

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

PRINTED: 01/19/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155574		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING _____		X3) DATE SURVEY COMPLETED 12/29/2022	
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: 12/29/22</p> <p>Facility Number: 000431 Provider Number: 155574 AIM Number: 100290380</p> <p>At this Emergency Preparedness survey, Miller's Merry Manor - Walkerton 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 107 and had a census of 35 at the time of this survey.</p> <p>Quality Review completed on 12/30/22</p>			E 0000	<p>Please accept the attached plan of correction as a credible allegation of compliance to the deficiencies cited during our LSC survey conducted on 12/29/2023. 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 574-586-3133. 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: 12/29/22</p> <p>Facility Number: 000431 Provider Number: 155574 AIM Number: 100290380</p> <p>At this Life Safety Code survey, Miller's Merry Manor - Walkerton was found not in compliance with Requirements for Participation in</p>			K 0000	<p>Please accept the attached plan of correction as a credible allegation of compliance to the deficiencies cited during our LSC survey conducted on 12/29/2023. 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</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE					TITLE		(X6) DATE
Christy Clark					Administrator		01/12/2023

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 0321 SS=D Bldg. 01	<p>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 35 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 12/30/22</p> <p>NFPA 101 Hazardous Areas - Enclosure Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or</p>				<p>questions or require further information, please do not hesitate to contact me at your convenience at 574-586-3133. Christy Clark, Administrator.</p>		

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	<p>automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door.</p> <p>Describe the floor and zone locations of hazardous areas that are deficient in REMARKS.</p> <p>19.3.2.1, 19.3.5.9</p> <p>Area Automatic Sprinkler Separation N/A</p> <p>a. Boiler and Fuel-Fired Heater Rooms</p> <p>b. Laundries (larger than 100 square feet)</p> <p>c. Repair, Maintenance, and Paint Shops</p> <p>d. Soiled Linen Rooms (exceeding 64 gallons)</p> <p>e. Trash Collection Rooms (exceeding 64 gallons)</p> <p>f. Combustible Storage Rooms/Spaces (over 50 square feet)</p> <p>g. Laboratories (if classified as Severe Hazard - see K322)</p> <p>Based on observation and interview, the facility failed to ensure the corridor doors to 1 of 1 storage rooms which is a hazardous area containing combustible storage and greater than 50 square feet was provided with a self-closing device which would cause the door to automatically close and latch into the door frame. This deficient practice could staff near resident room 127</p> <p>Findings include:</p> <p>Based on observations during a tour of the facility with the Maintenance Director on 12/29/2022 at 1:03 p.m., resident room 127 had been converted into a hazardous storage room that was greater than 50 square feet, and was equipped with self-closing device but did not latch into the frame</p>			K 0321	<p>It is the policy of Miller's Merry Manor that all doors latch appropriately into the door frame. This deficient practice could affect all residents that live nearby room 127. A new door latch was purchased and installed on 1/10/23 (Attachment A). A QAPI action plan has been initiated (Attachment B). The corrective action will be monitored using the QA Tool Annual LSC POC Audit Tool (Attachment C). The maintenance man will complete the audit tool insuring that the door latches appropriately daily for the rest of January and then weekly until 100% compliance is</p>		01/12/2023

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K 0353 SS=E Bldg. 01	<p>when tested. Based on interview at the time of observation, the Maintenance Director agreed the room was used as storage, was larger than 50 square feet, and stated the latching hardware needed to be adjusted.</p> <p>Findings were discussed with the Maintenance Director and Administrator at exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked</p> <p>b) Who provided system test</p> <p>c) Water system supply source</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 1. Based on observation and interview, the facility failed to ensure clearance of at least 18 inches was maintained below the level of the sprinkler deflectors in 1 of over 60 rooms. NFPA 25, 2011 Edition, Section 5.2.1.2 states the minimum clearance required by the installation standard shall be maintained below all sprinkler deflectors. Further NFPA 13, Standard for the Installation of</p>			K 0353	<p>met for three months. The QAPI action plan will be followed, reviewed and updated as needed in the monthly facility Quality Improvement meeting.</p> <p>It is the policy of Miller's Merry Manor Walkerton to insure that an 18 inch clearance is maintained below the level of the sprinkler deflectors. This deficient practice could affect all staff and residents in the Unit 2 hall. New shower curtains were ordered on</p>		01/12/2023

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	<p>Sprinkler Systems, 2010 edition, Section 8.6.5.2.2 states the distance from sprinklers to privacy curtains in light hazard occupancies shall be in accordance with Table 8.6.5.2.2 and Figure 8.6.5.2.2. Table 8.6.5.2.2 states suspended horizontal obstructions more than thirty inches in length shall maintain a minimum vertical distance below the sprinkler deflector of 18 inches. Section 8.6.5.2.2.1 states, in light hazard occupancies, privacy curtains shall not be considered obstructions where all of the following are met:</p> <p>(1) The curtains are supported by fabric mesh on ceiling track.</p> <p>(2) Openings in the mesh are equal to 70 percent or greater.</p> <p>(3) The mesh extends a minimum of 22 inches down from the ceiling.</p> <p>This deficient practice could affect staff and residents in Unit 2 hall.</p> <p>Finding includes:</p> <p>Based on observations with the Maintenance Director during a tour of the facility from 12:15 p.m. to 1:38 p.m. on 12/29/22, the privacy curtains in the shower area of the Unit 2 Shower Room was hung on a horizontal track with the top of the curtain installed 12 inches from the ceiling. The shower area was provided with a sprinkler and was blocked from sprinkler coverage by the sprinkler in the Shower Room. Based on interview at the time of the observations, the Maintenance Director acknowledged the aforementioned privacy curtain was hung 12 inches from the ceiling which caused sprinkler spray pattern obstruction less than 18 inches from the ceiling.</p> <p>This finding was reviewed with the Administrator and Administrator at the exit conference.</p> <p>3.1-19(b)</p>				<p>1/11/2023 to meet the criteria of the 18 inch clearance (Attachment D). A QAPI Action plan has been initiated (Attachment E). The corrective action will be monitored using the QA Tool Annual LSC POC Audit Tool (Attachment C). The maintenance Supervisor will complete the audit tool M-F for 3 months. This will be followed, reviewed and updated as needed in the facility Quality Improvement meeting monthly. The plan will continue until facility has maintained 100% compliance for three consecutive months.</p> <p>It is the policy of Miller's Merry Manor to maintain ceiling construction in all smoke compartments. This deficient practice could affect all kitchen staff. The 1 inch gap near the sprinkler head in the kitchen storage room was caulked on 1/5/2023 (Attachment F) A QAPI action plan was initiated (Attachment G). The corrective action will be monitored using the QA Tool LSC POC Audit Tool (Attachment C). The maintenance supervisor will complete the tool daily M-F for three months. This will be followed, reviewed and updated as needed in the facility Quality Improvement meeting monthly. The plan will continue until the facility has maintained 100% compliance for three consecutive months.</p>		

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K 0916 SS=F Bldg. 01	<p>2. Based on observation and interview, the facility failed to maintain the ceiling construction in 1 of 6 smoke compartments. The ceiling traps hot air and gases around the sprinkler and cause the sprinkler to operate at a specified temperature. NFPA 13, 2010 edition, 8.5.4.1.1 states the distance between the sprinkler deflector and the ceiling above shall be selected based on the type of sprinkler and the type of construction. This deficient practice could affect all kitchen staff</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director on 12/29/22 between 12:15 p.m. and 1:48 p.m., in the Kitchen Storage area, there was a 1-inch gap near a sprinkler head in the ceiling. This condition could delay the activation of the sprinklers installed in ceiling. Based on interview at the time of observation, the Maintenance Director agreed there was an unsealed penetration near the sprinkler head.</p> <p>Findings were discussed with the Maintenance Director and Administrator at exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Electrical Systems - Essential Electric System Alarm Annunciator A remote annunciator that is storage battery powered is provided to operate outside of the generating room in a location readily observed by operating personnel. The annunciator is hard-wired to indicate alarm conditions of the emergency power source. A centralized computer system (e.g., building information system) is not to be substituted</p>						

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	<p>for the alarm annunciator. 6.4.1.1.17, 6.4.1.1.17.5 (NFPA 99) Based on observation and interview, the facility failed to ensure 1 of 1 emergency generator annunciator panel was readily observed by operating personnel. This deficient practice could affect all the residents, as well as staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility with the Maintenance Director on 12/29/22 between 12:15 p.m. and 1:48 p.m., the generator's annunciator panel was located in "Unit 1" hall, but the hall was not continuously monitored due to closure of the wing. The closed wing was separated by closed doors. Based on interview at the time of observation, the Maintenance Director stated the hall was closed down and the generator's annunciator panel was no longer in a location that was occupied by staff throughout the night. Staff are in the area during office hours.</p> <p>Findings were discussed with the Maintenance Director and Administrator at exit conference..</p> <p>3.1-19(b)</p>			K 0916	<p>It is the policy of Miller's Merry Manor That the emergency generator annunciator panel is readily observed by operating personnel. This deficient practice could affect all residents, staff and visitors. in the facility. A tech company, BA Solution was hired to install a secondary remote alarm at the nurse's station in the building that is staffed 24-7. This alarm was wired to the generator annunciator panel and will alert staff if the panel goes into alarm. The work was completed on 1/11/2023 (Attachment H). A QAPI action plan was initiated (Attachment H) The corrective action will be monitored using the QA Tool LSC POC Audit Tool (Attachment C) The maintenance supervisor will complete the audit tool daily M-F for three months. This will be followed, reviewed and updated as needed in the facility monthly Quality Improvement meeting. The plan will continue until the facility has maintained 100% compliance for three consecutive months.</p>		01/12/2023