

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  03/24/2026
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview, and record review, the facility failed to ensure food was stored in accordance with food safety standards to maintain a sanitary environment and prevent foodborne illness during 2 of 2 kitchen observations. Frozen food was stored uncovered, kitchen staff rested a pair of tongs against a cleaning towel during meal service, the backsplash behind the three-compartment sink appeared unclean and discolored, and a live roach was observed in the kitchen. Finding includes: During a kitchen observation on 3/25/26 at 10:30 A.M., the kitchen backsplash behind a three-compartment sink appeared to be unclean, discolored, and contained several dried splattering's. A downstairs standing freezer contained a bag of individual cookie dough balls that was open to air. During a kitchen observation on 3/25/26 at 11:35 A.M., the Dietary Manager (DM) was using a pair of tongs to plate chicken. Between plates, the DM set the tongs down to the side on a tabletop. The serving end of the tongs rested up against a cleaning towel, then was picked up and used to plate the next piece of chicken. A live roach was observed on an outlet near the three-compartment sink. During an interview on 3/25/26 at 12:00 P.M., the DM indicated she had not seen any live roaches in the kitchen and that a pest control comes routinely to the facility. During an interview on 3/25/26 at 2:38 P.M., Kitchen Staff 4 indicated food should be covered when stored in the freezer and that kitchen staff clean during their shift and then clean the entire kitchen at the end of their shift, daily. The cleaning towel on the table during meal service was used a sanitizing towel that was dipped in a sanitizing solution. On 3/25/26 at 3:05 P.M., the Director of Nursing (DON) supplied a facility policy titled, Sanitization, dated 10/2008. The policy included, The Food service area shall be maintained in a clean and sanitary manner. 1. All kitchens, kitchen areas and dining areas shall be kept clean, free from litter and rubbish and protected from rodents, roaches, flies, and other insects . 17. The food services manager will be responsible for scheduling staff for regular cleaning of kitchen and dining areas .This tag relates to intake 2961439. 410 IAC (Indiana Administrative Code) 16.2-3.1-21(i)(2)410 IAC (Indiana Administrative Code) 16.2-3.1-21(i)(3)</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
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