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 02/27/2012
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 PERCEDED 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
K0000	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: 02/27/12 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 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 addition built in 2002 of the east-west corridor at the south end of the facility, including resident rooms 16 through 24 was surveyed with Chapter 19, Existing	K0000	Please use this Plan of correction as our creditable allegation of compliance.	

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.

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 02/27/2012
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	Health Care Occupancies. 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 the south end of the facility, including resident rooms 16 through 24, was a one story facility determined to by of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection on both levels including the corridors, spaces open to the corridors, and resident rooms 6, 8, 10, 12A, 12B, 13, 14, and 19 through 24. Resident rooms 1, 3, 4, 5, 7, 9, 11, 15, 16, 17, and 18 were not provided with smoke detection. The facility has a capacity of 48 and had a census of 40 at the time of this survey. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 03/05/12. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the			

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLSIDE MANOR NURSING HOME	1109 E NATIONAL HWY WASHINGTON, IN 47501

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	following:			

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K0021 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure is held open only by devices arranged to automatically close all such doors by zone or throughout the facility upon activation of: a) the required manual fire alarm system; b) local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and c) the automatic sprinkler system, if installed. 19.2.2.2.6, 7.2.1.8.2 Based on observation and interview, the facility failed to ensure once the fire alarm system is activated 1 of 1 sets of smoke barrier doors would remain self closing until the fire alarm system is returned to normal operations. This deficient practice could affect all residents, staff and visitors. Findings include: Based on observation on 02/27/12 at 11:10 a.m. during a tour of the facility with the Maintenance Supervisor, the set of smoke/fire barrier doors released initially with the fire alarm system, however, when the system was placed in silence mode and the	K0021	The magnetic door release for the smoke/fire doors were not properly functioning in that they would re-engage (magnetically) when the fire alarm unit was put into the "silence" mode. This improper function was addressed and corrected on 2-28-2012 by the contractor that installed the new fire alarm system. The technician, Mr. Bill Fisher, from Astro Security (Jasper, Indiana) made the necessary adjustment to the fire system control computer. He subsequently checked the system and certified it as operating properly. This "fix" is a one-time permanent resolve. The proper operation of these magnetic door release units will be checked monthly by the maintenance man during the monthly fire alarm tests and recorded for review. Records will be reviewed monthly by the	03/07/2012

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	doors were opened, the magnetic hold open devices engaged causing the smoke/fire doors to remain open instead of self closing. This was acknowledged by the Maintenance Supervisor at the time of observation. 3.1-19(b)		Quality Assurance Committee.	

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K0038 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 Based on observation and interview, the facility failed to ensure the magnetic locks on 3 of 3 emergency exits in the facility remained unlocked when the fire alarm system was silenced. LSC Section 19.2.1 refers to LSC Chapter 7. LSC 7.2.1.6.1 requires buildings protected throughout by an approved supervised automatic fire alarm system may have doors equipped with approved, listed, delayed-egress locks which shall automatically unlock upon actuation of an approved supervised automatic fire alarm system installed in accordance with Section 9.6. This deficient practice could affect all residents, as well as staff and visitors. Findings include: Based on observation on 02/27/12 at 11:00 a.m. while testing the fire alarm system during a tour of the facility with the Maintenance Supervisor, the north end single exit door near	K0038	This response is the exact same as K038 which was answered on page 3/4.	03/07/2012

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	the kitchen entrance door, and the two sets of exit doors in the east-west corridor in the south end of the facility were locked against egress and equipped with delayed egress locking devices (magnetic locks). The only way to exit these doors was to push on the door for 15 seconds, actuate the fire alarm system or press a five digit code on the keypad. When the fire alarm system was actuated these exit doors did release from the magnetic locks automatically, however, when the fire alarm system was placed in silence mode the magnetic locks relocked before the system was reset at the panel. This was acknowledged by the Maintenance Supervisor at the time of observation. 3.1-19(b)			

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K0000	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: 02/27/12 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 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	K0000	Please use this Plan of correction as our creditable allegation of compliance.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155708	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 B. WING	(X3) DATE SURVEY COMPLETED 02/27/2012
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	Chapter 18 New Health Care Occupancies. 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 smoke detection in resident rooms 25 and 26, in 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 40 at the time of this survey. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			

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K0021 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure is held open only by devices arranged to automatically close all such doors by zone or throughout the facility upon activation of: a) the required manual fire alarm system; b) local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and c) the automatic sprinkler system, if installed. 18.2.2.2.6 7.2.1.8.2 Based on observation and interview, the facility failed to ensure once the fire alarm system is activated 1 of 1 sets of smoke barrier doors would remain self closing until the fire alarm system is returned to normal operations. This deficient practice could affect all residents, staff and visitors. Findings include: Based on observation on 02/27/12 at 11:10 a.m. during a tour of the facility with the Maintenance Supervisor, the set of smoke/fire barrier doors released initially with the fire alarm system, however, when the system was placed in silence mode and the	K0021	The magnetic door release for the smoke/fire doors were not properly functioning in that they would re-engage (magnetically) when the fire alarm unit was put into the "silence" mode. This improper function was addressed and corrected on 2-28-2012 by the contractor that installed the new fire alarm system. The technician, Mr. Bill Fisher, from Astro Security (Jasper, Indiana) made the necessary adjustment to the fire system control computer. He subsequently checked the system and certified it as operating properly. This "fix" is a one-time permanent resolve. The proper operation of these magnetic door release units will be checked monthly by the maintenance man during the monthly fire alarm tests and recorded for review. Records will be reviewed monthly by the	03/07/2012

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	doors were opened, the magnetic hold open devices engaged causing the smoke/fire doors to remain open instead of self closing. This was acknowledged by the Maintenance Supervisor at the time of observation. 3.1-19(b)		Quality Assurance Committee.	

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K0029 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Hazardous areas are protected in accordance with 8.4. The areas are enclosed with a one hour fire-rated barrier, with a 3/4 hour fire-rated door, without windows (in accordance with 8.4). Doors are self-closing or automatic closing in accordance with 7.2.1.8. 18.3.2.1 Based on observation and interview, the facility failed to ensure 2 of 8 doors to hazardous area rooms, such as rooms over 50 square feet containing large amounts of combustible material such as cardboard boxes and maintenance supplies were equipped with self closing devices on the doors. This deficient practice could affect any number of staff and visitors while in the new portion of the basement. Findings include: Based on observation on 02/27/12 at 10:00 a.m. and again at 10:05 a.m. during a tour of the facility with Maintenance Supervisor, the kitchen storage room and the Maintenance Shop located in the basement directly under the kitchen and dining room area were both over 100 square feet in size and full of	K0029	Two doors located in the basement (under the kitchen) were not provided with self closing mechanisms. These two doors were so equipped with self closing pneumatic arms on 2-29-2012. This is a permanent fix or resolve that should need not further testing. These doors shall properly latch by self and shall not be held open by any mechanical means.	03/07/2012

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	cardboard boxes and maintenance supplies. The doors to these rooms were not provided with self closing devices and were kept wide open. This was acknowledged by the Maintenance Supervisor at the time of each observation. 3.1-19(b)			

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K0038 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 18.2.1 Based on observation and interview, the facility failed to ensure the magnetic locks on 3 of 3 emergency exits in the facility remained unlocked when the fire alarm system was silenced. LSC Section 18.2.1 refers to LSC Chapter 7. LSC 7.2.1.6.1 requires buildings protected throughout by an approved supervised automatic fire alarm system may have doors equipped with approved, listed, delayed-egress locks which shall automatically unlock upon actuation of an approved supervised automatic fire alarm system installed in accordance with Section 9.6. This deficient practice could affect all residents, as well as staff and visitors. Findings include: Based on observation on 02/27/12 at 11:00 a.m. while testing the fire alarm system during a tour of the facility with the Maintenance Supervisor, the north end single exit door near	K0038	This response is the exact same as K038 which was answered on page 3/4.	03/07/2012

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	the kitchen entrance door, and the two sets of exit doors in the east-west corridor in the south end of the facility, were locked against egress and equipped with delayed egress locking devices (magnetic locks). The only way to exit these doors was to push on the door for 15 seconds, actuate the fire alarm system or press a five digit code on the keypad. When the fire alarm system was actuated these exit doors did release from the magnetic locks automatically, however, when the fire alarm system was placed in silence mode the magnetic locks relocked before the system was reset at the panel. This was acknowledged by the Maintenance Supervisor at the time of observation. 3.1-19(b)			

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K0064 SS=C	NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1, NFPA 10. 18.3.5.6 Based on observation and interview, the facility failed to maintain 1 of 1 portable fire extinguishers in the kitchen cooking area in accordance with the requirements of NFPA 10, Standard for Portable Fire Extinguishers, 1998 Edition. NFPA 10, 2- 3.2 requires fire extinguishers provided for the protection of cooking appliances using combustible cooking media (vegetable or animal oils and fats) shall be listed and labeled for Class K fires. NFPA 10, 2-3.2.1 requires a placard shall be conspicuously placed near the extinguisher which states the fire protection system shall be activated prior to using the fire extinguisher. Since the fixed fire extinguishing system will automatically shut off the fuel source to the cooking appliance, the fixed system should be activated before using a portable fire extinguisher. In this instance, the portable fire extinguisher is supplemental protection. This	K0064	The portable fire extinguisher so located in the kitchen area was not properly placarded. A one time permanent resolve was made to this finding: The portable fire extinguisher so cited was moved to a more visible location on 2-28-2012 and the new placard was installed on 3-7-2012. This is permanent resolve to this violation and should need no further review or testing.	03/07/2012

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	deficient practice could affect mostly staff while working in the kitchen plus all residents and visitors while in the dining room which was adjacent to the kitchen. Findings include: Based on observation on 02/27/12 at 10:45 a.m. with the Maintenance Supervisor during a tour of the facility, there was a Class K portable fire extinguisher in the kitchen which lacked a placard. Based on interview at the time of observation, the Maintenance Supervisor acknowledged the Class K portable fire extinguisher lacked a placard. 3.1-19(b)			