

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335531	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/16/2025
NAME OF PROVIDER OR SUPPLIER Hillside Manor Rehab & Extended Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 182 15 Hillside Avenue Jamaica Est, NY 11432	
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)		
F 0678 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident's advance directives. (continued on next page)		

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: 335531	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/16/2025
NAME OF PROVIDER OR SUPPLIER Hillside Manor Rehab & Extended Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 182 15 Hillside Avenue Jamaica Est, NY 11432	
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 0678</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record reviews, and staff interviews conducted during an Abbreviated Survey (NY00385241), the facility failed to ensure that a resident's Advance Directives for Do Not Resuscitate were followed. This was evident for one (1) out of ten (10) residents sampled. Specifically, Resident #1 had a signed Medical Order for Life Sustaining Treatment indicating Do Not Resuscitate. Resident #1 was observed not breathing and without vital signs on [DATE] at 8:30 AM and staff performed Cardiopulmonary Resuscitation. According to several staff interviews, Resident #1 received Cardiopulmonary Resuscitation efforts until staff members learned that Resident #1 was a Do Not Resuscitate. Emergency Medical Services had previously been called, and they pronounced the resident at 8:53 AM after they learned that the resident had a Do Not Resuscitate order in place. Findings include: Facility policy and procedure titled Resident expiration with Do Not Resuscitate order in place/pronouncement of death revised [DATE] states that residents that have a physician order not to have Cardiopulmonary Resuscitation initiated will be assessed by the Registered Nurse Supervisor when they have no pulse or respirations. The procedure documented the unit nurse will contact the Registered Nurse Supervisor when a resident is noted with a change in condition. If the resident is found unresponsive the unit nurse will verify the resident's Do Not Resuscitate status to determine if a STAT code should be called. If the resident is Do Not Resuscitate, the Registered Nurse Supervisor will complete an assessment of the resident for clinical signs of death when a physician is not available. Resident #1 was admitted to the facility with diagnoses of Hypertension, Diabetes Mellitus, and Atherosclerotic Heart Disease. The Minimum Data Set, dated [DATE] documented Resident #1 had moderately impaired cognition. The Medical Order for Life Sustaining Treatment form dated [DATE] showed Resident #1 was re-admitted to the facility on [DATE] with a signed Medical Order for Life Sustaining Treatment form which documented Do Not Resuscitate. An Advanced Directive Care Plan dated [DATE] documented that Resident #1 had a Do Not Resuscitate order. A Nursing Note by Registered Nurse Supervisor #1 dated [DATE] at 11:20 AM documented that on [DATE] Registered Nurse #1 called them to Resident #1's room due to the resident not responding. Upon entering the room at approximately 8:10 AM Resident #1 was in bed breathing from their abdominal muscle, unresponsive, no pulse, and blood pressure 80/60. Oxygen saturation level was undetectable. Oxygen was administered via a nonrebreather mask. Physician's Assistant #1 was notified and gave a telephone order to start intravenous fluids. Intravenous fluid started and 911 was called at 8:30 AM. Resident #1 stopped breathing and vital signs were undetectable. An Accident/Incident Report dated [DATE] documented that on [DATE] at 8:20 AM Registered Nurse Supervisor #1 was called by Registered Nurse #1 because Resident #1 was not responding. Resident #1's vital signs were checked but was undetectable. There was no oxygen saturation recording. Resident #1's blood pressure reading was 80/60. During a telephone interview on [DATE] at 11:05 AM, Registered Nurse #1, who was first responder to Resident #1's room, stated that they did not check Resident #1's arm band to verify the resident's code status. Registered Nurse #1 stated that they checked the Electronic Medical Record and did not see the Do Not Resuscitate order because they were hurrying. Registered Nurse #1 stated that when Registered Nurse Supervisor #1 arrived on the unit they informed them that Resident #1 was a full code. Registered Nurse #1 stated that they initiated chest compressions when they were unable to obtain vital signs, but stopped when they were told Resident #1 has a Do Not Resuscitate order. Registered Nurse #1 stated that Registered Nurse Supervisor #2 informed them that Resident #1 had a Do Not Resuscitate order. Registered Nurse #1 stated after they were told Resident #1 was a Do Not Resuscitate went back and check the Electronic Medical Record and saw the order, they checked Resident #1's wrists and the resident was wearing a yellow wrist band (indicating Do Not Resuscitate) on their left wrist. Registered Nurse #1 stated this was their first code. During a telephone interview on [DATE] at 8:44 AM, Registered Nurse Supervisor #1 stated that they were notified by Registered Nurse #1 at approximately 8:20 AM that Resident #1 was not responding. Registered Nurse Supervisor #1 stated that they assessed Resident #1 who was not breathing, had no pulse, no respiration, and blood pressure 80/60. Registered Nurse Supervisor #1 stated that they were unable to get an oxygen saturation reading so they administered oxygen by a nonrebreather mask. Registered Nurse Supervisor #1 stated that Registered Nurse #1 informed them that Resident #1 was a full code. Registered Nurse Supervisor #1 stated that they left the room to call 911 and when they returned to the room Registered Nurse #1 was performing chest compressions while</p>		