STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155708	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 05/15/2014
NAME OF PROVIDER OR SUPPLIER HILLSIDE MANOR NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1109 E NATIONAL HWY WASHINGTON, IN 47501	

(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
K010000	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). Survey Date: 05/15/14 Facility Number: 000303 Provider Number: 155708 AIM Number: 100287530 Surveyor: Lex Brashear, Life Safety Code Specialist At this Life Safety Code survey, Hillside Manor Nursing Home was found in substantial compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), and 410 IAC 16.2. The original building plus the east-west corridor built in 2002 at the south end of the facility, including resident rooms 16 through 24 was surveyed with Chapter 19, Existing Health Care Occupancies. This original portion of the facility was a one story facility with a basement was determined to be of Type V (000)	K010000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	construction and was fully sprinklered. The 2002 addition of the east-west corridor at the south end of the facility, including resident rooms 16 through 24, was a one story facility determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors on both levels including in the corridors, in spaces open to the corridors, and in all resident sleeping rooms. The facility has a capacity of 48 and had a census of 43 at the time of this survey. All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 05/19/14. The facility was found in substantial compliance with the aforementioned regulatory requirements as evidenced by the following:			
K010050 SS=C	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with			

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	procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2			
	Based on record review and interview, the facility failed to ensure fire drills were held at varied times for 1 of 3 employee shifts during 3 of 4 quarters. This deficient practice could affect all residents in the facility. Findings include: Based on review of the facility's fire drills in the Fire Book on 05/15/14 at 10:30 a.m. with the Administrator and the Maintenance Supervisor present, three of four third shift (night) fire drills were performed at 1:15 a.m., 1:20 a.m., and 1:38 a.m. During an interview at the time of record review, the Administrator acknowledged the times the third shift fire drills were performed and agreed the times were not varied enough. 3-1.19(b)	K010050	Hillside Manor shall conduct fire drills at least quartely on each shift. This procedure shall develop safe procedures and routines in the event of a serious disaster such as a fire.All residents could be effected by improperly conducted fire drills.Corrective Action: The maintenance supervisor, who is in charge of scheduling, conducting, and recording of such fire drills shall vary further the "night" fire drill scheduled times. While the simulated alarm and subsequent drill was held at different times these drills will now be held on differnt hours (not minutes) during the night shift.This corretive practice shall be monitored by the facility administrator for proper compliance for the next 12 months.	06/09/2014
K010062 SS=C	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested			

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	periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 Based on record review and interview, the facility failed to provide written documentation or other evidence the sprinkler system components had been inspected and tested for 1 of 4 quarters. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 1-8 requires records of inspections and tests of the sprinkler system and its components shall be made available to the authority having jurisdiction upon request. Typical records include, but are not limited to, valve inspection; flow, drain, and pump tests; trip tests of dry pipe, deluge and preaction valves. NFPA 25, 2-2.6 requires alarm devices shall be inspected quarterly to verify they are free of physical damage. NFPA 25, 2-3.3 requires waterflow alarm devices including, but not limited to, mechanical water motor gongs, vane-type waterflow devices, and pressure switches that provide audible or visual signals shall be tested quarterly. This deficient practice could affect all residents, staff, and visitors in the facility. Findings include: Based on review of the quarterly sprinkler system inspection records in the	K010062	Hillside Manor shall conduct and so record quarterly inspections of the sprinkler system and its components. To not to do so could have the potential of adversely effecting all residents, guests, and employees.For the past 30 years the quarterly sprinkler system and its components have been regularly and professionally inspected by a single outside contractor whoe only occupation is installation, certification, and inspection or repair to commericial sprinkler systems.The normally reliable inspection company was due to quarterly inspect the system (4th quarter 13) on or by Jan 6th and did not inspect such until Feb 7, 2014.Corrective Action: The maintenance supervisor shall keep a quarterly log of due dates for inspections and call the inspection company one week in advance of the due date of inspection. As we have 30 years of reialble past service, this should suffice. An option would be to find another inspection company should the above remedy fall short.This new policy shall be monitored by and the responsibility fo the facility administrator for proper compliance for the next 12 months.	06/09/2014

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	Fire Book on 05/15/14 at 10:15 a.m. with the Administrator and the Maintenance Supervisor present, there was no quarterly sprinkler system inspection report available for the fourth quarter (October, November, and December) of 2013. During an interview at the time of record review, the Administrator acknowledged there was no written documentation or other evidence the sprinkler system had been inspected during the fourth quarter of 2013. 3.1-19(b)			
K010144 SS=C	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. Based on record review and interview, the facility failed to provide complete documentation for the testing of 1 of 1 emergency generators providing power to the emergency lighting systems. LSC 7.9.2.3 and NFPA 99, Health Care Facilities, 3-4.4.1.1(a) requires monthly testing of the generator set shall be in accordance with NFPA 110, the Standard for Emergency and Standby Power Systems. NFPA 110, 6-4.2 requires generator sets in Level 1 and 2 service shall be exercised under operating	K010144	Hillside shall keep and maintain proper generator logs in accordance to NFPA 99,3-5.4.2No actual or potential harm is or was present to any resident by not having a start and stop run time so recorded during the partial power standby generator's exercise test which is conducted (and recorded)weekly. This generator provides no life safety support, but rather safety and convenience lighting.Corrective Action: Hillside has created a new generator log that shall incorporate the actual	06/09/2014

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	conditions or not less than 30 percent of the EPS (Emergency Power Supply) nameplate rating at least monthly, for a minimum of 30 minutes. NFPA 99, 3-5.4.2 requires a written record of inspection, performance, exercising period and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice could affect all residents, as well as staff and visitors in the facility. Findings include: Based on review of the facility's Generator Testing Log in the Fire Book on 05/15/14 at 10:45 a.m. with the Administrator and the Maintenance Supervisor present, the generator log form documented the generator was tested monthly under load with only a start time provided. There was no documentation on the form that showed a stop time for each test. During an interview at the time of record review, the Administrator and the Maintenance Supervisor confirmed the monthly generator log did not include documentation to show the stop times for each generator load test. 3.1-19(b)		start and ending time of the load test run weekly under load along with all the other previously required data. This new log shall be completed by and the responsibility of the maintenance supervisor indefinately.	

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K030000	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). Survey Date: 05/15/14 Facility Number: 000303 Provider Number: 155708 AIM Number: 100287530 Surveyor: Lex Brashear, Life Safety Code Specialist At this Life Safety Code survey, Hillside Manor Nursing Home was found in substantial compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), and 410 IAC 16.2. Resident rooms 25 and 26 in the east-west corridor in the south end of the facility, the kitchen, dining room, and basement below in the north end of the facility were surveyed with Chapter 18, New Health Care Occupancies. These portions of the facility were determined to be of Type V (111)	K030000		

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	construction and were fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in resident sleeping rooms 25 and 26, and in the corridors, in the dining room, and in the basement at the north end of the facility. The facility has a capacity of 48 and had a census of 43 at the time of this survey. All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered. The facility was found in substantial compliance with the aforementioned regulatory requirements as evidenced by the following:			
K030050 SS=C	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 18.7.1.2 Based on record review and interview, the facility failed to ensure fire drills were held at varied times for 1 of 3 employee shifts during 3 of 4 quarters.	K030050	Hillside Manor shall conduct fire drills at least quartely on each shift. This procedure shall develop safe procedures and routines in the event of a serious	06/09/2014

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	This deficient practice could affect all residents in the facility. Findings include: Based on review of the facility's fire drills in the Fire Book on 05/15/14 at 10:30 a.m. with the Administrator and the Maintenance Supervisor present, three of four third shift (night) fire drills were performed at 1:15 a.m., 1:20 a.m., and 1:38 a.m. During an interview at the time of record review, the Administrator acknowledged the times the third shift fire drills were performed and agreed the times were not varied enough. 3-1.19(b)		disaster such as a fire.All residents could be effected by improperly conducted fire drills.Corrective Action: The maintenance supervisor, who is in charge of scheduling, conducting, and recording of such fire drills shall vary further the "night" fire drill scheduled times. While the simulated alarm and subsequent drill was held at different times these drills will now be held on differnt hours (not minutes) during the night shift.This corretive practice shall be monitored by the facility administrator for proper compliance for the next 12 months.	
K030062 SS=C	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 18.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 Based on record review and interview, the facility failed to provide written documentation or other evidence the sprinkler system components had been inspected and tested for 1 of 4 quarters. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 1-8 requires records of inspections and	K030062	Hillside Manor shall conduct and so record quarterly inspections of the sprinkler system and its components. To not to do so could have the potential of adversely effecting all residents, guests, and employees.For the past 30 years the quarterly sprinkler system and its components have been regularly and professionally inspected by a	06/09/2014

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	tests of the sprinkler system and its components shall be made available to the authority having jurisdiction upon request. Typical records include, but are not limited to, valve inspection; flow, drain, and pump tests; trip tests of dry pipe, deluge and preaction valves. NFPA 25, 2-2.6 requires alarm devices shall be inspected quarterly to verify they are free of physical damage. NFPA 25, 2-3.3 requires waterflow alarm devices including, but not limited to, mechanical water motor gongs, vane-type waterflow devices, and pressure switches that provide audible or visual signals shall be tested quarterly. This deficient practice could affect all residents, staff, and visitors in the facility. Findings include: Based on review of the quarterly sprinkler system inspection records in the Fire Book on 05/15/14 at 10:15 a.m. with the Administrator and the Maintenance Supervisor present, there was no quarterly sprinkler system inspection report available for the fourth quarter (October, November, and December) of 2013. During an interview at the time of record review, the Administrator acknowledged there was no written documentation or other evidence the sprinkler system had been inspected		single outside contractor whoe only occupation is installation, certification, and inspection or repair to commericial sprinkler systems.The normally reliable inspection company was due to quarterly inspect the system (4th quarter 13) on or by Jan 6th and did not inspect such until Feb 7, 2014.Corrective Action: The maintenance supervisor shall keep a quarterly log of due dates for inspections and call the inspection company one week in advance of the due date of inspection. As we have 30 years of reialble past service, this should suffice. An option would be to find another inspection company should the above remedy fall short.This new policy shall be monitored by and the responsibility fo the facility administrator for proper compliance for the next 12 months.	

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	during the fourth quarter of 2013. 3.1-19(b)			
K030069 SS=B	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 18.3.2.6, NFPA 96 Based on record review, observation and interview; the facility failed to ensure 1 of 1 kitchen exhaust systems was inspected semiannually. NFPA 96, 1998 Edition, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, 8-3.1 requires the entire exhaust system shall be inspected by a properly trained, qualified, and certified company or person(s) in accordance with Table 8-3.1. Table 8-3.1, Exhaust System Inspection Schedule, requires systems serving moderate volume cooking operations shall be inspected semiannually. NFPA 96, 8-3.1.1 says, upon inspection, if found to be contaminated with deposits from grease laden vapors, the entire exhaust system shall be cleaned in accordance with Section 8-3. NFPA 96, 8-3.1 requires hoods, grease removal devices, fans, ducts, and other appurtenances shall be cleaned to bare metal at frequent intervals prior to surfaces becoming heavily contaminated with grease or oily sludge. After the	K030069	HillsideManor shall semi annually have the kitchen exhaust system inspected by a properly trained, and qualified person or company who shall "tag" and so record such inspection.The "light-use" range hood system (no deep fryers) proposes minimal risk to kitchen personnel but the hood system shall be inspected and cleaned in accordance with NFPA 96.8-3.1.1.Corrective Action: Hillside Manor shall secure the service ofr such above described professional and have said range hood/exhaust system semi-annually inspected.The maintenance supervisor shall keep a log on such scheduled inspection and call to remind the contractor if the semi-annual inspection is due one week in advance.The maintenance supervisor will be responsible for proper and timely compliance indefinately.	06/09/2014

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	exhaust system is cleaned to bare metal, it shall not be coated with powder or other substance. This deficient practice could affect mostly kitchen staff. Findings include: Based on review of the kitchen range inspection reports in the Fire Book on 05/15/14 at 11:00 a.m. with the Administrator and the Maintenance Supervisor present, there was no documentation to show the kitchen range hood had been inspected within the past twelve months. This was acknowledged by the Administrator and the Maintenance Supervisor at the time of record review. Based on observation at 12:45 p.m. during a tour of the facility with the Maintenance Supervisor, there was no sticker on the kitchen range hood to indicated the range hood had been inspected. This was confirmed by the Maintenance Supervisor at the time of observation. 3.1-19(b)			
K030144 SS=C	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.			

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	Based on record review and interview, the facility failed to provide complete documentation for the testing of 1 of 1 emergency generators providing power to the emergency lighting systems. LSC 7.9.2.3 and NFPA 99, Health Care Facilities, 3-4.4.1.1(a) requires monthly testing of the generator set shall be in accordance with NFPA 110, the Standard for Emergency and Standby Power Systems. NFPA 110, 6-4.2 requires generator sets in Level 1 and 2 service shall be exercised under operating conditions or not less than 30 percent of the EPS (Emergency Power Supply) nameplate rating at least monthly, for a minimum of 30 minutes. NFPA 99, 3-5.4.2 requires a written record of inspection, performance, exercising period and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice could affect all residents, as well as staff and visitors in the facility. Findings include: Based on review of the facility's Generator Testing Log in the Fire Book on 05/15/14 at 10:45 a.m. with the Administrator and the Maintenance Supervisor present, the generator log form documented the generator was	K030144	Hillside shall keep and maintain proper generator logs in accordance to NFPA 99,3-5.4.2No actual or potential harm is or was present to any resident by not having a start and stop run time so recorded during the partial power standby generator's exercise test which is conducted (and recorded)weekly. This generator provides no life safety support, but rather safety and convenience lighting.Corrective Action: Hillside has created a new generator log that shall incorporate the actual start and ending time of the load test run weekly under load along with all the other previously required data. This new log shall be completed by and the responsibility of the maintenance supervisor indefinately.	06/09/2014

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	tested monthly under load with only a start time provided. There was no documentation on the form that showed a stop time for each test. During an interview at the time of record review, the Administrator and the Maintenance Supervisor confirmed the monthly generator log did not include documentation to show the stop times for each generator load test. 3.1-19(b)			