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

45th 4/18/15

PRINTED: 03/06/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED
	445464		03/02/2015

NAME OF PROVIDER OR SUPPLIER: HILLVIEW HEALTH CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE: 1666 HILLVIEW DRIVE, ELIZABETHTON, TN 37643

(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
K 038 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 This STANDARD is not met as evidenced by: Based on observation and testing, it was determined that the facility failed to have the means of egress readily accessible at all times. The findings include: 1. Observation on March 2, 2015 at 2:30 p.m. revealed the delayed egress doors are not on the main level are on glass doors with the lettering on a clear adhesive background and not on a contrasting background. 2. Observation on March 2, 2015 at 4:30 p.m. revealed that when the fire alarm is activated on the main level of the nursing home, the magnetically locked doors in the rehab addition do not release. The doors are locked by a delayed egress feature and the doors still operate by delayed egress requirements and staff can enter a code to open the doors. These findings were verified by the maintenance director and acknowledged by the administrator during the exit conference on March 2, 2015. NFPA 101 7.2.1.6.1, NFPA 72 3-9.7.2	K 038	1. Existing signage replaced w/ contrasting background signage at all exit doors that had clear backgrounds by the Maintenance Director on 3/13/15. 2. Fire alarm testing for the magnetic doors in the rehab area was conducted on 3-6-15 by the Maintenance Supervisor. The issue of the main level notifier panel not communicating with the downstairs notifier panel was corrected by the technician on 3-6-15 and tested again to ensure working properly. All other doors were evaluated by the Maintenance Supervisor on 3/6/15. No other doors were found to be affected. Maintenance Supervisor was in-serviced 3/6/15 by the Administrator. Maintenance Supervisor will check doors during scheduled fire drill to ensure working properly ongoing. Results will be reported to the Quality Assurance Performance Improvement Committee which consists of the Administrator, Director of Nursing, MDS Coordinators, Rehab Manager, Medical Director, Social Services Director, Maintenance Director, Dietary Manager, & Activities.	3-13-15 3-6-15
K 062 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested	K 062		

BORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Joshua Cannon | TITLE: Administrator | (X6) DATE: 3-24-15

y deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that ier safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days owing 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 ys following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued igram participation.

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

PRINTED: 03/06/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED
	445464		03/02/2015

NAME OF PROVIDER OR SUPPLIER: HILLVIEW HEALTH CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE: 1666 HILLVIEW DRIVE, ELIZABETHTON, TN 37643

(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
K 062	Continued From page 1 periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observation and record review, it was determined that the facility failed to maintain the automatic sprinkler system and its components. The findings include: Observation and record review on March 2, 2015 between 1:30 and 2:30 p.m. revealed the following: 1. Dry sprinklers have not had the 10 year test conducted. Dry sprinklers in the kitchen, in the area of nursing station 2, and 400 hall are outdated. 2. No documentation could be provided that the sprinkler gauges have had the 5 year calibration test or replaced. 3. The fire department connection (FDC) for the automatic sprinkler system is located in the yard of the facility. The fire department connection is obstructed by parked vehicle due to a parking space that located directly in front of the fire department connection. These findings were verified by the maintenance director and acknowledged by the administrator during the exit conference on March 2, 2015. NFPA 25 9-7.1, Table 2-1, TIA 2-3.1.1 Exception No. 5 (New)	K 062	1. 10 year test was conducted and sprinklers were sent off for testing at nurses station 2, kitchen area, and 400 hall so that the 10 year test requirement is met. If any sprinklers are found to be defective, they will be replaced immediately. No other sprinklers were found to be out of compliance. 2. Testing of the sprinkler gauges was scheduled and conducted on 3-5-15. All sprinkler gauges on system were replaced per 5 year requirement. No other sprinkler gauges were found to be out of compliance. 3. The parking space in front of the fire department connection for the automatic sprinkler system has been blocked and a no parking sign has been placed that prohibits anyone from parking and allows access by the fire department. No other parking spaces are affected by the connection. Maintenance Supervisor was in-serviced 3-4-15 by the Administrator. Maintenance Supervisor will review schedule of annual tests monthly with sprinkler company to ensure ongoing compliance. Results will be reported to the Quality Assurance Performance Improvement Committee which consists of the Administrator, Director of Nursing, MDS Coordinators, Rehab Manager, Medical Director, Social Services Director, Maintenance Director, Dietary Manager, & Activities.	4-3-15 3-5-15 3-4-15
K 066 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Smoking regulations are adopted and include no less than the following provisions:	K 066		

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

PRINTED: 03/06/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED
	445464		03/02/2015

NAME OF PROVIDER OR SUPPLIER: HILLVIEW HEALTH CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE: 1666 HILLVIEW DRIVE, ELIZABETHTON, TN 37643

(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
K 066	Continued From page 2 (1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking. (2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision. (3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted. (4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined that the facility failed to comply with the currently adopted smoking policy. The findings include: Observation and interview with the administrator and maintenance director on March 2, 2015 at 3:20 p.m. revealed the down stairs porch area by the family room and the gazebo are being used for a smoking. A smoker's pole is provided at the gazebo and cigarettes are scattered in front of the porch area in the grass. The facility's policy with	K 066	1. The smokers pole was removed at the gazebo and cigarettes were also removed from the porch area. Non-smoking signs were placed at exit areas to inform staff/families that the facility is non-smoking. Inservice scheduled for 3-20-15 for all staff to review non-smoking policy. No other areas were found to be affected. Maintenance Supervisor was in-serviced 3-6-15 by the Administrator. All outdoor common areas will be checked weekly by the maintenance supervisor to ensure no smoking is enforced. Results will be reported to Quality Assurance Performance Improvement Committee which consists of the Administrator, Director of Nursing, MDS Coordinators, Rehab Manager, Medical Director, Social Services Director, Maintenance Director, Dietary Manager, & Activities.	3-20-15

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

PRINTED: 03/06/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445464	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	03/02/2015

NAME OF PROVIDER OR SUPPLIER
HILLVIEW HEALTH CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
1656 HILLVIEW DRIVE
ELIZABETHTON, TN 37643

(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
K 066	Continued From page 3 an effective date of January 1, 2011 is to be a smoke free facility. This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on March 2, 2015.	K 066		