

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  05/28/2013
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NAME OF PROVIDER OR SUPPLIER  HILLSIDE MANOR NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1109 E NATIONAL HWY WASHINGTON, IN 47501
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K010000	<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: 05/28/13</p> <p>Facility Number: 000303 Provider Number: 155708 AIM Number: 100287530</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Hillside Manor Nursing Home was found not in 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 2002 addition of the east-west corridor at the south end of the facility, including resident rooms 16 through 24 was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This original portion of the facility was a one story facility with a basement and was determined to be of Type V (000)</p>	K010000	<p>Please accept the following POC as Hillside Manor's credible allegation of compliance. All revised/changed policies or procedures or new construction will be completed by 6-27-2013</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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	<p>construction and fully sprinklered. The 2002 addition 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 the corridors, spaces open to the corridors, and in all resident sleeping rooms except 16, 17, and 18. The facility has a capacity of 48 and had a census of 44 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 05/31/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K010025 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 attic access panels in the south end Soiled Utility Room was maintained to provide at least a one half hour fire resistance rating. This deficient practice could affect up to 20 residents, staff or visitor in the south end, east-west corridor.</p> <p>Findings include:</p> <p>Based on observation on 05/28/13 at 12:30 p.m. during a tour of the facility with the Maintenance Supervisor, the attic access panel in the Soiled Utility Room had a two inch gap on one side which was open to the attic. Based on interview at the time of observation, the Maintenance Supervisor acknowledged there was a two inch gap on one side of the attic access panel which was open to the attic.</p> <p>3.1-19(b)</p>	K010025	<p>K 025 Hillside Manor Nursing Home shall maintain construction to provide a ½ hour fire resistance rating and a ½ hour smoke barrier between the access entry to the attic in the south soiled utility room.</p> <p>The cited access panel to the attic has not changed in the last 12 years from initial construction. However, this panel will be re-configured and replaced with ½ hour fire rated and ½ hour</p>	06/27/2013			

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			<p>smoke barrier that seats properly in the panel's molding to provide necessary protection.</p> <p>Deviation from required smoke barrier could potentially effect the near 20 residents on the south wing.</p> <p>Replacement of said panel shall provide a permanent "fix" to smoke and fire barrier issues as related to the access to the attic. Replacement should last for the next 20 years.</p> <p>The maintenance supervisor, however, shall assume the responsibility of monitoring the proper replacement of said panel each time it is</p>		

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			used as an access. This monitoring shall be on-going and not time limited. His performance shall be monitored by the nursing staff using such room and report any deviation to the administrator for the next 12 months. Completion date 6-27-2013	

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K010029 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>Based on observation and interview, the facility failed to ensure 1 of 8 hazardous area room doors, such as a room over 50 square feet containing combustible material, was equipped with a self closing device on the door. This deficient practice could affect up to 24 residents, as well as staff and visitors from the center north-south corridor and the north section, east short corridor.</p> <p>Findings include:</p> <p>Based on observation on 05/28/13 at 12:45 p.m. during a tour of the facility with the Maintenance Supervisor, the north section shower room contained two soiled linen barrels over thirty two gallons total with each half full of soiled linen. The north section shower room door was not provided with a self closing device. This was acknowledged by the</p>	K010029	<p>K029</p> <p>Hillside Manor Nursing Home shall maintain hazardous rooms of over 50 square feet with a self closing device on the doors when in a room with combustibles (linen barrel over 32 gallons) Residents in the immediate area of the north shower room (possible 24 residents) were at minimal risk from a wet shower room with soiled linens that are removed hourly.</p>	06/27/2013			

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	Maintenance Supervisor at the time of observation, furthermore, the Maintenance Supervisor indicated the soiled linen barrels were normally kept in the north section shower room.  3.1-19(b)		A one-time permanent fix of K029 shall be made by installing a soiled linen hamper of less than 32 gallons and removal of the larger present containers. This will in effect remove the shower room from being "hazardous"  The new soiled linen receiver shall be limited to one (less than 32 gallons) The assistant D.O.N shall be responsible for monitoring this new procedure and enforcing the single hamper guide. She shall educate the staff through one on one contact with all applicable staff members and posted signage. All shall be		

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			in-serviced on this new policy during the next all personnel in-service. The assistant D.O.N. shall be responsible for proper compliance and shall monitor such for the next 12 months. Completion date 6-27-2013	

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K010048 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 19.7.1.1 Based on record review and interview, the facility failed to provide a complete written fire safety plan for the protection of 44 of 44 residents to accurately address all life safety systems such as the transmission of the fire alarm to the monitoring company/fire department, the evacuation of the smoke compartment and the use of the K-class fire extinguisher in the kitchen thus addressing all items required by NFPA 101, 2000 edition, Section 19.7.2.2. LSC 19.7.2.2 requires a written health care occupancy fire safety plan shall provide for the following:</p> <ol style="list-style-type: none"> <li>(1) Use of alarms</li> <li>(2) Transmission of alarm to the fire department</li> <li>(3) Response to alarms</li> <li>(4) Isolation of fire</li> <li>(5) Evacuation of immediate area</li> <li>(6) Evacuation of smoke compartment</li> <li>(7) Preparation of floors and building for evacuation</li> <li>(8) Extinguishment of fire</li> </ol> <p>This deficient practice could affect all occupants in the event of an emergency.</p> <p>Findings include:</p> <p>Based on a review of the Fire Policy and</p>	K010048	<p>K048 Hillside Manor Nursing Home's fire and disaster written plan shall include the policy and procedure of the "dialer" and transmission of the alarm to authorities, the evacuation of the smoke compartment, and the proper use of the K-class fire extinguisher in the kitchen.</p> <p>All residents were exposed to minimal risks as all of these items are covered and reviewed in our fire and disaster semi-annual in-services to all personnel.</p> <p>Hillside Manor Nursing Home shall revise and</p>	06/27/2013			

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	<p>Procedures section of the Disaster Plan on 05/28/13 at 9:45 a.m. with the Maintenance Supervisor and the Director of Nursing (DON) present, the Fire Policy and Procedures did not address the transmission of the fire alarm to the monitoring company/fire department, evacuation of the smoke compartment, and the use of the K-class fire extinguisher located in the kitchen in relationship with the use of the kitchen overhead extinguishing system. Based on interview at the time of record review, the Maintenance Supervisor and the DON acknowledged the Fire Plan did not include the transmission of the fire alarm, evacuation of the smoke compartment, and the use of the K- class fire extinguisher located in the kitchen.</p> <p>3.1-19(b)</p>		<p>re-write it's fire and disaster plan to include the use of the class K fire extinguisher, transmission of alarm to authorities, and evacuation of resident out of the smoke compartment.</p> <p>The administrator shall be responsible for proper and comprehensive written policies and also the access to same by state inspectors. The quality assurance committee shall review quarterly the written policy and procedures for any needed updates during the next 12 months.</p> <p>Completion date 6-27-2013</p>	

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K010050 SS=F	<p>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. 19.7.1.2</p> <p>Based on record review and interview, the facility failed to provide quarterly fire drill documentation for 1 of 3 shifts during 1 of 4 quarters. This deficient practice could affect all residents in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's fire drill records in the Fire Safe book on 05/28/13 at 11:15 a.m. with the Maintenance Supervisor and the Director of Nursing (DON) present, the facility lacked written documentation a fire drill was conducted during the second shift (evening) of the first quarter (January, February, and March) of 2013. This was acknowledged by the Maintenance Supervisor and the DON at the time of record review.</p> <p>3.1-19(b)</p>	K010050	<p>K050 Hillside Manor Nursing Home shall continue to conduct unexpected fire drills on each of three shifts quarterly and so record the drill and its proficiency, staff's performance, and alarm transmission success. The quarterly drills are conducted by the maintenance supervisor who faithfully and punctually performs such scheduled drills. The paper work from the drills is left with the administrator who, with staff help, places such</p>	06/27/2013			

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			<p>in the fire log book.</p> <p>The second shift drill (completed in March 2013) was not to be found by the D.O.N. during survey acting on behalf of the absent administrator. Such was found upon the administrators return from vacation and properly placed in the fire log.</p> <p>Fire drills and proper planning is most important and failure to do so could potentially impact all residents, guest, and staff.</p> <p>The administrator assumes full responsibility and accountability for both proper performance from the fire drills and the proper documentation being</p>		

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			logged. The QA committee shall be provided a quarterly accounting of the fire log for inspection for the next 12 months. Completion for review by 6-27-2013	

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K010052 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p> <p>1. Based on record review and interview, the facility failed to ensure documentation for the testing of 44 of 44 smoke detectors was correct. LSC 9.6.1.4 refers to NFPA 72, National Fire Alarm Code. NFPA 72, 7-3.2 requires fire alarm system devices such as smoke detectors be tested annually. This deficient practice could affect all residents, as well as staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's quarterly fire alarm system inspection reports in the Fire Safe book on 05/28/13 at 10:30 a.m. with the Maintenance Supervisor and Director of Nursing (DON) present, the four most recent quarterly fire alarm system inspection reports dated 08/28/12, 11/13/12, 02/21/13 and 05/17/13, all indicated on the cover page under the "Quantity" line the facility was provided with thirty six Photo type smoke detectors, however, the 03/15/13 quarterly report indicated there were forty four smoke detectors under the "Quantity</p>	K010052	K 052  Hillside Manor Nursing Home shall perform a sensitivity test for all smoke detectors within one year of initial installation and every other year there-after. At the time of survey the D.O.N. and maintenance supervisor could not find enclosed documentation of the installation date of the most recent smoke detectors. These detectors were installed last year following the life safety code survey. These detectors in question were installed on 6/26/ 2012 and	06/27/2013			

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	<p>Tested" line and under the "Quantity Passed" line. Furthermore, the itemized list of smoke detectors tested for visual/functional testing during the 05/17/13 quarterly report showed forty four smoke detectors were tested. During an interview at the time of record review, the Maintenance Supervisor and DON acknowledged the discrepancy in the number of smoke detectors listed on the cover pages of the four most recent quarterly fire alarm system inspection reports.</p> <p>3-1.19(b)</p> <p>2. Based on record review and interview, the facility failed to provided written documentation 8 of 44 smoke detectors had been tested for sensitivity. LSC Section 9.6.1.3 says the provisions of 9.6 cover the basic functions of the fire alarm system, including fire detection systems. LSC 9.6.1.4 refers to NFPA 72, National Fire Alarm Code. NFPA 72, at 7-3.2.1 states, "Detector sensitivity shall be checked within one year after installation and every alternative year thereafter. After the second required calibration test, if sensitivity tests indicate the detectors have remained within their listed and marked sensitivity ranges, the length of time between calibration tests may be extended to a maximum of five years. If</p>		<p>therefore were not in service over 12 months. We will again be adding 3 more detectors as a part of our POC to this survey.</p> <p>The proper testing and timely testing has been assigned to the alarm/testing company who both install and test all smoke, sprinkler, and fire systems. While a select few residents was/would be effected if the testing for sensitivity on the 8 newest alarms was not performed within the 1 st year of installation, these alarms were tested (not for sensitivity) and therefore minimal harm or exposure to risk was demonstrated to any residents in the</p>		

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	<p>the frequency is extended, records of detector caused nuisance alarms shall be maintained. In zones or areas where nuisance alarms show any increase over the previous year, calibration tests shall be performed. To ensure each smoke detector is within its listed and marked sensitivity range it shall be tested using the following methods:</p> <p>(1) Calibrated test method.  (2) Manufacturer's calibrated sensitivity test instrument.  (3) Listed control equipment arranged for the purpose.  (4) Smoke detector/control unit arrangement whereby the detector causes a signal at the control unit where its sensitivity is outside its acceptable sensitivity range.  (5) Other calibrated sensitivity test method acceptable to the authority having jurisdiction.</p> <p>Detectors found to have sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated or replaced.</p> <p>The detector sensitivity shall not be tested or measured using any device that administers an unmeasured concentration of aerosol into the detector. NFPA 72, 7-5.2 requires inspection, testing and maintenance reports be provided for the owner or a designated representative. It shall be the responsibility of the owner to</p>		<p>immediate area of the new installation.</p> <p>Hillside Manor shall have the newest eight smoke detectors inspected for proper function and sensitivity and re-certified. They shall be re-inspected with all others in 2014 to keep all detectors on the same inspection cycle.</p> <p>The maintenance supervisor shall be held responsible for the timely and proper inspection by the contracted inspection company. The QA committee shall review during the next 12 months the timeliness of inspections.  Completion date of 6-27-2013</p>				

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	<p>maintain these records for the life of the system and to keep them available for examination by the authority having jurisdiction. Paper or electronic media shall be acceptable. This deficient practice could affect all residents, as well as staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of the smoke detector sensitivity records in the Fire Safe book on 05/28/13 at 10:30 a.m. with the Maintenance Supervisor and Director of Nursing (DON) present, the most recent sensitivity test documentation was dated 05/16/12 for thirty six smoke detectors, however, the 05/17/13 quarterly fire alarm system inspection report indicated there were forty four smoke detectors tested for visual/functional testing. Furthermore, the facility was not able to produce documentation to show when the additional eight smoke detectors were installed so it could not be determined whether the eight additional smoke detectors were in compliance with sensitivity test requirements. Based on an interview at the time of record review, the Maintenance Supervisor and the DON acknowledged there was sensitivity testing documentation for only thirty six of the forty four smoke detectors and there was no documentation available to</p>				

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	show when the additional eight smoke detectors were installed.  3.1-19(b)			

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K010062 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD 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>Based on record review, observation, and interview; the facility failed to ensure 1 of 1 sprinkler system's gauges were replaced or recalibrated within the past 5 years, furthermore, the facility failed to ensure 1 of 1 automatic sprinkler piping systems were inspected internally every five years. NFPA 101 Section 9.7.5 refers to NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 2-3.2 requires gauges to 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. NFPA 25, 10-2.3 states sprinkler systems shall be examined internally for obstructions where conditions exist that could cause obstructed piping. If the condition has not been corrected or the condition is one that could result in obstruction of piping despite any previous flushing procedures that have been performed, the system shall be examined internally of obstructions every 5 years. This deficient practice could affect all residents, as well</p>	K010062	<p>K 062</p> <p>Hillside Manor Nursing Home shall include the 5 year inspection of sprinkler head gages within the scope of responsibility of the inspection company. The maintenance supervisor shall be responsible for their proper performance of both the internal 5 year pipe testing and the sprinkler head gages.</p> <p>It is our opinion that little risk of harm to all residents existed because the newly installed sprinkler head had a gage indicating it was manufactured in 2006.</p>	06/27/2013			

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	<p>as staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of the quarterly sprinkler system inspection reports available in the Fire Safe book on 05/28/13 at 10:45 a.m. with the Maintenance Supervisor and the Director of Nursing (DON) present, there was no written documentation available to show the two gauges of the sprinkler system have been replaced or calibrated or an internal inspection performed on the sprinkler system pipes. During an interview at the time of record review, the Maintenance Supervisor and DON confirmed there was no written documentation available to indicated the gauges on the sprinkler system had been replaced or recalibrated or an internal inspection performed on the sprinkler system's pipes within the past five years. Based on observation during a tour of the facility with the Maintenance Supervisor at 1:30 p.m., the two sprinkler system gauges had a date of "06" on the gauge face. This was acknowledged by the Maintenance Supervisor at the time of observation.</p> <p>3-1.19(b)</p>		<p>Hillside Manor Nursing Home shall replace the mentioned gage. Hillside Manor shall provide documentation of the internal inspection of the sprinkler piping system from a certified inspection company indicating the re-inspection. It is Hillside's Manor Policy to have the internal inspection of the sprinkler pipes and control head gages inspected and re-certified each 5 years.</p> <p>The maintenance supervisor shall report to the administrator any noted deviation from scheduled inspections regarding the sprinkler, smoke detector, or fire</p>		

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			alarm system. The administrator shall be accountable and responsible for the contracted company and their timely performance of schedule duties. This proper practice shall be monitored quarterly by the administrator. Completion date 6-27-2013		

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K010144 SS=C	<p>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.</p> <p>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.</p> <p>Findings include:</p> <p>Based on review of the facility's Weekly</p>	K010144	<p>K 144</p> <p>Hillside Manor Shall maintain, test, and service our emergency power system is accordance to NFPA 110, 6-4.2 requirements. While the current power system is tested/exercised weekly under load, the default factory setting runs the system for only 13 minutes each week (52 minutes/month)</p> <p>As this system provides no life support for any residents and because all exits contain 90 minutes of illumination from internal batteries,</p>	06/27/2013

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	<p>Generator Testing Log on 05/28/13 at 11:45 a.m. with the Maintenance Supervisor and the Director of Nursing (DON) present, the generator log form documented the generator was tested weekly under load conditions, however, each load test was documented to be tested for only thirteen minutes each time, furthermore, there was no documentation on the form showing the generator was exercised under operating conditions or not less than 30 percent of the EPS (Emergency Power Supply) nameplate rating for a minimum of 30 minutes during the past twelve months. During an interview at the time of record review, the Maintenance Supervisor confirmed the weekly generator log did not include documentation the generator was exercised under operating conditions or not less than 30 percent of the EPS (Emergency Power Supply) nameplate rating for a minimum of 30 minutes.</p> <p>3.1-19(b)</p>		<p>the power support is mostly for comfort and deviation from approved testing procedures results in minimal risk or potential harm to any residents.</p> <p>Hillside Manor shall amend its generator testing procedure to include at least one test each month of run time of 30 minutes or longer. Documentation of the factory default load testing (more than 30% of the EPS) shall be provided. Also a monthly amp meter testing of full load shall be documented and so recorded as to date and amp reading output.</p> <p>The maintenance supervisor shall be responsible for testing according to prescribed</p>		

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			<p>guidelines and proper documentation of such. It shall be available within easy access to the state surveyor. The facility administrator shall monitor the testing procedure and proper documentation monthly for the next 12 months. Completion date 6-27-2013</p>	

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K019999	<p>State Findings</p> <p>3.1-19 ENVIRONMENT AND PHYSICAL STANDARDS</p> <p>3.1-19(ff) A health facility licensed under 16-28 and this rule must do the following:</p> <p>(1) Have an automatic sprinkler system installed throughout the facility before July 1, 2012.</p> <p>(2) If an automatic sprinkler system is not installed throughout the health care facility before July 1, 2010, submit before July 1, 2010 a plan to the department for completing the installation of the automatic sprinkler system before July 1, 2012.</p> <p>(3) Have a battery operated or hard-wired smoke detector in each resident's room before July 1, 2012.</p> <p>This State Rule has not been met as evidenced by:</p> <p>Based on record review, observation, and interview; the facility failed to install smoke detectors in each resident's room before July 1, 2012. This deficient practice could affect 6 residents in rooms 16, 17, and 18, plus any of the 20 residents, as well as staff and visitors in the south end, east-west corridor.</p>	K019999	<p>K9999</p> <p>Hillside Manor Nursing Home shall have all resident rooms hardwired with smoke detectors. These detectors shall be maintained, inspected and tested within 12 months of installation and tested for sensitivity every other year thereafter.</p> <p>The absence of these smoke detectors could place the potential 6 residents at risk for harm.</p> <p>Hillside Manor Nursing Home shall have a licensed contractor install hard-wired smoke detectors in rooms 16, 17, and 18.</p>	06/27/2013
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	<p>Findings include:</p> <p>Based on review of quarterly fire alarm system inspection reports in the Fire Safe book on 05/28/13 at 10:30 a.m., resident rooms 16, 17, and 18 were not provided with smoke detectors. Based on observations with the Maintenance Supervisor between 12:00 p.m. and 2:45 p.m., resident rooms 16, 17, and 18 were not provided with smoke detectors. Based on an interview during the time of observations, the Maintenance Supervisor acknowledged resident rooms 16, 17, and 18 were not provided with smoke detectors.</p> <p>3.1-19(ff)</p>		<p>The administrator shall be responsible for timely installation and contractors' proficiency. The contracted alarm company shall service and test these smoke detectors in proper timely accord. The facility administrator shall be ultimately responsible for the contractors timely performance and filed documentation of such. The QA committee shall review quarterly the fire log for timely compliance during the next 12 months.</p>		

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K030000	<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: 05/28/13</p> <p>Facility Number: 000303 Provider Number: 155708 AIM Number: 100287530</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Hillside Manor Nursing Home was found not in 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, and the kitchen, dining room, and basement below in the north end of the facility were surveyed with Chapter 18, New Health Care Occupancies.</p> <p>These portions of the facility were determined to be of Type V (111) construction and were fully sprinklered.</p>	K030000	<p>Please accept the following POC as Hillside Manor's credible allegation of compliance. All revised/changed policies or procedures or new construction will be completed by 6-27-2013</p>	
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	<p>The facility has a fire alarm system with hard wired smoke detectors in resident sleeping rooms 25 and 26, and the corridors, the dining room, and the basement at the north end of the facility. The facility has a capacity of 48 and had a census of 44 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K030048 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 18.7.1.1 Based on record review and interview, the facility failed to provide a complete written fire safety plan for the protection of 44 of 44 residents to accurately address all life safety systems such as the transmission of the fire alarm to the monitoring company/fire department, the evacuation of the smoke compartment and the use of the K-class fire extinguisher in the kitchen thus addressing all items required by NFPA 101, 2000 edition, Section 19.7.2.2. LSC 19.7.2.2 requires a written health care occupancy fire safety plan shall provide for the following:</p> <ol style="list-style-type: none"> <li>(1) Use of alarms</li> <li>(2) Transmission of alarm to the fire department</li> <li>(3) Response to alarms</li> <li>(4) Isolation of fire</li> <li>(5) Evacuation of immediate area</li> <li>(6) Evacuation of smoke compartment</li> <li>(7) Preparation of floors and building for evacuation</li> <li>(8) Extinguishment of fire</li> </ol> <p>This deficient practice could affect all occupants in the event of an emergency.</p> <p>Findings include:</p> <p>Based on a review of the Fire Policy and</p>	K030048	<p>K048 Hillside Manor Nursing Home's fire and disaster written plan shall include the policy and procedure of the "dialer" and transmission of the alarm to authorities, the evacuation of the smoke compartment, and the proper use of the K-class fire extinguisher in the kitchen.</p> <p>All residents were exposed to minimal risks as all of these items are covered and reviewed in our fire and disaster semi-annual in-services to all personnel.</p> <p>Hillside Manor Nursing Home shall revise and</p>	06/27/2013			

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	<p>Procedures section of the Disaster Plan on 05/28/13 at 9:45 a.m. with the Maintenance Supervisor and the Director of Nursing (DON) present, the Fire Policy and Procedures did not address the transmission of the fire alarm to the monitoring company/fire department, evacuation of the smoke compartment, and the use of the K-class fire extinguisher located in the kitchen in relationship with the use of the kitchen overhead extinguishing system. Based on interview at the time of record review, the Maintenance Supervisor and the DON acknowledged the Fire Plan did not include the transmission of the fire alarm, evacuation of the smoke compartment, and the use of the K- class fire extinguisher located in the kitchen.</p> <p>3.1-19(b)</p>		<p>re-write it's fire and disaster plan to include the use of the class K fire extinguisher, transmission of alarm to authorities, and evacuation of resident out of the smoke compartment.</p> <p>The administrator shall be responsible for proper and comprehensive written policies and also the access to same by state inspectors. The quality assurance committee shall review quarterly the written policy and procedures for any needed updates during the next 12 months.</p> <p>Completion date 6-27-2013</p>		

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K030050 SS=F	<p>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</p> <p>Based on record review and interview, the facility failed to provide quarterly fire drill documentation for 1 of 3 shifts during 1 of 4 quarters. This deficient practice could affect all residents in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's fire drill records in the Fire Safe book on 05/28/13 at 11:15 a.m. with the Maintenance Supervisor and the Director of Nursing (DON) present, the facility lacked written documentation a fire drill was conducted during the second shift (evening) of the first quarter (January, February, and March) of 2013. This was acknowledged by the Maintenance Supervisor and the DON at the time of record review.</p> <p>3.1-19(b)</p>	K030050	<p>K050 Hillside Manor Nursing Home shall continue to conduct unexpected fire drills on each of three shifts quarterly and so record the drill and its proficiency, staff's performance, and alarm transmission success. The quarterly drills are conducted by the maintenance supervisor who faithfully and punctually performs such scheduled drills. The paper work from the drills is left with the administrator who, with staff help, places such</p>	06/27/2013			

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			<p>in the fire log book.</p> <p>The second shift drill (completed in March 2013) was not to be found by the D.O.N. during survey acting on behalf of the absent administrator. Such was found upon the administrators return from vacation and properly placed in the fire log.</p> <p>Fire drills and proper planning is most important and failure to do so could potentially impact all residents, guest, and staff.</p> <p>The administrator assumes full responsibility and accountability for both proper performance from the fire drills and the proper documentation being</p>		

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			logged. The QA committee shall be provided a quarterly accounting of the fire log for inspection for the next 12 months. Completion for review by 6-27-2013		

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K030052 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p> <p>1. Based on record review and interview, the facility failed to ensure documentation for the testing of 44 of 44 smoke detectors was correct. LSC 9.6.1.4 refers to NFPA 72, National Fire Alarm Code. NFPA 72, 7-3.2 requires fire alarm system devices such as smoke detectors be tested annually. This deficient practice could affect all residents, as well as staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's quarterly fire alarm system inspection reports in the Fire Safe book on 05/28/13 at 10:30 a.m. with the Maintenance Supervisor and Director of Nursing (DON) present, the four most recent quarterly fire alarm system inspection reports dated 08/28/12, 11/13/12, 02/21/13 and 05/17/13, all indicated on the cover page under the "Quantity" line the facility was provided with thirty six Photo type smoke detectors, however, the 03/15/13 quarterly report indicated there were forty four smoke detectors under the "Quantity</p>	K030052	<p>K 052</p> <p>Hillside Manor Nursing Home shall perform a sensitivity test for all smoke detectors within one year of initial installation and every other year there-after. At the time of survey the D.O.N. and maintenance supervisor could not find enclosed documentation of the installation date of the most recent smoke detectors. These detectors were installed last year following the life safety code survey. These detectors in question were installed on 6/26/ 2012 and</p>	06/27/2013	

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	<p>Tested" line and under the "Quantity Passed" line. Furthermore, the itemized list of smoke detectors tested for visual/functional testing during the 05/17/13 quarterly report showed forty four smoke detectors were tested. During an interview at the time of record review, the Maintenance Supervisor and DON acknowledged the discrepancy in the number of smoke detectors listed on the cover pages of the four most recent quarterly fire alarm system inspection reports.</p> <p>3-1.19(b)</p> <p>2. Based on record review and interview, the facility failed to provided written documentation 8 of 44 smoke detectors had been tested for sensitivity. LSC Section 9.6.1.3 says the provisions of 9.6 cover the basic functions of the fire alarm system, including fire detection systems. LSC 9.6.1.4 refers to NFPA 72, National Fire Alarm Code. NFPA 72, at 7-3.2.1 states, "Detector sensitivity shall be checked within one year after installation and every alternative year thereafter. After the second required calibration test, if sensitivity tests indicate the detectors have remained within their listed and marked sensitivity ranges, the length of time between calibration tests may be extended to a maximum of five years. If</p>		<p>therefore were not in service over 12 months. We will again be adding 3 more detectors as a part of our POC to this survey.</p> <p>The proper testing and timely testing has been assigned to the alarm/testing company who both install and test all smoke, sprinkler, and fire systems. While a select few residents was/would be effected if the testing for sensitivity on the 8 newest alarms was not performed within the 1 st year of installation, these alarms were tested (not for sensitivity) and therefore minimal harm or exposure to risk was demonstrated to any residents in the</p>		

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	<p>the frequency is extended, records of detector caused nuisance alarms shall be maintained. In zones or areas where nuisance alarms show any increase over the previous year, calibration tests shall be performed. To ensure each smoke detector is within its listed and marked sensitivity range it shall be tested using the following methods:</p> <p>(1) Calibrated test method.  (2) Manufacturer's calibrated sensitivity test instrument.  (3) Listed control equipment arranged for the purpose.  (4) Smoke detector/control unit arrangement whereby the detector causes a signal at the control unit where its sensitivity is outside its acceptable sensitivity range.  (5) Other calibrated sensitivity test method acceptable to the authority having jurisdiction.</p> <p>Detectors found to have sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated or replaced.</p> <p>The detector sensitivity shall not be tested or measured using any device that administers an unmeasured concentration of aerosol into the detector. NFPA 72, 7-5.2 requires inspection, testing and maintenance reports be provided for the owner or a designated representative. It shall be the responsibility of the owner to</p>		<p>immediate area of the new installation.</p> <p>Hillside Manor shall have the newest eight smoke detectors inspected for proper function and sensitivity and re-certified. They shall be re-inspected with all others in 2014 to keep all detectors on the same inspection cycle.</p> <p>The maintenance supervisor shall be held responsible for the timely and proper inspection by the contracted inspection company. The QA committee shall review during the next 12 months the timeliness of inspections.  Completion date of 6-27-2013</p>				

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	<p>maintain these records for the life of the system and to keep them available for examination by the authority having jurisdiction. Paper or electronic media shall be acceptable. This deficient practice could affect all residents, as well as staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of the smoke detector sensitivity records in the Fire Safe book on 05/28/13 at 10:30 a.m. with the Maintenance Supervisor and Director of Nursing (DON) present, the most recent sensitivity test documentation was dated 05/16/12 for thirty six smoke detectors, however, the 05/17/13 quarterly fire alarm system inspection report indicated there were forty four smoke detectors tested for visual/functional testing. Furthermore, the facility was not able to produce documentation to show when the additional eight smoke detectors were installed so it could not be determined whether the eight additional smoke detectors were in compliance with sensitivity test requirements. Based on an interview at the time of record review, the Maintenance Supervisor and the DON acknowledged there was sensitivity testing documentation for only thirty six of the forty four smoke detectors and there was no documentation available to</p>			

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	<p>show when the additional eight smoke detectors were installed.</p> <p>3.1-19(b)</p>			

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K030062 SS=F	<p>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</p> <p>Based on record review, observation, and interview; the facility failed to ensure 1 of 1 sprinkler system's gauges were replaced or recalibrated within the past 5 years, furthermore, the facility failed to ensure 1 of 1 automatic sprinkler piping systems were inspected internally every five years. NFPA 101 Section 9.7.5 refers to NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 2-3.2 requires gauges to 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. NFPA 25, 10-2.3 states sprinkler systems shall be examined internally for obstructions where conditions exist that could cause obstructed piping. If the condition has not been corrected or the condition is one that could result in obstruction of piping despite any previous flushing procedures that have been performed, the system shall be examined internally of obstructions every 5 years. This deficient practice could affect all residents, as well</p>	K030062	<p>K 062</p> <p>Hillside Manor Nursing Home shall include the 5 year inspection of sprinkler head gages within the scope of responsibility of the inspection company. The maintenance supervisor shall be responsible for their proper performance of both the internal 5 year pipe testing and the sprinkler head gages.</p> <p>It is our opinion that little risk of harm to all residents existed because the newly installed sprinkler head had a gage indicating it was manufactured in 2006.</p>	06/27/2013			

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	<p>as staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of the quarterly sprinkler system inspection reports available in the Fire Safe book on 05/28/13 at 10:45 a.m. with the Maintenance Supervisor and the Director of Nursing (DON) present, there was no written documentation available to show the two gauges of the sprinkler system have been replaced or calibrated or an internal inspection performed on the sprinkler system pipes. During an interview at the time of record review, the Maintenance Supervisor and DON confirmed there was no written documentation available to indicated the gauges on the sprinkler system had been replaced or recalibrated or an internal inspection performed on the sprinkler system's pipes within the past five years. Based on observation during a tour of the facility with the Maintenance Supervisor at 1:30 p.m., the two sprinkler system gauges had a date of "06" on the gauge face. This was acknowledged by the Maintenance Supervisor at the time of observation.</p> <p>3-1.19(b)</p>		<p>Hillside Manor Nursing Home shall replace the mentioned gage. Hillside Manor shall provide documentation of the internal inspection of the sprinkler piping system from a certified inspection company indicating the re-inspection. It is Hillside's Manor Policy to have the internal inspection of the sprinkler pipes and control head gages inspected and re-certified each 5 years.</p> <p>The maintenance supervisor shall report to the administrator any noted deviation from scheduled inspections regarding the sprinkler, smoke detector, or fire</p>		

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			alarm system. The administrator shall be accountable and responsible for the contracted company and their timely performance of schedule duties. This proper practice shall be monitored quarterly by the administrator. Completion date 6-27-2013	

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K030069 SS=E	<p>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, interview and observation; the facility failed to ensure 1 of 1 kitchen exhaust systems was cleaned at least semiannually. NFPA 96, 1998 Edition, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, 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 exhaust system is cleaned to bare metal, it shall not be coated with powder or other substance. 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 requires systems serving moderate volume cooking operations shall be inspected semiannually. This deficient practice could affect mostly kitchen staff.</p> <p>Findings include:</p> <p>Based on review of the kitchen range inspection reports in the Fire Safe book on 05/28/13 at 11:00 a.m. with the Maintenance Supervisor and Director of Nursing (DON) present, there was no</p>	K030069	<p>K 069</p> <p>Hillside Manor Nursing Home shall maintain the cleanliness of the exhaust range hood and systems accordance to Table 8-3-1 of NFPA 96 guide.</p> <p>As Hillside Manor does not have a deep fryer and excessive grease or build-up is not an issue, we do not feel the kitchen employees or any residents were exposed to harm.</p> <p>Hillside Manor shall contract with a licensed or approved contractor to clean the range hood system twice each year and provide documentation</p>	06/27/2013			

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	<p>documentation to show the kitchen range hood had been cleaned within the past twelve months. This was acknowledged by the Maintenance Supervisor and DON at the time of record review. Based on observation at 1:05 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 cleaned. This was confirmed by the Maintenance Supervisor at the time of observation.</p> <p>3.1-19(b)</p>		<p>as to such performance.</p> <p>The timeliness of this service shall be monitored by the maintenance supervisor who shall place it on his schedule for semi-annual service. He shall notify the administrator of any failure and he/she shall be responsible for the proper and timely contracted service.</p> <p>This should be a "one-time" procedure fix that provides a permanent solution to compliance. Completion date 6-27-2013</p>				

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K030144 SS=C	<p>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.</p> <p>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.</p> <p>Findings include:</p> <p>Based on review of the facility's Weekly</p>	K030144	<p>K 144</p> <p>Hillside Manor Shall maintain, test, and service our emergency power system is accordance to NFPA 110, 6-4.2 requirements. While the current power system is tested/exercised weekly under load, the default factory setting runs the system for only 13 minutes each week (52 minutes/month)</p> <p>As this system provides no life support for any residents and because all exits contain 90 minutes of illumination from internal batteries,</p>	06/27/2013
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	<p>Generator Testing Log on 05/28/13 at 11:45 a.m. with the Maintenance Supervisor and the Director of Nursing (DON) present, the generator log form documented the generator was tested weekly under load conditions, however, each load test was documented to be tested for only thirteen minutes each time, furthermore, there was no documentation on the form showing the generator was exercised under operating conditions or not less than 30 percent of the EPS (Emergency Power Supply) nameplate rating for a minimum of 30 minutes during the past twelve months. During an interview at the time of record review, the Maintenance Supervisor confirmed the weekly generator log did not include documentation the generator was exercised under operating conditions or not less than 30 percent of the EPS (Emergency Power Supply) nameplate rating for a minimum of 30 minutes.</p> <p>3.1-19(b)</p>		<p>the power support is mostly for comfort and deviation from approved testing procedures results in minimal risk or potential harm to any residents.</p> <p>Hillside Manor shall amend its generator testing procedure to include at least one test each month of run time of 30 minutes or longer. Documentation of the factory default load testing (more than 30% of the EPS) shall be provided. Also a monthly amp meter testing of full load shall be documented and so recorded as to date and amp reading output.</p> <p>The maintenance supervisor shall be responsible for testing according to prescribed</p>	

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			<p>guidelines and proper documentation of such. It shall be available within easy access to the state surveyor. The facility administrator shall monitor the testing procedure and proper documentation monthly for the next 12 months. Completion date 6-27-2013</p>	