PRINTED: 02/10/2023
FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES				_	B NO. 0938-039	
STATEMEN	IT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CO	ONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING	<del></del>	COMPL	ETED
		155173	B. WING		01/19/	2023
	PROVIDER OR SUPPLIER	<u>l</u>	505 N E	ADDRESS, CITY, STATE, ZIP COD BRADNER AVE N, IN 46952		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	ID			(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		COMPLETION
TAG	·	R LSC IDENTIFYING INFORMATION	TAG	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	IE	DATE
E 0000						
Bldg	conducted by the In accordance with 42 Survey Date: 01/19 Facility Number: 00 Provider Number: 1 AIM Number: 1000 At this Emergency Merry Manor was f Emergency Prepare Medicare and Mediand Suppliers, 42 C	0/2023 00089 55173	E 0000			
K 0000	Quality Review con	npleted on 01/25/23				
K 0000						
Bldg. 01	Licensure Survey w Department of Heal 483.90(a).  Survey Date: 01/19 Facility Number: 0 Provider Number: 1 AIM Number: 1000 At this Life Safety 0	00089 .55173 287760 Code survey, Miller's Merry ot in compliance with	K 0000			
LABORATOR	Y DIRECTOR'S OR PRO	VIDER/SUPPLIER REPRESENTATIVE'S SI	GNATURE	TITLE		(X6) DATE

John Velasquez

Administrator

02/03/2023

Any defiency statement 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 disclodays 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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	IT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155173	 UILDING	nstruction  01	(X3) DATE COMPL 01/19/	ETED
	PROVIDER OR SUPPLIER		505 N B	DDRESS, CITY, STATE, ZIP COD RADNER AVE N, IN 46952		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	ATE	(X5) COMPLETION DATE
K 0353 SS=C Bldg. 01	Life Safety from Fir National Fire Protect Life Safety Code (L. Health Care Occupation of the Safety From Fire Protect Life Safety Code (L. Health Care Occupation of this one story facility pe II (000) constructed from the fact of the corridors and detectors in the resict capacity of 176 and of this survey.  All areas where the access were sprinkly facility services were prinkly facility services were considered from Sprinkler System Automatic sprinkly are inspected, test accordance with New Inspection, Testing Water-based Fire Records of system inspection and test secure location are a) Date sprinkler b) Who provided	- Maintenance and Testing - Maintenance and Testing - Maintenance and Testing er and standpipe systems ted, and maintained in NFPA 25, Standard for the g, and Maintaining of Protection Systems. In design, maintenance, sting are maintained in a and readily available. system last checked				
	c) Water system  Provide in REMAF	supply source RKS information on				
	coverage for any r	non-required or partial				

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STATEMEN	EMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA (X2) MI		(2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	A. BUILDING <u>01</u> COMPLE			ETED
		155173	B. W	NG		01/19/2023	
				STREET	ADDRESS, CITY, STATE, ZIP COD	<u> </u>	
NAME OF I	PROVIDER OR SUPPLIEF	8			BRADNER AVE		
MILLED'S	S MERRY MANOR				N, IN 46952		
IVIILLER	- WILIAM WANDR			IVIARIO			
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL	PREFIX (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROP		ATE	COMPLETION	
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	automatic sprinkle	•					
	9.7.5, 9.7.7, 9.7.8	•					
	Based on observation	on and interview, the facility	K 0	353	K 353 Sprinkler System-		02/18/2023
	failed to ensure 2 or	f 2 sprinkler system gauges			Maintenance and testing.		
		y 5 years or documented as					
		s by comparison with a			It is the policy of Miller's Mei	rry	
	calibrated gauge. N	JFPA 25, Standard for the			Manor to replace sprinkler		
	Inspection, Testing	, and Maintenance of			gauges every five years or to	est	
	Water-Based Fire P	rotection Systems, 2011			the sprinkler gauges every fi	ive	
		3.2.1 states gauges shall be			years by comparison with		
	replaced every 5 years or tested every 5 years by comparison with a calibrated gauge. Gauges not				calibrated gauge.		
	accurate to within 3 percent of the full scale shall				What corrective action will b	e	
	be recalibrated or re	eplaced. This deficient practice			accomplished for those		
	could affect all resi	dents, staff, and visitors in the			residents found to have been	n	
	facility.				affected by the deficient		
					practice? Two sprinkler gauge	es	
	Findings include:				were manufactured in 2017 ar	nd	
					installed on 2/19/2018 during	the	
	Based on observation	ons during a tour of the facility			life safety code inspection. Th	е	
	with the Maintenan	ce Director and Administrator			Facility has contacted a vendo	or to	
	on 01/19/23 at 12:5	0 p.m. the facility has a			install two new sprinkler gauge	es	
	supervised wet spri	nkler system with two			and the vendor is scheduled to	o	
	pressure gauges wit	th a manufacture date of 2017.		replace these two gauges on		or	
	No recalibration da	te information was affixed to			around 2/14/23.		
	the sprinkler systen	n gauge. There was an installed					
	date of 02/19/2018	hand written on the face of the			How other residents having	the	
	gauges. Based on i	nterview at the time of the			potential to be affected by th	ne	
	observation, the Ma	aintenance Director agreed the			same deficient practice will l	be	
	manufacture date or	n the gauges was older than			identified and what correctiv	re	
	five years and there	was no documenation of			actions will be taken? All		
	calibration to verify	the gauges were calibrted			residents had the potential to	be	
	when installed.				affected. The facility has		
					contacted a vendor to install to	wo	
	This finding was re	viewed with the Maintenance			new sprinkler gauges on or ar	ound	
	Director and Admir	nistrator at the exit conference.			2/14/23.		
	3.1-19(b)				What measures will be put in	nto	
	(-)				place and what systemic		
					changes will be made to		

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	IT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155173	(X2) MULTIPLE C A. BUILDING B. WING	O1	(X3) DATE SURVEY COMPLETED 01/19/2023	
	PROVIDER OR SUPPLIER	1	STREET ADDRESS, CITY, STATE, ZIP COD 505 N BRADNER AVE MARION, IN 46952			
	1		WARK	JN, IN 40932		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE  CY MUST BE PRECEDED BY FULL  LISC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE	
				ensure that the deficient practice does not recur. On the new Sprinkler Gauges are installed by a vendor, the faci maintenance staff will verify with the vendor the two new sprint gauges are in good working of and will keep track of when the year replacement date. Facil Maintenance director and/or designee will schedule a vendor replace the gauges before the years timeframe.  How the corrective actions with the deficient practice will not receive to designee will check the sprint gauges at the time of install to insure proper function. The farmaintenance director will therefore the years timeframe. The farmaintenance director will the check both newly installed Sprinkler gauges once a wee six months, then monthly thereafter by using the QAPI Maintenance Life Safety Code (Attachment A). Any problems errors identified will be correct and the error will be placed of QAPI action plan (Attachment and presented at the next QA meeting.  By what date the system changes for the deficiency with the de	elity vith kler vider der five der five der five der five der to der five  vill  cur  or kler or cility n k for  e tool s or ted n an t B) PI	

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE C	(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER		A. BUILDING	01	COMPLETED	
		155173	B. WING	<u> </u>	01/19/2023
			CTDEET	ADDRESS, CITY, STATE, ZIP COD	<u>.                                    </u>
NAME OF P	ROVIDER OR SUPPLIER	L		BRADNER AVE	
MILLEDIS	S MERRY MANOR			DN, IN 46952	
WILLELIX	S WERRY WARON		WAR		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY)	DATE
K 0920	NFPA 101				
SS=E	Electrical Equipme	ent - Power Cords and			
Bldg. 01	Extens				
	Electrical Equipme	ent - Power Cords and			
	Extension Cords				
		patient care vicinity are only			
	used for compone				
	-	ed electrical equipment			
	, ,	les that have been			
		lified personnel and meet			
		0.2.3.6. Power strips in			
		cinity may not be used for			
	non-PCREE (e.g., personal electronics),				
	except in long-term care resident rooms that do not use PCREE. Power strips for PCREE				
		UL 60601-1. Power strips			
		the patient care rooms			
		) meet UL 1363. In			
	•	ooms, power strips meet			
		s. All power strips are			
	_	precautions. Extension d as a substitute for fixed			
		re. Extension cords used			
	-	moved immediately upon			
		purpose for which it was			
	· ·	ts the conditions of 10.2.4.			
		9), 10.2.4 (NFPA 99), 400-8			
		(D) (NFPA 70), TIA 12-5			
		on and interview, the facility	K 0920	K 920. Electrical equipment -	- 02/18/2023
		f 4 power strips for non-PCREE	1 0720	power cords and extension	02/10/2023
		d electrical equipment) in		cords.	
		side of resident care vicinity)		It is the policy of Miller's Me	rrv
	`	s deficient practice affects eight		Manor to use power strips in	- I
	residents.			patient care vicinity are only	
				used for components of	
	Findings include:			movable patient care related	
	-			electrical equipment	
	Based on observation	on with the Maintenance		assembles that have been	
	Director and Admin	nistratoron 01/19/23 between		assembled by qualified	
	12:10 p.m. and 12:3	35 p.m., in resident rooms 140,		personnel and meet the	
			I	I	

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AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	01	COMPLETED	
		155173	B. W	B. WING		01/19/	2023
				CTREET	IDDREGG CITY OT TO COP		
NAME OF P	ROVIDER OR SUPPLIER	8			ADDRESS, CITY, STATE, ZIP COD		
NAUL EDIA	ALEDDY MANOR				BRADNER AVE		
MILLER'S	S MERRY MANOR			MARIO	N, IN 46952		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)	II.	DATE
	150, 189, and 196,	there were power strips in use			conditions of 10.2.3.6. Power	r	
	outside of the reside	ent care area that did not meet			strips for non-PCREE in the		
	UL-1363. Based on	interview at the time of			patient care rooms (outside		
	observation, the Ma	nintenance Director and			vicinity) meet UL 1363A.		
	Adminstrator agree	d power strips were in use in a			What corrective action will b	е	
	_	did not meet UL-1363.			accomplished for those		
					residents found to have been	n l	
	The findings were r	reviewed with the			affected by the deficient		
		he Maintenance Director			practice? The facility		
	during the exit conf	Perence.			maintenance director and/or		
	_				designee replaced the current		
	3.1-19(b)				power strips that were used		
	, ,				outside vicinity, with the UL13	63	
					power strips of rooms		
					140,150,189, and 196. The fac	cility	
					maintenance director complete	-	
					an audit of all resident rooms i		
					facility to identify any non UL	1363	
					rated surge protectors		
					(Attachment C Facility Layout)	).	
					, , , , , , , , , , , , , , , , , , ,		
					How other residents having t	the	
					potential to be affected by th		
					same deficient practice will b	ре	
					identified and what correctiv		
					actions will be taken? There		
					were six residents of the four		
					rooms, where a surge protecto	or	
					was not 1363 rated, outside		
					vicinity, were affected. The fοι	ır	
					rooms in which surge protecto	rs	
					not having a UL 1363A were		
					replaced by facility maintenan	ce	
					staff. The facility maintenance		
					director completed an audit of	all	
					resident rooms in facility to		
					identify any non-UL 1363 rate	d	
					surge protectors. (Attachment	С	
					Facility Layout). The facility h	as	
					ordered UL 1363 rated surge		

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	NT OF DEFICIENCIES OF CORRECTION				(X3) DATE SURVEY  COMPLETED  01/19/2023	
	PROVIDER OR SUPPLIE	R	505 N	ADDRESS, CITY, STATE, ZIP COD BRADNER AVE DN, IN 46952		
(X4) ID PREFIX		STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	(X5) COMPLETION	
TAG	``	R LSC IDENTIFYING INFORMATION	TAG	protector to replace surge protectors that did not meet the UL 1363 rating and will be replaced by 2/18/23.  What measures will be put in place and what systemic changes will be made to ensure that the deficient practice does not recur. The facility maintenance director as or designee will complete a roto room audit (Attachment C facility layout) to look for surge protectors, used outside vicinith that do not meet the UL 1363A rating. Those identified will be replaced with the UL 1363A s protector. Staff will be in-serviton differences of surge protect with UL 1363 and UL 60617 a how/where they should be used resident rooms.  How the corrective actions we be monitored to ensure the deficient practice will not receive to difference or designee completed a residence of the complete designee completed a residence of the control of the facility maintenance director and or designee will complete an audit all residents rooms once a monitory that are not unable to the facility that are not unable to designee will complete an audit all residents rooms once a monitory that are not unable to designee will complete an audit residents rooms once a monitory that are not unable to the facility that are not unable the facility that th	nto  and bom e e ity A e urge iced ctors and ed in  vill  cur and dent ge L  dit of onth nen ne	

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T OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155173	A. BU	JILDING	onstruction 01	(X3) DATE COMPI 01/19/	LETED
ROVIDER OR SUPPLIER						
MERRY MANOR						
			ID	PROVIDER'S PLAN OF CORRECTION		(X5)
*				CROSS-REFERENCED TO THE APPROPRIA	ATE	COMPLETION DATE
ALGOLATORI OK	LESS IDENTIFIED BY ORMATION		1110	identified concerns will correct then logged on the QAPI action log (attachment B) and review the next QAPI meeting.	on ved at	DAIL
NFPA 101						
Gas Equipment - 0 Storag Gas Equipment - 0 Storage Greater than or eo Storage locations and ventilated in a and 5.1.3.3.3. >300 but <3,000 o Storage locations enclosure or withir space of non- or li construction, with that can be secure stored with flamma from combustibles sprinklered) or enc noncombustible or minimum 1/2 hr. fi Less than or equa In a single smoke cylinders available patient care areas of less than or equ required to be stor Cylinders must be as specified in 11. A precautionary si	Cylinder and Container  qual to 3,000 cubic feet are designed, constructed, accordance with 5.1.3.3.2  qubic feet are outdoors in an an enclosed interior mited- combustible door (or gates outdoors) ad. Oxidizing gases are not ables, and are separated ables, and are separated aby 20 feet (5 feet if closed in a cabinet of construction having a are protection rating. I to 300 cubic feet compartment, individual a for immediate use in with an aggregate volume all to 300 cubic feet are not ared in an enclosure. handled with precautions 6.2. gn readable from 5 feet is					
	NFPA 101 Gas Equipment - 0 Storage Greater than or ec Storage locations and ventilated in a and 5.1.3.3.3. >300 but <3,000 c Storage locations enclosure or withir space of non- or li construction, with that can be secure stored with flamma from combustibles sprinklered) or enc noncombustibles sprinklered) or enc construction, with that can be secure stored with flamma from combustibles sprinklered) or enc noncombustibles s	DEF CORRECTION IDENTIFICATION NUMBER 155173  ROVIDER OR SUPPLIER  SIMERRY MANOR  SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION  NFPA 101  Gas Equipment - Cylinder and Container Storag  Gas Equipment - Cylinder and Container Storage  Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2	DENTIFICATION NUMBER 155173  ROVIDER OR SUPPLIER  B MERRY MANOR  SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION  NFPA 101  Gas Equipment - Cylinder and Container Storag  Gas Equipment - Cylinder and Container Storage  Greater than or equal to 3,000 cubic feet  Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3.  >300 but <3,000 cubic feet  Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating.  Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure.  Cylinders must be handled with precautions as specified in 11.6.2.  A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage	ROVIDER OR SUPPLIER  SIMERRY MANOR  SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION  NFPA 101  Gas Equipment - Cylinder and Container Storag  Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage	ROVIDER OR SUPPLIER  S MERRY MANOR  SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION  NFPA 101  Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2  300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet in a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure.  Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage	ROVIDER OR SUPPLIER  SIMERRY MANOR  SUMMARY STATEMENT OF DEFICIENCIE (RECTUDERCENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  NFPA 101  Gas Equipment - Cylinder and Container Storage  Greater than or equal to 3,000 cubic feet Storage locations are outdoors in an enclosure or minited combustible stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection required to be stored in an enclosure. Cylinders away sign readable from 5 feet is on each door or gate of a cylinder storage  A. BULDING D.  STREET ADDRESS, CITY, STATE, ZIP COD 505 N BRADNER AVE MARION, IN 469952  STREET ADDRESS, CITY, STATE, ZIP COD 505 N BRADNER AVE MARION, IN 469952  IMPRIENT AVE MARION, IN 469952  Identified concerns will corrected then logged on the CAP1 action log (attachment B) and reviewed at the next QAP1 meeting.  By what date the system changes for the deficiency will be completed? 2/18/23.  NFPA 101  Gas Equipment - Cylinder and Container Storage  Greater than or equal to 3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited-combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with filmmables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet  In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure.  Cylinders must be handled with precautions as specified in 11.6.2.  A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage

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	ATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER				COMPL	
		155173	B. W	NG		01/19/	/2023
	PROVIDER OR SUPPLIEF			505 N E	ADDRESS, CITY, STATE, ZIP COD BRADNER AVE N, IN 46952		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	DROVIDED'S DI ANI OF CODDECTION		(X5)
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE	тс	COMPLETION
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)	·	DATE
	a minimum "CAU" STORED WITHIN Storage is planne order of which the supplier. Empty of from full cylinders cylinders with inte threshold pressure established. Emp avoid confusion. Of are protected from 11.3.1, 11.3.2, 11 99) Based on observative failed to ensure emp from full cylinders confusion. NFPA 9 empty and full cylinders confusion. NFPA 9 empty and full cylinders confusion and delay a rapid manner This up to 20 residents in Findings include:  Based on observative Director and Admin pm., the oxygen st racks that did not so from empty oxygen designated empty cy sign, posted in the of on interview at the Maintenance Direct racks were full but cylinders were full	R LSC IDENTIFYING INFORMATION TION: OXIDIZING GAS(ES) I NO SMOKING." d so cylinders are used in ey are received from the eylinders are segregated. When facility employs gral pressure gauge, a e considered empty is ety cylinders are marked to Cylinders stored in the open in weather.  3.3, 11.3.4, 11.6.5 (NFPA  The property of the pro	K 0	TAG	K 923 Gas equipment – Cylinder and container storage  It is the policy of Miller's Men Manor to ensure empty cylinders are segregated from full cylinders and are marked to avoid confusion and delay a full cylinder is needed in a rapid manner. What corrective action will b accomplished for those residents found to have been affected by the deficient practice? The oxygen storage room is located on a hall that is not used for resident care at the time. Up to 20 residents in one smoke compartment could have been affected. All E Cylinders were removed from the oxyge room on 2/2/23 by an oxygen vendor.  How other residents having to	rry m d / if e is is e ve	
	The findings were r	eviewed with the	1		notantial to be affected by th		I

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STATEMEN	IT OF DEFICIENCIES	F DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA (X2)		ONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING	01	COMPLETED	
		155173	B. WING			
		<u> </u>		ADDREGG OFFICE OF CON	<u> </u>	
NAME OF P	ROVIDER OR SUPPLIER	R		ADDRESS, CITY, STATE, ZIP COD		
MILLEDIA	S MEDDY MANOR			BRADNER AVE		
IVIILLER	S MERRY MANOR		IVIARIO	N, IN 46952		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	COMPLETION	
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY)	DATE	
		the Maintenance Director		same deficient practice will be		
	during the exit conf	ference.		identified and what correctiv		
			actions will be taken? Up to 2	20		
	3.1-19(b)			residents in one smoke		
				compartment could have beer		
				affected. All oxygen e cylinder		
				were secured upright with a cl		
				surrounding all E cylinders. A		
				Cylinders were removed from		
				Oxygen room on 2/2/23 by an		
				oxygen vendor. Removing all cylinders from the oxygen roo		
				mitigated the potential of affect		
				other residents in the facility.	_	
				signs were ordered, with one		
				reading Empty Cylinders and	-	
				other sign reading full cylinder		
				The facility maintenance direct	III	
				and/or designee will install the	III	
				signs in the Oxygen room onc		
				upon arrival.		
				What measures will be put in	ιτο	
				place and what systemic		
				changes will be made to ensure that the deficient		
				practice does not recur. Two signs were ordered, with one		
				reading Empty cylinders and t	-	
				other sign reads Full cylinders		
				These two signs will be install	• • • • • • • • • • • • • • • • • • •	
				inside the oxygen room once		
				received. Facility staff will be		
				in-serviced on the new signag	e in	
				the oxygen room and the proc		
				to separate empty from partial		
				full E cylinders by 2/18/23. Th		
				facility maintenance director		
				and/or designee will complete	an	

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audit of the oxygen room to make

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	IT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155173	ì	JILDING ING	instruction 01	(X3) DATE COMPL 01/19/	LETED
NAME OF P	PROVIDER OR SUPPLIER				ADDRESS, CITY, STATE, ZIP COD		
MILLER'S	S MERRY MANOR				BRADNER AVE N, IN 46952		
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
	`	CY MUST BE PRECEDED BY FULL		PREFIX	CROSS-REFERENCED TO THE APPROPRIA	TE	
PREFIX TAG	(EACH DEFICIEN				sure empty cylinders are segregated away from cylinde containing partial or full oxyge (Attachment A QAPI Life Safet Code). This will be completed times each week for a total of months then 3 times per week monthly thereafter until the fact reaches 95% compliance and QAPI team determines if any changes are needed.  How the corrective actions we be monitored to ensure the deficient practice will not receive that QAPI program). The fact maintenance director and/or designee will complete an audi (Attachment A QAPI Life Safet Code) of the oxygen room to resure empty cylinders are segregated away from cylinde containing partial or full oxygen. This will be completed five time each week for a total of 6 mon than 3 times per week monthly thereafter until the facility reach yeek for a total of 6 mon than 3 times per week monthly thereafter until the facility reach yeek for a total of 6 mon than 3 times per week monthly thereafter until the facility reach yeek for a total of 6 mon than 3 times per week monthly thereafter until the facility reach yeek for a total of 6 mon than 3 times per week monthly thereafter until the facility reach yeek for a total of 6 mon than 3 times per week monthly thereafter until the facility reach yeek for a total of 6 mon than 3 times per week monthly thereafter until the facility reach yeek for a total of 6 mon than 3 times per week monthly thereafter until the facility reach yeek for a total of 6 mon than 3 times per week monthly thereafter until the facility reach yeek for a total of 6 mon than 3 times per week monthly thereafter until the facility reach yeek for a total of 6 mon than 3 times per week monthly thereafter until the facility reach yeek for a total of 6 mon than 3 times per week monthly thereafter until the facility reach yeek for a total of 6 mon than 3 times per week monthly thereafter until the facility reach yeek for a total of 6 mon than 3 times per week monthly thereafter until the facility reach yeek for a total of 6 mon than 3 times per week monthly thereafter until	rs n ty five six sility the  vill ty nake rs n es ths / hes d Pl	COMPLETION DATE
					changes for the deficiency w be completed? 2/18/23	111	

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