

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

PRINTED: 08/09/2024  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155579		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 07/24/2024	
NAME OF PROVIDER OR SUPPLIER  MILLER'S MERRY MANOR				STREET ADDRESS, CITY, STATE, ZIP COD 7440 N COUNTY ROAD 825 E HOPE, IN 47246			
(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: 07/24/24</p> <p>Facility Number: 000286 Provider Number: 155579 AIM Number: 100291000</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 75 certified beds. At the time of the survey, the census was 36.</p> <p>Quality Review completed on 07/26/24</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: 07/24/24</p> <p>Facility Number: 000286 Provider Number: 155579 AIM Number: 100291000</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

Alexa Robbins

Administrator

08/08/2024

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 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 0351 SS=D Bldg. 01	<p>Requirements for Participation in Medicare, 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) and 410 IAC 16.2.</p> <p>This one story facility consists of three buildings. Building 01, the original building built in 1973 was determined to be of Type V (111) construction and was fully sprinklered. Building 02, the 300 Hall addition added to the north part of the original building in 2003 is of Type V (111) construction and was fully sprinklered. Building 01 and Building 02 were reviewed with Chapter 19, Existing Health Care Occupancies.</p> <p>Building 03 is the Therapy, Community Room and main dining room addition constructed in 2019. Building 03 was determined to be of Type V(111) and was fully sprinklered. Building 03 was reviewed with Chapter 18, New Health Care Occupancies.</p> <p>The facility has a fire alarm system with smoke detection in the corridor and has battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 75 and had a census of 36 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. The facility has two detached building providing facility maintenance and storage services which were not sprinklered.</p> <p>Quality Review completed on 07/26/24</p> <p>NFPA 101 Sprinkler System - Installation Spinkler System - Installation 2012 EXISTING</p>						

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	<p>Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems.</p> <p>In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers.</p> <p>In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems.</p> <p>19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1)</p> <p>Based on observation and interview, the facility failed to ensure only one type of sprinkler head, i.e., quick response or standard sprinklers were installed in 1 of 1 activities office. NFPA 13, 2010 Edition, Installation of Sprinkler Systems, Section 8.3.3.2 states where quick-response sprinklers are installed, all sprinklers within a compartment shall be quick-response unless otherwise permitted in Section 8.3.3.3 Section 8.3.3.4 states when existing light hazard systems are converted to use quick response or residential sprinklers, all sprinklers in a compartmented space shall be changed. This deficient practice could affect at least 2 staff.</p> <p>Findings include:</p> <p>Based on observations during a tour of the facility on 07/27/24 between 12:45 and 2:15 PM with the Administrator and the Maintenance Director, the</p>			K 0351	<p><b>K351 – SPRINKLER SYSTEM INSTALLATION</b></p> <p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</b></p> <p>Safe Care came into the facility on August 8th, 2024 to measure the replacement sprinkler head that was found to be of deficient practice in the activity office. The sprinkler head has been ordered and is expected to be installed within 4-6 weeks.</p> <p><b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p>		10/08/2024

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	<p>activities office was equipped with 2 sprinkler heads. One of the sprinkler heads was observed to be a quick response sprinkler head and one was observed to be a standard response sprinkler head. Based on interview at the time of observation, the Maintenance Director agreed there were 2 different sprinkler head response types in the activities office.</p> <p>This finding was reviewed with the Administrator and Maintenance Director at the exit conference.</p> <p>3.1-19(b)</p>				<p>All residents residing in the facility have the potential to be affected by the alleged deficient practice.</p> <p>All rooms, offices, etc. have been checked to ensure that this is not an issue in other areas.</p> <p><b>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</b></p> <p>Maintenance staff will be in-serviced by Administrator or designee on or before 8/8/2024 regarding the facility policy and procedure "Goals" (Attachment A) which includes making all servicing, repairs, and replacement installations consistent with industry, applicable codes, original intent and continuity, and Miller's Health Systems requirements.</p> <p><b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</b></p> <p>Corrective actions will be monitored using the QA tool titled, "<u>Maintenance Review</u>". (Attachment B). This tool will be used to monitor that only one type of sprinkler head is installed in each room/office/etc.</p>		

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	<p>cause the sprinkler to operate at a specified temperature. Section 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 at least 4 staff in the kitchen.</p> <p>Findings include:</p> <p>Based on observation with the Administrator and the Maintenance Director on 07/24/2024 between 12:45 PM and 2:15 PM, a 2 inch penetration was observed in the ceiling on the left side of the kitchen mechanical room. Based on interview at the time of record review, the Maintenance Director agreed there was a penetration in the aforementioned location and provided the measurements.</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 has addressed and fixed the 2-inch penetration in the ceiling that was found to be of deficient practice in the kitchen's mechanical room.</p> <p><b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <p>All residents residing in the facility have the potential to be affected by the alleged deficient practice.</p> <p>All rooms, offices, etc. ceilings have been checked to ensure that this is not an issue in other areas.</p> <p><b>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</b></p> <p>Maintenance staff will be in-serviced by Administrator or designee on or before 8/8/2024 regarding the facility policy and procedure "Goals" (Attachment A) which includes maintaining all areas in a like new condition of operation and appearance through the continued inspection and maintenance.</p> <p><b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality</b></p>		

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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: 07/24/24  Facility Number: 000286 Provider Number: 155579 AIM Number: 100291000  At this Life Safety Code survey, Miller's Merry Manor was found not in compliance with Requirements for Participation in Medicare, 42 CFR Subpart 483.90(a), Life Safety from Fire and the 2012 edition of the National Fire Protection			K 0000	<b>assurance program will be put into place?</b> Corrective actions will be monitored using the QA tool titled, "Maintenance Review". (Attachment B). This tool will be used to monitor that all ceiling construction is maintained throughout the facility. This tool will be used 5x week for 4 weeks, 3x weekly for 4 weeks, 1x week for 4weeks and monthly thereafter. This QA tool will be reviewed as part of the facilities monthly QAPI meeting to ensure ongoing compliance for a minimum of 6 months and until the facility maintains 95% compliance for 6 months.		

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K 0000  Bldg. 03	<p>Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 16.2.</p> <p>This one story facility consists of three buildings. Building 01, the original building built in 1973 was determined to be of Type V (111) construction and was fully sprinklered. Building 02, the 300 Hall addition added to the north part of the original building in 2003 is of Type V (111) construction and was fully sprinklered. Building 01 and Building 02 were reviewed with Chapter 19, Existing Health Care Occupancies.</p> <p>Building 03 is the Therapy, Community Room and main dining room addition constructed in 2019. Building 03 was determined to be of Type V(111) and was fully sprinklered. Building 03 was reviewed with Chapter 18, New Health Care Occupancies.</p> <p>The facility has a fire alarm system with smoke detection in the corridor and has battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 75 and had a census of 36 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. The facility has two detached building providing facility maintenance and storage services which were not sprinklered.</p> <p>Quality Review completed on 07/26/24</p> <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>			K 0000			



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