STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155583	A. BUILDING -- B. WING	05/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MILLER'S MERRY MANOR	1367 S RANDOLPH ST GARRETT, IN 46738

(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. --	An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73. Survey Date: 05/22/25 Facility Number: 000499 Provider Number: 155583 AIM Number: 100266120 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 76 and had a census of 63 at the time of this survey. Quality Review completed on 05/28/25	E 0000		
K 0000 Bldg. 01	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). Survey Date: 05/22/25 Facility Number: 000499 Provider Number: 155583 AIM Number: 100266120 At this Life Safety Code survey, Miller's Merry Manor was found not in compliance with Requirements for Participation in	K 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Courtney Singleton	Administrator	06/12/2025

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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	155583	A. BUILDING 01 B. WING	05/22/2025

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MILLER'S MERRY MANOR	1367 S RANDOLPH ST GARRETT, IN 46738

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	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. This facility consists of two buildings with different construction types. Building One, the health care and memory care one story building was determined to be of Type I (332) construction and fully sprinklered. Building Two, the Rehabilitation Center wing was determined to be of Type V (000) construction and fully sprinklered. The buildings were separated by a two-hour fire wall. Building One has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and battery-operated smoke detectors in the sleeping rooms of Building One. The facility has a capacity of 76 and had a census of 63 at the time of this survey. All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered, except a detached storage unit used for general storage. Quality Review completed on 05/28/25			
K 0353 SS=E Bldg. 01	NFPA 101 Sprinkler System - Maintenance and Testing Based on records review, observation, and interview, the facility failed to provide written documentation or other evidence that quick response sprinkler heads in 1 of 2 Buildings. were tested or replaced after 20 years in service. LSC 4.6.12.1 requires any device, equipment or system required for compliance with this code be	K 0353	K 353 Immediately a service call was made as soon as possible to schedule testing for the sprinkler heads. The fire system and sprinklers were still functioning as designed with no immediate risk	06/05/2025

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	155583	A. BUILDING 01 B. WING	05/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MILLER'S MERRY MANOR	1367 S RANDOLPH ST GARRETT, IN 46738

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	maintained in accordance with applicable NFPA requirements. Sprinkler systems shall be properly maintained in accordance with NFPA 25. NFPA 25, 5.3.1.1.1.3 states sprinklers manufactured using fast-response elements that have been in service for 20 years shall be replaced, or representative samples shall be tested and then retested at 10-year intervals. This deficient practice could affect 50 residents in Building One. Findings include: Based on observation during a tour of the facility with the Maintenance Director on 05/22/25 between 11:15 a.m. and 1:00 p.m., Building One was equipped with quick response sprinklers with a manufacturer's date of 2003 in the service-hall, health care-hall, and the memory care-hall. Based on records review with the Maintenance Director at 10:28 a.m., no documentation was provided to show if the sprinklers in Building One were tested or replaced after 20 years in service. During an interview at 10:28 a.m. and 1:00 p.m., the Maintenance Director agreed the quick response sprinklers in Building One were older than 20 years and stated the sprinklers in Building One have not been tested or replaced after 20 years in service. This Finding was reviewed with the maintenance Director and the Administrator during the exit conference at 1:15 p.m. 3.1-19(b)		to residents. All staff and residents have the potential to be affected by this deficient practice. Maintenance staff was educated on sprinkler system maintenance and testing (Attachment B). Including the requirement for the system to be tested every 20 years. Maintenance Staff completes routine monthly checks on sprinklers located in the building and will continue with these checks. A schedule has been created for when sprinkler heads are due to be tested and will be kept in the Life Safety Care binder so testing years are known and can be scheduled appropriately (Attachment A). Audit results will be reviewed as part of the monthly QAPI meeting to ensure ongoing compliance for a minimum of 6 months and until the facility maintains 100% compliance for 6 months. All corrections will be completed by 6/5/25 (Attachment F).	
K 0511 SS=E Bldg. 01	NFPA 101 Utilities - Gas and Electric Based on observation and interview, the facility failed to ensure 1 of 2 receptacles within 6 feet	K 0511	K 511	05/27/2025

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	155583	A. BUILDING 01 B. WING	05/22/2025

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	from a sink or located in a wet location were provided with 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. (B) Other Than Dwelling Units. All 125-volt, 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. (1) Bathrooms, (2) Kitchens, (3) Rooftops, (4) Outdoors, (5) Sinks - where receptacles are installed within 1.8 m (6 ft.) of the outside edge of the sink. (6) Indoor wet locations, (7) Locker rooms with associated showering facilities, (8) Garages, service bays, and similar areas where electrical diagnostic equipment, electrical hand tools. NFPA 70, 517-20 Wet Locations, requires all receptacles and fixed equipment within the area of the wet location to have 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 5 residents in the therapy gym. This deficient practice could affect 25 residents in the community room. Findings include: Based on observations with the Maintenance Director and Administrator on 05/22/25 at 12:08 p.m., the receptacle to the right of the sink in the		The use of the outlet was immediately stopped. All staff and residents have the potential to be affected by this deficient practice, therefore all resident rooms, offices, and common areas were inspected by maintenance staff with no other findings. The outlet was replaced with a GFCI outlet on 5/27/25 by maintenance staff (Attachment C). All Maintenance staff will be educated on proper locations of GFCI outlets (Attachment E). Maintenance staff will make rounds five times a week for two weeks, weekly rounds for 5 weeks and monthly rounds for 3 months. This will be tracked on the GFCI outlet audit tool (Attachment D). Any deficiencies found will be corrected immediately. Audit results will be reviewed as part of the monthly QAPI meeting to ensure ongoing compliance for a minimum of 6 months and until the facility maintains 100% compliance for 6 months. All corrections were completed by 5/27/25 (Attachment F).	

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	community room was GFCI protected but the receptacle to the left of the sink was not GFCI protected. The left receptacle measured 3ft from the water source. Based on an interview at 12:08 p.m., the Maintenance Director agreed the electric receptacle to the left of the sink in the community room was not GFCI protected. This Finding was reviewed with the maintenance Director and the Administrator during the exit conference at 1:15 p.m. 3.1-19(b)			
K 0000 Bldg. 02	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). Survey Date: 05/22/25 Facility Number: 000499 Provider Number: 155583 AIM Number: 100266120 At this Life Safety Code survey, 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. This facility consists of two buildings with different construction types. Building One, the health care and memory care one story building	K 0000		

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	was determined to be of Type I (332) construction and fully sprinklered. Building Two, the Rehabilitation Center wing was determined to be of Type V (000) construction and fully sprinklered. The buildings were separated by a two-hour fire wall. Building Two has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and hard-wired smoke detectors in the sleeping rooms of Building Two. The facility has a capacity of 76 and had a census of 63 at the time of this survey. All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered, except a detached storage unit used for general storage. Quality Review completed on 05/28/25			