

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/24/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155743		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING _____		X3) DATE SURVEY COMPLETED 02/01/2022	
NAME OF PROVIDER OR SUPPLIER GREENHILL MANOR				STREET ADDRESS, CITY, STATE, ZIP CODE 501 N LINCOLN AVE FOWLER, IN 47944			
(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	
E 0000 Bldg. --	<p>A Post Survey Revisit (PSR) to the Emergency Preparedness Survey conducted on 12/15/21 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.</p> <p>Survey Date: 02/01/22</p> <p>Facility Number: 000288 Provider Number: 155743 AIM Number: 100287380</p> <p>At this Emergency Preparedness survey, Green-Hill Manor was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73</p> <p>The facility has 64 certified beds. At the time of the survey, the census was 34.</p> <p>Quality Review completed on 02/02/22</p>		E 0000	<p>This plan of correction is to serve as Greenhill Manor Nursing and Rehabilitation Center's credible allegation of compliance. Submission of this plan of correction does not constitute an admission of Greenhill Manor Nursing and Rehabilitation Center or its management company that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing care and other services in the facility, nor does this submission constitute an agreement or admission of the survey allegations.</p>			
K 0000 Bldg. 01	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 12/15/21 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 02/01/22</p> <p>Facility Number: 000288 Provider Number: 155231 AIM Number: 100275450</p>		K 0000	<p>This plan of correction is to serve as Greenhill Manor Nursing and Rehabilitation Center's credible allegation of compliance. Submission of this plan of correction does not constitute an admission of Greenhill Manor Nursing and Rehabilitation Center or its management company that the allegations contained in the survey report are a true and</p>			

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 0341 SS=C Bldg. 01	<p>At this PSR survey, Green-Hill Manor Inc. was found in substantial compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire, and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>The one-story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and hard-wired smoke detectors in resident sleeping rooms 33 through 45. All other resident rooms were equipped with battery powered smoke detectors. The facility has a capacity of 64 and had a census of 34 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>Quality Review completed on 02/02/22</p> <p>NFPA 101 Fire Alarm System - Installation Fire Alarm System - Installation A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power</p>				<p>accurate portrayal of the provision of nursing care and other services in the facility, nor does this submission constitute an agreement or admission of the survey allegations.</p>		

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	<p>extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity. 18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8</p> <p>1) Based on observation and interview, the facility failed to ensure 1 of 1 fire alarm panel was protected. NFPA 72, National Fire Alarm and Signaling Code Section 10.15 states in areas that are not continuously occupied, automatic smoke detection shall be provided at the location of each fire alarm control unit(s), notification appliance circuit power extenders, and supervising station transmitting equipment to provide notification of fire at that location. Exception: Where ambient conditions prohibit installation of automatic smoke detection, automatic heat detection shall be permitted.</p> <p>Annex A is not a part of the requirements but is included for informational purposes only. A.10.15 states the fire alarm control unit(s) that are to be protected are those that provide notification of a fire to the occupants and responders. The term fire alarm control unit does not include equipment such as annunciators and addressable devices. Requiring smoke detection at the transmitting equipment is intended to increase the probability that an alarm signal will be transmitted to a supervising station prior to that transmitting equipment being disabled due to the fire condition.</p> <p>CAUTION: The exception to 10.15 permits the use of a heat detector if ambient conditions are not suitable for smoke detection. It is important to also evaluate whether the area is suitable for the control unit. Where the area or room containing the control unit is provided with total smoke-detection coverage, additional smoke detection is not required to protect the control</p>	K 0341	<p>What Corrective Action(s) Will Be Accomplished For Those Residents Found To Have Been Affected By The Deficient Practice:</p> <p>No residents were affected by this alleged deficient practice. The fire alarm wire from the fire panel will be wired to a fully staffed nurse's station and tie into a new Silent Knight remote annunciator panel.</p> <p>How Other Residents Having The Potential To Be Affected By The Same Deficient Practice Will Be Identified And What Corrective Action(s) Will Be Taken:</p> <p>All residents have the potential to be affected, no other residents were found to be affected by this alleged deficient practice. The fire alarm wire from the fire panel will be wired to a fully staffed nurse's station and tie into a new Silent Knight remote annunciator panel.</p> <p>What Measures Will Be Put Into Place and What Systemic Changes Will Be Made To Ensure That The Deficient Practice Does Not Recur:</p> <p>The fire alarm wire from the fire panel will be wired to a fully staffed nurse's station and tie into</p>		02/03/2022		

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	<p>unit. Where total smoke-detection coverage is not provided, the Code intends that only one smoke detector is required at the control unit even when the area of the room would require more than one detector if installed according to the spacing rules in Chapter 17. The intent of selective coverage is to address the specific location of the equipment. Location of the required detection should be in accordance with one of the following:</p> <p>(1) Where the ceiling is 15 feet in height or less, the smoke detector should be located on the ceiling or the wall within 21 feet of the centerline of the fire alarm control unit being protected by the detector in accordance with 17.7.3.2.1.</p> <p>(2) Where the ceiling exceeds 15 feet in height, the automatic smoke detector should be installed on the wall above and within 6 feet from the top of the control unit.</p> <p>This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>During a tour of the facility on 02/01/22 at 10:44 a.m. for the PSR, the Maintenance man advised that the vendor has ordered a new fire panel, but it was on backorder and would be installed by the end of February. Documentation was provided to show the correspondence with the vendor via e-mail. I advised that in the interim period, since the fire panel had yet to be moved and the smoke detector was not yet installed that the deficiency would have to be recited.</p> <p>3.1-19(b)</p> <p>2) Based on observation and interview, the facility failed to maintain 1 of 1 fire alarm</p>		<p>a new Silent Knight remote annunciator panel. The Maintenance Director was previously educated over the fire alarm panel requirements.</p> <p>How The Corrective Action(s) Will Be Monitored To Ensure The Deficient Practice Will Not Recur:</p> <p>The Maintenance Director/Designee will monitor the fire alarm panel annunciator monthly times 6 months, then quarterly thereafter to ensure continued compliance. Any negative findings will be corrected immediately and forwarded to the Administrator. A report of progress will be forwarded to the QAPI committee monthly for minimum of 6 months and plan adjusted accordingly.</p>				

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	<p>systems in accordance with NFPA 72, National Fire Alarm and Signaling Code, 2010 Edition. Section 10.12.5 states the trouble signal(s) shall be located in an area where it is likely to be heard.</p> <p>Section 10.7.1 states priority alarms, fire alarms, supervisory signals, and trouble signals shall be distinctively and descriptively annunciated. This deficient practice could affect all residents when occupied.</p> <p>Findings include:</p> <p>During a tour of the facility on 02/01/22 at 10:44 a.m. for the PSR, the Maintenance man advised that the vendor has ordered a new fire panel, but it was on backorder and would be installed by the end of February. Documentation was provided to show the correspondence with the vendor via e-mail. I advised that in the interim period, since the fire panel had yet to be moved that the deficiency would have to be recited.</p> <p>3.1-19(b)</p>						