Quality Review completed on 02/07/24</p>	E 0000	<p>Please accept the attached plan of correction as a credible allegation of compliance to the deficiencies cited during our Annual LSC Survey on 2/6/2024. Hopefully you will find the remedies sufficient, thoroughly explained, and able to provide a clear picture of how we corrected the concerns. With this submission of these remedies, we are respectfully requesting paper compliance. If, after reviewing our plan of correction, you have any questions or require further information, please do not hesitate to contact me at your convenience at 574-586-333. Christy Clark, Administrator.</p>	
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: 02/06/24</p> <p>Facility Number: 000431 Provider Number: 155574 AIM Number: 100290380</p> <p>At this Life Safety Code survey, Miller's Merry Manor was found not in compliance with</p>	K 0000	<p>Please accept the attached plan of correction as a credible allegation of compliance to the deficiencies cited during our Annual LSC Survey on 2/6/2024. Hopefully you will find the remedies sufficient, thoroughly explained, and able to provide a clear picture of how we corrected the concerns. With this submission of these remedies, we are respectfully requesting paper compliance. If, after reviewing our</p>	

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

TITLE

(X6) DATE

Christy Clark

Administrator

02/16/2024

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 disclosed 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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NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR		STREET ADDRESS, CITY, STATE, ZIP COD 500 WALKERTON TR WALKERTON, IN 46574		
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K 0300 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>Building 01 is a one story facility determined to be of Type V (111) construction and was fully sprinklered. Building 02 is a one story extended Therapy room determined to be of Type V (111). The facility has a fire alarm system with automatic smoke detection in the corridors and in areas open to the corridors. All 63 resident rooms were provided with battery operated smoke detectors. The facility is fully protected by a 100 kW diesel powered generator. The facility has a capacity of 107 and had a census of 34 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 the wooden shed in the back used for maintenance storage.</p> <p>Quality Review completed on 02/07/24</p> <p>NFPA 101 Protection - Other Protection - Other List in the REMARKS section any LSC Section 18.3 and 19.3 Protection requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567.</p> <p>Based on observation and interview, the facility failed to ensure 3 of over 60 battery operated</p>	K 0300	<p>plan of correction, you have any questions or require further information, please do not hesitate to contact me at your convenience at 574-586-333. Christy Clark, Administrator.</p>	02/09/2024

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	<p>smoke alarms installed in resident sleeping rooms were not over ten years old in accordance with NFPA 72. NFPA 72, 2010 Edition, Section 14.4.8.1 states unless otherwise recommended by the manufacturer's published instructions, single- and multiple-station smoke alarms shall be replaced when they fail to respond to operability tests but shall not remain in service longer than 10 years from the date of manufacture. This deficient practice could affect approximately 15 residents and staff.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Director on 02/06/24 during a tour of the facility from 11:38 a.m. to 1:00 p.m., manufacturer's documentation affixed to the battery operated smoke alarms installed on the ceiling in the Admissions, Social Services and Nurse Management offices indicated each device was manufactured 01/24/14. Based on interview at the time of observations, the Maintenance Director confirmed that the manufacturing dates were over 10 years old and stated he had thought the date written on the side of the smoke detector was the manufacturing date and instead could have been the installation date. The three smoke detectors were replaced with new smoke detectors before the end of the survey.</p> <p>These findings were reviewed with the Administrator and Maintenance Director during the exit conference.</p> <p>3.1.19(b)</p>			<p>battery operated smoke alarms are not over 10 years old.</p> <p>All residents have the potential to be affected by this deficient practice.</p> <p>The three smoke alarms were replaced while the surveyor was present, and the correct dates have been written on the outside of the smoke alarm to match the manufacturer's date (Attachment A)</p> <p>To ensure that all smoke alarms are appropriately dated on the outside with the manufacturers date, all 63 smoke alarms in the building have been replaced and updated with a new date. A beep test will be done weekly by the maintenance supervisor and the date will be checked at that time to ensure that the date is not over 10 years old and the outside date matches the manufacturers date. (Attachment B)</p> <p>To ensure continued compliance, the audit tool, "Life Safety Review" (Attachment C) will be completed by the maintenance supervisor monthly and findings will be reported in the monthly QAPI meeting.</p>	