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

PRINTED: 10/23/2024 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	IPLE CONSTRUCTION NG 01, 02, 03		(X3) DATE SURVEY COMPLETED	
		155579	B. WING _			R 10/22/2024	
	ROVIDER OR SUPPLIER MERRY MANOR			STREET ADDRESS, CITY, 7440 N COUNTY ROAD 8 HOPE, IN 47246		19/22/2024	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFII TAG	(EACH CORF	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
{K 000}	Code Recertification conducted on 07/24/	it (PSR) to the Life Safety and State Licensure Survey 2024 was conducted by the of Health in accordance with	{K 0	00}			
	42 CFR 483.90(a). Survey Date: 10/22/ Facility Number: 000 Provider Number: 15 AIM Number: 10029 At this Life Safety Co Manor was found in o Requirements for Pa CFR Subpart 483.90 the 2012 edition of the	2024 0286 55579 1000 ode survey, Miller's Merry					
	Building 01, the original determined to be of a was fully sprinklered addition added to the building in 2003 is of and was fully sprinkle Building 02 were review Existing Health Care Building 03 is the Themain dining room addition 100 was determined by the original dining 100 was d	consists of three buildings. In all building built in 1973 was Type V (111) construction and Building 02, the 300 Hall In north part of the original Type V (111) construction Building 01 and Building 03 was					
I ABORATORY I	DIRECTOR'S OR PROVIDER	SUPPLIER REPRESENTATIVE'S SIGNATU	IRF	TITL	F	(X6) DATE	

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 90 days 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 14 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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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	IDENTIFICATION NUMBER		MULTIPLE CONSTRUCTION ILDING 01, 02, 03		
		155579	B. WING _		_	R 10/22/2024	
	ROVIDER OR SUPPLIER MERRY MANOR			STREET ADDRESS, CITY, S 7440 N COUNTY ROAD 82 HOPE, IN 47246		10/22/2024	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFII TAG	(EACH CORRE	'S PLAN OF CORRECTION ECTIVE ACTION SHOULD B ENCED TO THE APPROPRIA DEFICIENCY)		
{K 000}	detection in the corric smoke detectors in a The facility has a cap census of 37 at the ti All areas where resid were sprinklered. Th building providing fac storage services which	alarm system with smoke for and has battery operated il resident sleeping rooms. acity of 75 and had a me of this survey. ents have customary access e facility has two detached ility maintenance and ch were not sprinklered.	{K 0	00}			
{K 000}	Code Recertification conducted on 07/24/2 Indiana Department of 42 CFR 483.90(a). Survey Date: 10/22/2 Facility Number: 000 Provider Number: 15 AIM Number: 10029 At this Life Safety Co Manor was found in CRequirements for Pair CFR Subpart 483.90 the 2012 edition of th Association (NFPA) 1 and 410 IAC 16.2. This one story facility Building 01, the origin determined to be of T	it (PSR) to the Life Safety and State Licensure Survey 2024 was conducted by the of Health in accordance with 2024 286 55579 1000 de survey, Miller's Merry	{K 0	00}			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 02, 03		(X3) DATE SURVEY COMPLETED		
		155579	B. WING			R 10/22/2024	
NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR				STREET ADDRESS, CITY, STATE, ZIP CODE 7440 N COUNTY ROAD 825 E HOPE, IN 47246			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORRECTIO X (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE	
{K 000} I	puilding in 2003 is of and was fully sprinkle Building 02 were revieus Existing Health Care Building 03 is the The main dining room add Building 03 was deter and was fully sprinkle reviewed with Chapter Decupancies. The facility has a fire detection in the corridus and the facility has a capacensus of 37 at the tire. All areas where reside were sprinklered. The building providing facility has a capacensus of 37 at the tire. All areas where the building providing facility has a capacensus of 37 at the tire. All areas where were sprinklered. The building providing facility Review complexity Review co	north part of the original Type V (111) construction red. Building 01 and ewed with Chapter 19, Occupancies. Prapy, Community Room and lition constructed in 2019. Timined to be of Type V(111) red. Building 03 was or 18, New Health Care alarm system with smoke for and has battery operated I resident sleeping rooms. The acity of 75 and had a me of this survey. The acity has two detached with were not sprinklered. The type V(111) The acity of 75 and had a me of this survey. The acity of 75 and had a me of this survey. The acity has two detached with were not sprinklered. The acity of 10/22/24 The acity of 1	{K 0				

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AND DLAN OF CORRECTION IDENTIFICATION NUMBER		I ' '	TIPLE CONSTRUCTION ING 01, 02, 03	(X3) DATE SURVEY COMPLETED		
		155579	B. WING			R 10/22/2024
	ROVIDER OR SUPPLIER MERRY MANOR	10000		STREET ADDRESS, CITY, STATE, ZIP 7440 N COUNTY ROAD 825 E HOPE, IN 47246	CODE	10/22/2024
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		5.75	
{K 000}	Manor was found in a Requirements for Part CFR Subpart 483.90 the 2012 edition of the Association (NFPA) 1 and 410 IAC 16.2. This one story facility Building 01, the origin determined to be of Twas fully sprinklered. addition added to the building in 2003 is of and was fully sprinklered. Building 02 were reviexisting Health Care Building 03 is the Themain dining room add Building 03 was deteand was fully sprinklered and was fully sprinklered. The facility has a fire detection in the corrices moke detectors in all The facility has a cap census of 37 at the time. All areas where resid were sprinklered. The	de survey, Miller's Merry compliance with rticipation in Medicare, 42 (a), Life Safety from Fire and e National Fire Protection 01, Life Safety Code (LSC) consists of three buildings. The protection and building built in 1973 was stope V (111) construction and Building 02, the 300 Hall north part of the original Type V (111) construction and Event Building 01 and Event With Chapter 19, Occupancies. Perapy, Community Room and dition constructed in 2019. The protect of Type V (111) and the west of Type V (111) ared. Building 03 was er 18, New Health Care alarm system with smoke dor and has battery operated all resident sleeping rooms. The protect of Type V (111) are done and has battery operated all resident sleeping rooms. The protect of Type V (111) are done and has battery operated all resident sleeping rooms. The protect of Type V (111) are done and has battery operated all resident sleeping rooms. The protect of Type V (111) are done and has battery operated all resident sleeping rooms. The protect of Type V (111) are done and has battery operated all resident sleeping rooms. The protect of Type V (111) are done and has battery operated all resident sleeping rooms. The protect of Type V (111) are done and has battery operated all resident sleeping rooms. The protect of Type V (111) are done and the protect of Type V (111) are done and the protect of Type V (111) are done and the protect of Type V (111) are done and the protect of Type V (111) are done and the protect of Type V (111) are done and the protect of Type V (111) are done and the protect of Type V (111) are done and the protect of Type V (111) are done and the protect of Type V (111) are done and the protect of Type V (111) are done and the protect of Type V (111) are done and the protect of Type V (111) are done and the protect of Type V (111) are done and the protect of Type V (111) are done and the protect of Type V (111) are done and the protect of Type V (111) are done and the protect of Type V (111) are done and the protect of Type V (111)	{K 0	000}		
		ility maintenance and ch were not sprinklered.				