

ARTMENT OF HEALTH AND HUMAN SERVICES  
ENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/16/2011  
FORM APPROVED  
OMB NO. 0938-0391

(X1) STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  075295	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED  11/15/2011
NAME OF PROVIDER OR SUPPLIER  MILLER MEMORIAL COMMUNITY		STREET ADDRESS, CITY, STATE, ZIP CODE 360 BROAD STREET MERIDEN, CT 06450 <i>Approve 12/20/11</i>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
K 000  K 062 SS=F	<p>INITIAL COMMENTS</p> <p>Miller Memorial Community was surveyed pursuant to the National Fire Protection Association 101 Life Safety Code, 2000 edition as referenced in Part 483.70 (a).</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This STANDARD is not met as evidenced by: The facility did not ensure that the required automatic sprinkler system was continuously maintained in reliable operating condition and was inspected and tested periodically as required by the referenced LSC.</p> <p>On 11/15/11 at 10:15 AM, the surveyor while accompanied by the Environmental Services Manager, observed that the valve that serves as a (air) fill valve on the dry pipe sprinkler riser was not left in the closed position as required by NFPA 13, "Standard for the Installation of Sprinkler Systems"; i.e. recently installed air compressor not provided with means to maintain air pressure.</p>	K 000  K 062	<p>This Plan of Correction constitutes our written notification of compliance for the deficiency cited. However, submission of this Plan of Correction is not an admission that the deficiency exists or that one was cited correctly. The Plan of Correction is submitted to meet requirements established by State and Federal Law.</p> <p>K 062</p> <p>A. <u>What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?</u></p> <ol style="list-style-type: none"> <li>1. A work order has been issued for FPT to install an Air Maintenance Device which will allow for the "fill valve" to be left in the closed position</li> </ol> <p>B. <u>How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not reoccur, i.e., what program will be put into place to monitor the continued effectiveness of the systemic change?</u></p> <ol style="list-style-type: none"> <li>1. Environmental Specialist will randomly monitor position of the air fill valve once the air maintenance device is installed</li> </ol> <p>C. <u>Identify the staff member by title, who has been designated the responsibility for monitoring the individual plan of correction submitted for each deficiency.</u></p> <ol style="list-style-type: none"> <li>1. Environmental Services Manager</li> </ol>	12/20/11

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

TITLE

(X6) DATE

*Administrative*

*11/28/11*

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.