

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155627	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  01/18/2017
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NAME OF PROVIDER OR SUPPLIER  MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 1720 ALBER ST WABASH, IN 46992
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K 0000  Bldg. 01	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 01/18/17</p> <p>Facility Number: 000578 Provider Number: 155627 AIM Number: 100267810</p> <p>At this Life Safety Code survey, Miller's Merry Manor was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(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>This one story facility was determined to be of Type III (200) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, areas open to the corridors and battery operated smoke detectors in the resident rooms. The facility has a capacity of 44 and had a census of 19 at the time of this survey.</p>	K 0000	<p>RE: Survey Event ID TL3321</p> <p>To Whom It May Concern:</p> <p>Please find the attached plan of correction in response to the Life Safety Code Survey that was conducted on January 18th, 2017. All Systemic changes and in servicing will be in place by February 17th, 2017; however, we are respectfully requesting an extension. Safecare (our vender) was in the building on February 2nd, 2017, testing results are due in on or before March 20th, 2017.</p> <p>We are respectfully requesting paper compliance. However, if paper compliance can not be granted, we would welcome a revisit as soon as your schedule will allow.</p> <p>Please contact me at 260-563-4112 if you should have any questions.</p> <p>Sincerely,</p> <p>Debra Coppernoll, HFA</p> <p>Administrator</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(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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K 0353 SS=F Bldg. 01	<p>All areas where the residents have customary access were sprinklered. The facility had two detached sheds providing facility services including activity storage and maintenance supplies that were not sprinklered.</p> <p>Quality Review completed on 01/23/17 - DA</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</p> <p>1. Based on record review and interview, the facility failed to provide written documentation or other evidence that approximately 85 of 85 dry pendent sprinkler heads were tested or replaced every 10 years. LSC 4.6.12.1 requires</p>	K 0353	POC- K 353  The corrective intervention of ensuring sprinklers are tested and/or replaced every ten years and Gauges are tested every five	02/17/2017			

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	<p>any device, equipment or system required for compliance with this code be maintained in accordance with applicable NFPA requirements. Sprinkler systems shall be properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 4.3.1 requires records shall be made for all inspections, tests, and maintenance of the system components and shall be made available to the authority having jurisdiction upon request. 4.3.2 requires that records shall indicate the procedure performed (e.g., inspection, test, or maintenance), the organization that performed the work, the results, and the date. NFPA 25, 5.3.1.1.1.6 dry sprinklers that have been in service for 10 years shall be replaced, or representative sample shall be tested and then retested at 10-year intervals. This deficient practice could affect all residents in the facility.</p> <p>Findings include:</p> <p>Based on records review with the Maintenance Director on 1/18/17 at 10:15 a.m., there was no 10 year test of the facility's dry pendent sprinklers or documentation they have been tested or replaced available for review. Based on</p>		<p>years will be accomplished for the safety of all residents.</p> <p>All residents that reside within the facility have the potential to be affected by this deficient practice. The corrections made protect all residents. Safecare was in the building on February 2nd, 2017 to take out the necessary sprinkler heads to be tested. Safecare has provided a job summary (Attachment A). Safecare will supply documentation of the testing procedures and the date. If the sprinkler heads pass we will send documentation of them passing. If they fail we will submit a time line of correction for the replacement heads. Safecare has provided a letter of the testing time line (Attachment B)</p> <p>Facility Maintenance staff will be educated on the rule: "K353" to ensure the deficient practice does not recur. Facility will work with Safecare to ensure that a schedule is in place to test and/or replace sprinklers and Gauges within the time parameters.</p> <p>To Ensure that the deficient practice does not recur the facility will review Life Safety Sprinkler/Gauge</p>		

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	<p>observation with the Maintenance Director between 10:15 a.m. and 12:00 p.m., it was discovered that all of the sprinklers in the facility had a date of 2000 and were the dry pendent type; a sprinkler secured in an extension nipple that has a seal at the inlet end to prevent water from entering the nipple until the sprinkler operates. During an interview at the time of record review and observation, the Maintenance Director confirmed that all of the sprinkler heads were the dry pendent type and acknowledged there was no written documentation available to show if the sprinklers had been tested or replaced in the last 10 years.</p> <p>3.1-19(b) 2. Based on record review, observation and interview; the facility failed to ensure 1 of 4 sprinkler system gauges were replaced every 5 years or documented as tested every 5 years by comparison with a calibrated gauge. NFPA 25, <i>Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems</i>, 2011 Edition, Section 5.3.2.1 states gauges shall be replaced every 5 years or tested every 5 years by comparison with a calibrated gauge. Gauges not accurate to within 3 percent of the full scale shall be recalibrated or replaced. This deficient</p>		<p>testing/replacement every six month during rounds with Regional Maintenance Supervisor. There will be a Quality Assurance Tool (attachment C) completed. This will be completed by the administrator or maintenance supervisor.</p> <p>All systemic changes will be completed by 2/17/2017 – we are respectfully asking for an extension. Safecare has given us a date of 3/20/17 for the results of the testing.</p>				

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	<p>practice could affect all residents and staff in the facility.</p> <p>Findings include:</p> <p>Based on observations during a tour of the facility with the Maintenance Director on 1/18/17 at 11:00 a.m., one sprinkler gauge had a date of 12-7-11 listed on the face of the sprinkler gauge. Based on interview at the time of the observation, the Maintenance Director acknowledged the sprinkler gauge was more than five years old and acknowledged there was no written documentation available to show if the sprinkler gauge had been tested or replaced in the last 5 years.</p> <p>3.1-19(b)</p>				