

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

PRINTED: 05/15/2024

FORM APPROVED

OMB NO. 0938-039

|  |  |   |  |   |  |  |                            |
|--|--|---|--|---|--|--|----------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION      |  | X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER<br><br>155235 |  | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING      --<br>B. WING      _____      |  | X3) DATE SURVEY<br>COMPLETED<br>04/22/2024 |                            |
| NAME OF PROVIDER OR SUPPLIER<br><br>MILLER'S MERRY MANOR |  |   |  | STREET ADDRESS, CITY, STATE, ZIP COD<br>200 26TH ST<br>LOGANSPORT, IN 46947 |  |  |                            |
| (X4) ID<br>PREFIX<br>TAG                                 | SUMMARY STATEMENT OF DEFICIENCIE<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)  |   |  | ID<br>PREFIX<br>TAG   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETION<br>DATE |
| E 0000<br><br>Bldg. --                                   | An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.<br><br>Survey Date: 04/22/24<br><br>Facility Number: 000140<br>Provider Number: 155235<br>AIM Number: 100266960<br><br>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.<br><br>The facility has 127 certified beds. At the time of the survey, the census was 81.<br><br>Quality Review completed on 04/24/24 |   |  | E 0000  |  |  |                            |
| K 0000<br><br>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).<br><br>Survey Date: 04/22/24<br><br>Facility Number: 000140<br>Provider Number: 155235<br>AIM Number: 100266960<br><br>At this Life Safety Code survey, Miller's Merry Manor was found not in compliance with   |   |  | K 0000  |  |  |                            |

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

TITLE

(X6) DATE

Jennifer Gappa

HFA

05/10/2024

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<br><br>MILLER'S MERRY MANOR |  |   |  | STREET ADDRESS, CITY, STATE, ZIP COD<br>200 26TH ST<br>LOGANSPORT, IN 46947 |   |  |                            |
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| K 0200<br>SS=E<br>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 for the main building.</p> <p>This three-story facility with a partial basement was determined to be of Type II (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and battery powered smoke detectors in all resident sleeping rooms. The facility has a capacity of 127 and had a census of 81 at the time of this visit.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered except for one detached garage which was not sprinklered.</p> <p>Quality Review completed on 04/24/24</p> <p>NFPA 101<br/>Means of Egress Requirements - Other<br/>Means of Egress Requirements - Other<br/>List in the REMARKS section any LSC<br/>Section 18.2 and 19.2 Means of Egress<br/>requirements that are not addressed by the<br/>provided K-tags, but are deficient. This<br/>information, along with the applicable Life<br/>Safety Code or NFPA standard citation,<br/>should be included on Form CMS-2567.<br/>18.2, 19.2<br/>Based on observation and interview, the facility<br/>failed to ensure 1 of 3 doors to the main dining<br/>area from the kitchen was provided with door<br/>latches that required only one operation to open.<br/>LSC 19.2.2.1 states doors complying with 7.2.1<br/>shall be permitted. 7.2.1.5.10.2 requires the</p> |   |  | K 0200  | <p>The double locks on the service<br/>doors were changed to include<br/>only 1 lock. This change took<br/>place prior to the end of the survey<br/>and will remain that way.</p> |  | 04/22/2024                 |

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| K 0232<br>SS=E<br>Bldg. 01                               | <p>releasing mechanism shall open the door leaf with not more than one releasing operation. This deficient practice could affect as many as 5 staff working in the kitchen.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility with Maintenance Director and the Administrator-in-training on 04/22/24 at 1:40 p.m., the west kitchen door leading into the main dining area was equipped with an independent dead bolt lock in addition to a locking doorknob. Based on interview at the time of observation, The Maintenance Director acknowledged the kitchen door having an independent dead bolt as well as a door handle with a locking mechanism stating that he would have one of his staff take care of the door immediately.</p> <p>This item was discussed during the exit conference with the Administrator-in-training and the Maintenance Director on 04/22/24 at 2:35 p.m.</p> <p>3.1-19(b)</p> <p>NFPA 101<br/>Aisle, Corridor, or Ramp Width<br/>Aisle, Corridor or Ramp Width<br/>2012 EXISTING<br/>The width of aisles or corridors (clear or unobstructed) serving as exit access shall be at least 4 feet and maintained to provide the convenient removal of nonambulatory patients on stretchers, except as modified by 19.2.3.4, exceptions 1-5.<br/>19.2.3.4, 19.2.3.5<br/>Based on observation and interview, the facility failed to meet the clear width requirement for 1 of 11 corridors or met an exception per 19.2.3.4(4).</p> |   |  | K 0232  | <p>All staff were educated regarding the need for only 1 lock so that only 1 step would be needed in the time of an emergency.<br/>All future hires will receive education during the orientation process.<br/>All staff will be re-educated one time per year with emergency training.<br/>This will be monitored by the Administrator, Maintenance Director and Dietary Supervisor or her designee.</p> <p>EDUCATION PROVIDED TO ALL</p> |  | 05/08/2024                 |

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|  | <p>LSC Section 19.2.3.4(4) states projections into the required width shall be permitted for wheeled equipment, provided that all of the following conditions are met:</p> <p>(a) The wheeled equipment does not reduce the clear unobstructed corridor width to less than 60 inches.</p> <p>(b) The health care occupancy fire safety plan and training program address the relocation of the wheeled equipment during a fire or similar emergency.</p> <p>(c) The wheeled equipment is limited to the following:</p> <p>i. Equipment in use and carts in use</p> <p>ii. Medical emergency equipment not in use</p> <p>iii. Patient lift and transport equipment</p> <p>This deficient practice could affect as many as 4 residents, 2 staff and 2 visitors.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility with Maintenance Director and the Administrator-in-training on 04/22/24 at 12:46 p.m., there was a Hoyer lift and a Hoyer life assist both stored in the short corridor immediately outside resident sleeping room #307 and room #309. The corridor outside the resident sleeping rooms measured eight feet wide and because the two Hoyer lifts were being stored there, the clear width to exit both rooms was only approximately 36 inches, much less than the required minimum of 60 inches. Based on interview at the time of the observations, the Maintenance Director agreed the aforementioned wheeled equipment storage reduced the clear and unobstructed corridor width of the third-floor corridor to less than 60 inches. This item was discussed during the exit conference with the Administrator-in-training and the Maintenance Director on 04/22/24 at 2:35 p.m.</p> |   |  |   | <p>STAFF: 4/23/24 and 5/8/24</p> <p>We need to make sure our hallways stay clear as much as possible. All items must be along one side of the hallway so there is an emergency path if needed.</p> <p>Anything that needs to be kept in the halls: w/c, hoier lift, etc. need to be all on one side of the hall so we have a clear path on the other side.</p> <p>If w/c's will fit in rooms please leave them in the rooms, if not try to keep them to a minimal in the hall and any extras that are not being used by anyone need to taken to the shop, please let maintenance know so they can come get them.</p> <p>DO NOT PUT W/C, FOOT PEDALS, CUSHIONS, ETC. IN THE SHOWR ROOMS OR TUB ROOMS. These need to be taken to proper storage areas.</p> <p>HOYER LIFTS CANNOT BE PARKED IN THE SHORT HALL BETWEEN ROOMS 308 &amp; 309 OR 208 &amp; 209, THEY WILL NEED TO BE IN THE LAON HALLWAY, AND KEPT TO ONE SIDE.</p> <p>Meal carts CANNOT, CANNOT, CANNOT be parked in the hall under a fire extinguisher, nothing can be parked under a fire extinguisher.</p> <p>Ice carts, linen carts, supply carts, etc. need to be put in the nourishment rooms, linen rooms,</p> |  |                            |

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|  | 3.1-19(b)   |   | <p>and/or storage rooms when not in use.</p> <p>Trash and linen barrels need to be put back in the shower room when not in use, especially during meal service.</p> <p>4/8/24</p> <p>Additional Steps taken to ensure the practice did not pose a future threat to our residents:</p> <p>All residents could have the potential to be harmed if this practice was to continue. The steps below have been instituted to remedy a permanent change.</p> <p>Hoyer lifts will ow be kept in the classroom when not in use to allow a 6'egress at all times in case of emergency.</p> <p>Additional carts needed for intermittent use will be positioned along the inside walls only and placed in linen rooms when not in use.</p> <p>Rounds will be conducted 3 times per day to ensure no equipment / supplies are blocking the fire hydrant or hallway clearance to ensure there is access during an emergency.</p> <p>The rounds will be conducted by the nurse managers throughout the day. In addition, written monitoring will occur and will be completed and conducted by the DON/ADON /ADM and</p> |  |  |

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| K 0355<br>SS=E<br>Bldg. 01                               | <p>NFPA 101<br/>Portable Fire Extinguishers<br/>Portable Fire Extinguishers<br/>Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers.<br/>18.3.5.12, 19.3.5.12, NFPA 10<br/>Based on observation and interview, the facility failed to ensure 1 of 1 portable fire extinguisher in the corridor outside resident room #308 and #310 were kept in accordance with NFPA 10, Standard for Portable Fire Extinguishers, 2010 Edition. Section 1-6.3 states Fire extinguishers shall be conspicuously located where they will be readily accessible and immediately available in the event of a fire. Preferable they shall be located along normal paths of travel, including exits from areas. This deficient practice could affect as many as 24 residents, 6 staff and 4 visitors on the third floor of the facility.</p> | K 0355  | <p>Maintenance Supervisor a minimum of 4 times a day during heavy care/meal times.<br/>All Dietary staff were instructed that the food carts must not be placed in front of the fire extinguishers. This will be monitored daily by the supervisor or her designee.<br/>All staff were instructed of the necessary changes and education was provided as well as to why the changes were necessary.<br/>All new staff receive orientation to the facility and the new changes will be included in orientation of all staff and at least annually.</p> <p>Rounds will be conducted 3 times per day to ensure no equipment / supplies are blocking the fire hydrant or hallway clearance to ensure there is access during an emergency.<br/>The rounds will be conducted by the nurse managers throughout the day. In addition, written monitoring will occur and will be completed and conducted by the DON/ADON /ADM and Maintenance Supervisor a minimum of 4 times a day during</p> | 05/08/2024                 |  |

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|  | <p>Findings include:</p> <p>Based on observation during a tour of the facility with Maintenance Director and the Administrator-in-training on 04/22/24 at 12:468 p.m., the ABC portable fire extinguisher located in the corridor immediately outside resident rooms #308 and #310 was obstructed by a wheeled cart. Based on interview at the time of observation, the Maintenance Director acknowledged the fire extinguisher was obstructed and not readily accessible, adding that he has talked with staff about this issue in the past, but apparently to no avail.</p> <p>This item was discussed during the exit conference with the Administrator-in-training and the Maintenance Director on 04/22/24 at 2:35 p.m.</p> <p>3.1-19(b)</p> |   |  |   | <p>heavy care/meal times.</p> <p>AI Dietary staff were instructed that the food carts must not be placed in front of the fire extinguishers. This will be monitored daily by the supervisor or her designee.</p> <p>All staff were instructed of the necessary changes and education was provided as well as to why the changes were necessary.</p> <p>All new staff receive orientation to the facility and the new changes will be included in orientation of all staff and at least annually.</p> |  |                            |