

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155708	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/25/2025
NAME OF PROVIDER OR SUPPLIER  Hillside Manor Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  1109 E National Highway Washington, IN 47501	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to ensure a safe, sanitary, and homelike environment in 1 of 2 resident rooms observed for water temperatures and 1 of 2 resident shower rooms observed for water temperatures, for 1 of 2 dining rooms observed for air temperatures and disrepair, and 2 of 4 resident room observed for disrepair. A shared resident restroom's water temperature reached 140 degrees Fahrenheit (F), a shared resident shower room's water temperature reached 140 degrees F, the North Unit Dining room reached 89 degrees F, floors were uneven and wet from a leaking air conditioning (AC) unit, two resident rooms' flooring was in disrepair, and one resident room's ceiling contained water damage. (Resident B, Resident C, Resident D, Resident F, room [ROOM NUMBER], room [ROOM NUMBER], room [ROOM NUMBER], room [ROOM NUMBER], North Unit dining room, North Unit shower room)</p> <p>Findings includes:</p> <p>1. During an interview on 6/24/25 at 10:10 A.M. Resident B indicated that the air temperatures had been hot on the North Unit.</p> <p>During an observation on 6/24/25 at 10:35 A.M., the North Unit dining room thermostat was set on cool at a temperature of 68 degrees F and indicated a room temperature of 88 degrees F.</p> <p>During an observation on 6/24/25 at 12:05 P.M., residents were eating lunch in the North Unit dining room. The North Unit dining room thermostat indicated a room temperature of 89 degrees F.</p> <p>During an observation on 6/24/25 at 2:00 P.M., residents were attending a BINGO activity in the North Unit dining room. Resident C and Resident D were observed fanning themselves. The North Unit dining room thermostat indicated a room temperature of 89 degrees F.</p> <p>During an observation and interview on 6/25/25 at 10:00 A.M., the North Unit dining room thermostat indicated a room temperature of 85 degrees F. LPN 4 indicated that the dining room had been getting hot during the recent heat wave and that the temperature in the dining room rose during the day. No fans had been in use to assist in cooling the dining room and LPN 4 indicated being unsure if the facility could use fans in the dining room.</p> <p>(continued on next page)</p>

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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155708	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/25/2025
NAME OF PROVIDER OR SUPPLIER  Hillside Manor Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  1109 E National Highway Washington, IN 47501	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 6/25/25 at 10:25 A.M., the Maintenance Director indicated an AC unit on the North Unit had froze up and needed Freon added the day prior (6/24/25). The North Unit dining room AC unit was not keeping up with the increased temperatures and that an outside sourced HVAC (Heating, Ventilation, and Air Conditioning) company was scheduled to be at the facility to service the dining room AC unit that day (6/25/25).</p> <p>2. During an interview on 6/24/25 at 11:10 A.M., Resident F indicated there had been no hot water in his restroom or shower room.</p> <p>During an observation on 6/24/25 at 11:15 A.M., a shared restroom between residents' room [ROOM NUMBER] and room [ROOM NUMBER] sink water temperature read 140 degrees F.</p> <p>On 6/24/25 at 11:35 A.M., a shared shower room across from the North Unit nurse's station had a sink water temperature reading of 140 degrees F.</p> <p>During an interview on 6/24/25 at 11:50 A.M., the Maintenance Director indicated the water temperature levels in resident spaces should not be over 120 degrees F. The Maintenance Director tested the water temperature level in the shared shower room on the North Unit and indicated the water temperature was too hot and that he would turn it down at that time.</p> <p>3. During an observation on 6/24/25 at 10:10 A.M. room [ROOM NUMBER] contained an air vent and duct hanging from a drop ceiling tile. The ceiling tile appeared to be damaged and contained a water stain. The resident's room floor had a hole in the flooring and a soft spot in front of the resident's recliner. The resident's room closet floor was patched with a piece plywood that had been attached to the top of the flooring.</p> <p>During an observation on 6/24/25 at 10:30 A.M., the flooring just inside the doorway of room [ROOM NUMBER] contained a broken piece of flooring with a piece of the flooring missing.</p> <p>During an observation on 6/24/25 at 10:35 A.M., the North Unit dining room contained an AC unit with a wet towel placed on the 4 under the unit and wet floor sign set up. The flooring under the AC unit appeared to be wavy and uneven and felt soft and boggy when walked over.</p> <p>During an observation and interview on 6/25/25 at 10:25 A.M., the Maintenance Director indicated an AC unit in the attic space above room [ROOM NUMBER] had froze up and leaked into the ceiling tile causing the tile to be stained and caused the vent and duct to fall through the ceiling tile. The Maintenance Director indicated a former resident had damaged the flooring in room [ROOM NUMBER] and the flooring had not been fixed prior to the most recent resident moving into the room. While the Maintenance Director was standing in front of the North Unit dining room AC unit, water seeped up through the cracks of the flooring. The Maintenance Director indicated an outside sourced HVAC company was scheduled to be at the facility that day to look at the AC unit.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155708	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/25/2025
NAME OF PROVIDER OR SUPPLIER  Hillside Manor Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  1109 E National Highway Washington, IN 47501	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 6/25/25 at 10:25 A.M., the Facility Administrator supplied facility policies titled, Homelike Environment (dated 02/2021), Maintenance Service (dated 12/2009), and Water Temperatures, Safety of (dated 12/2009). The Homelike Environment policy indicated, Residents are provided with a safe, clean, comfortable and homelike environment . 2. The facility staff and management maximizes, to the extent possible, the characteristic of the facility that reflect a personalized, homelike setting. These characteristics include: .h. comfortable and safe temperatures (71 degrees F - 81 degrees F) . The Water Temperatures, Safety of policy indicated, Water heater that service resident rooms, bathrooms, common areas, and tub/shower areas shall be set to temperatures of no more than 120 degrees F . The Maintenance Service policy indicated, .2. Functions of maintenance personnel include, but are not limited to: .b. maintaining the building in good repair and free from hazards . d. maintaining the heat/cooling system, plumbing fixtures .</p> <p>This tag relates to complaints IN00462167 and IN00462055.</p> <p>3.1-19(a)(4)</p> <p>3.1-19(f)(5)</p> <p>3.1-19(h)</p> <p>3.1-19(j)</p> <p>3.1-19(r)(2)</p>		