

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155708	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/25/2015
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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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(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
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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: 06/25/15</p> <p>Facility Number: 000303 Provider Number: 155708 AIM Number: 100287530</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 additional 2002 built 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) construction and was fully sprinklered. The 2002 addition east-west corridor at</p>	K 0000	Please accept the following as our credible evidence of compliance.	
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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 0018 SS=E Bldg. 01	<p>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 all resident sleeping rooms. The facility has a capacity of 48 and had a census of 35 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>NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities. Based on observation and interview, the facility failed to ensure 1 of 26 resident room corridor doors would close and</p>	K 0018	All resident's room doors shall close properly and latch within	06/25/2015

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	<p>latched into the door frame. This deficient practice could affect any number of residents while in the corridor outside room 8.</p> <p>Findings include:</p> <p>Based on observation on 06/25/15 at 11:55 a.m. during a tour of the facility with the Maintenance Supervisor, resident room 8 door would not close and latch into the door frame. The bottom of the door rubbed against the floor and stayed open three inches. This was acknowledged by the Maintenance Supervisor at the time of observation and the Administrator at the exit conference.</p> <p>3.1-19(b)</p>		<p>the door casing and provide the necessary smoke barrier as required.</p> <p>A failure to comply with the above requirement could effect any number of residents outside the room and in the connecting hallway.</p> <p>Resident room door # 8 was repaired on 6-25-2015 (re-hung) so it would latch properly.</p> <p>An audit and check was conducted of all 26 rooms to ensure proper closure of all. A monthly exam of all doors shall be conducted during the same time the fire/sprinkler exam is performed. It shall be so recorded by the maintenance supervisor.</p> <p>The maintenance supervisor shall be responsible for proper compliance and the QA committee shall review quarterly the fire test reports quarterly for the next 12 months.</p>	

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K 0050 SS=C Bldg. 01	<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 ensure fire drills were held at varied and unexpected times for 3 of 3 employee shifts during 4 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 drills on 06/25/15 at 10:00 a.m. with the Administrator and the Maintenance Supervisor present, the following was noted:</p> <ol style="list-style-type: none"> 1. Three of four first shift (day) fire drills were performed between 1:05 p.m. and 1:35 p.m. 2. Three of four second shift (evening) fire drills were performed between 6:15 p.m. and 7:06 p.m. 3. Three of four third shift (night) fire drills were performed between 1:12 a.m. and 1:40 a.m. 	K 0050	Hillside Manor shall conduct monthly fire drills on all shifts quarterly at different times. All fire drills were, and will be, conducted timely each month and so recorded by the maintenance supervisor initiating and conducting the drill. In an attempt to provide drills that are varied and at unexpected times, the administrator shall schedule the dates and times of the drills for the next 12 months. The QA committee shall review the compliance to this request by examining the drill schedule for the next 6 months. The Administrator shall remain responsible for proper compliance	06/25/2015	

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K 0147 SS=E Bldg. 01	<p>Furthermore, 11 of 12 fire drills conducted over the past four quarters were held during the last three days of the month. Based on interview at the time of record review, the Administrator acknowledged the fire drills were not held at varied and unexpected times.</p> <p>3.1-19(b) 3.1-51(c)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>Based on observation and interview, the facility failed to ensure power strips and extension cords were not used as a substitute for fixed wiring in 2 of 2 smoke compartments in the existing portion of the facility. LSC 19.5.1 requires utilities to comply with Section 9.1. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, Article 400-8 requires, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect 5 residents in resident rooms 21, 6, and 3.</p>	K 0147	<p>Hillside Manor Nursing Home shall not employ extension cords as a substitute for fixed wiring in compliance with NFPA 70 article 400-8. Power strips shall not be used were not permitted.</p> <p>5 residents could have bee effected by deficient practice in rooms 21, 6, and 3</p> <p>All power strips and extension cords were removed on 6-25-2015 from the three rooms so cited. All electrical equipment within those rooms</p>	07/10/2015

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K 0000 Bldg. 03	<p>Findings include:</p> <p>Based on observations on 06/25/15 between 11:45 a.m. and 1:00 p.m. during a tour of the facility with the Maintenance Supervisor, the following was noted:</p> <ol style="list-style-type: none"> 1. Resident room 21 had an oxygen concentrator plugged into a power strip 2. Resident room 6 had an oxygen concentrator and a nebulizer plugged into a power strip 3. Resident room 3 had a TV plugged into an extension cord which was plugged into the wall outlet <p>This was acknowledged by the Maintenance Supervisor at the time of each observation.</p> <p>3.1-19(b)</p> <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: 06/25/15</p> <p>Facility Number: 000303 Provider Number: 155708</p>	K 0000	<p>were connected to hard wire wall sockets.</p> <p>The maintenance supervisor shall monthly, while checking for proper door closure in each resident room, examine the room for drop cords and in-appropriate fused power strips (usually brought into the room by family members)</p> <p>The maintenance supervisor shall remain responsible for complete and proper compliance perpetually. QA committee shall review quarterly this exam for the next 6 months.</p> <p>Please accept the following as our credible evidence of compliance.</p>	

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K 0050	<p>AIM Number: 100287530</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. 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 35 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>NFPA 101</p>			

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SS=C Bldg. 03	<p>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 ensure fire drills were held at varied and unexpected times for 3 of 3 employee shifts during 4 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 drills on 06/25/15 at 10:00 a.m. with the Administrator and the Maintenance Supervisor present, the following was noted:</p> <ol style="list-style-type: none"> 1. Three of four first shift (day) fire drills were performed between 1:05 p.m. and 1:35 p.m. 2. Three of four second shift (evening) fire drills were performed between 6:15 p.m. and 7:06 p.m. 3. Three of four third shift (night) fire drills were performed between 1:12 a.m. and 1:40 a.m. <p>Furthermore, 11 of 12 fire drills</p>	K 0050	Hillside Manor shall conduct monthly fire drills on all shifts quarterly at different times. All fire drills were, and will be, conducted timely each month and so recorded by the maintenance supervisor initiating and conducting the drill. In an attempt to provide drills that are varied and at unexpected times, the administrator shall schedule the dates and times of the drills for the next 12 months. The QA committee shall review the compliance to this request by examining the drill schedule for the next 6 months. The Administrator shall remain responsible for proper compliance	06/25/2015			

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K 0069 SS=B Bldg. 03	<p>conducted over the past four quarters were held during the last three days of the month. Based on interview at the time of record review, the Administrator acknowledged the fire drills were not held at varied and unexpected times.</p> <p>3.1-19(b) 3.1-51(c)</p> <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, 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</p>	K 0069	Hillside Manor Nursing Home shall have the kitchen exhaust hood inspected and cleaned semi-annually by a qualified individual or company and such test shall be recorded or the range hood system so "tagged". The moderate volume range hood system yields little residue and lacks significant grease build-up because there is no deep fryer. This range hood is cleaned monthly by kitchen staff and quarterly by the maintenance supervisor. Currently this range hood is inspected semi-annually by a professional company who	07/10/2015

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	<p>accordance with Section 8-3. NFPA 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. This deficient practice could affect mostly kitchen staff plus any number of residents in the adjoining Dining Room.</p> <p>Findings include:</p> <p>Based on review of the kitchen range inspection reports in the Fire Book on 06/25/15 at 10:30 a.m. with the Administrator and 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 12:25 p.m. during a tour of the facility with the Maintenance Supervisor, there was no sticker on the kitchen range hood to indicate the range hood had been inspected. This was confirmed by the Maintenance Supervisor at the time of observation.</p>		<p>also inspects and changes the fire suppression system.</p> <p>Failure to be in compliance to: NFPA 96 code 8-3.1 yields little danger to the facility or resident due to grease build-up or potential fire.</p> <p>Hillside Manor's range hood in the kitchen shall be inspected semi-annually by a professional outside resource who shall clean, inspect, and "tag" such exhaust system as inspected. A current contractor has been employed from Evansville, Indiana who has invoiced and scheduled service on 7-8-2015 and again in January of 2016.</p> <p>The maintenance supervisor shall be responsible for the timely cleaning and inspection of the range hood exhaust system. He shall call the contracted business to assure proper service as due dates arrive. QA committee to review compliance for the next 12 months.</p>	

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K 0130 SS=B Bldg. 03	<p>3.1-19(b)</p> <p>NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786</p> <p>Based on observation and interview, the facility failed to ensure the care and maintenance of 2 of 2 rolling fire doors was in accordance with NFPA 80. LSC 4.5.7 requires any device, equipment or system which is required for compliance with the provisions of this Code, such device, equipment or system shall thereafter be maintained unless the Code exempts such maintenance. NFPA 80, 1999 Edition, the Standard for Fire Doors and Fire Windows, Section 15-2.4.3 requires all horizontal or vertical sliding and rolling fire doors to be inspected and tested annually to check for proper operation and full closure. Resetting of the release mechanism shall be done in accordance with the manufacturer's instructions. A written record shall be maintained and shall be made available to the authority having jurisdiction. This deficient practice could affect any number of residents, as well as staff and visitors while in the Dining Room and kitchen.</p> <p>Findings include:</p>	K 0130	<p>Hillside Manor Nursing Home shall have inspected annually for proper function the two rolling fire doors within the kitchen serving windows. Currently the rolling fire doors are inspected monthly by the maintenance supervisor during fire drills. Each is inspected for proper function however is not on the current check list and as such is not recorded.</p> <p>Little exposure to danger is present by not having a "tag" by an outside resource indicating the doors work and close as they have been inspected for proper operation monthly.</p> <p>A change in documentation shall occur by including the rolling door closure and proper operation within the fire drill "check-off" sheet performed by the maintenance supervisor.</p>	07/10/2015

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K 0147 SS=D Bldg. 03	<p>Based on observation on 06/25/15 at 12:30 p.m. during a tour of the facility with the Maintenance Supervisor, the two metal rolling fire doors were without current inspection tags protecting the openings from the kitchen to the Dining Room. The most recent tags/stickers on the metal rolling fire doors were dated 02/05/13. Based on interview at the time of observation, this was confirmed by the Maintenance Supervisor, furthermore, the Maintenance Supervisor stated there was no additional documentation of an annual inspection or test for the two kitchen rolling fire doors to check for proper operation and full closure of the metal curtains since the 02/05/13 inspection tags/stickers.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>Based on observation and interview, the facility failed to ensure power strips were not used as a substitute for fixed wiring in 1 of 2 smoke compartments in the new portion of the facility. LSC 19.5.1 requires utilities to comply with Section 9.1. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 1999 Edition.</p>	K 0147	<p>Hillside Manor Nursing Home shall employ an outside company to inspect, lubricate, and adjust as necessary the rolling fire doors and supply a "tag" dating the inspection. This inspection shall be annually.</p> <p>The maintenance supervisor shall be responsible for reminding and the scheduled performance of the inspection from the contract company.</p> <p>Hillside Manor Nursing Home shall not employ extension cords as a substitute for fixed wiring in compliance with NFPA 70 article 400-8. Power strips shall not be used were not permitted.</p> <p>5 residents could have bee</p>	07/10/2015

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	<p>NFPA 70, Article 400-8 requires, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect mostly staff while in the Maintenance Shop.</p> <p>Findings include:</p> <p>Based on observation on 06/25/15 at 12:35 p.m. during a tour of the facility with the Maintenance Supervisor, there were two oxygen concentrators plugged into a power strip in the Maintenance Shop. This was acknowledged by the Maintenance Supervisor at the time of observation.</p> <p>3.1-19(b)</p>		<p>effected by deficient practice in rooms 21, 6, and 3</p> <p>All power strips and extension cords were removed on 6-25-2015 from the three rooms so cited. All electrical equipment within those rooms were connected to hard wire wall sockets.</p> <p>The maintenance supervisor shall monthly, while checking for proper door closure in each resident room, examine the room for drop cords and in-appropriate fused power strips (usually brought into the room by family members)</p> <p>The maintenance supervisor shall remain responsible for complete and proper compliance perpetually. QA committee shall review quarterly this exam for the next 6 months.</p>		