

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365444	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2025
NAME OF PROVIDER OR SUPPLIER Hill View Retirement Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1610 28th Street Portsmouth, OH 45662	

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 - Many</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>Based on observation, staff interview, and review of the facility policy, the facility failed to ensure the environment was maintained in good repair. This had the potential to effect all residents residing in the facility. The facility census was 64. Findings include: Observations on 08/08/25 from 10:22 A.M. through 11:30 A.M., during a tour of the facility, revealed a large portion of the ceiling in the second-floor dining room was missing. The area below the missing ceiling had yellow caution tape set up to keep people from walking underneath it. Continued observation of the second-floor hallway, outside of Resident #2's room, revealed discolored ceiling tiles and water was leaking down into a large and a small trash can placed underneath. The ceiling tiles had a black substance on them, which appeared mold or mildew like. Further observation of the third-floor hallway, located outside of Resident #63's room, revealed discolored ceiling tiles from what appeared to be water damage, and the carpet underneath the area was wet. The ceiling vents, located directly inside the doorways of 14 residents' (#6, #20, #22, #24, #26, #30, #39, #40, #49, #50, #52, #60, #61, and #63) rooms had water dripping down from them, which was being collected in trash cans placed by the facility staff. Many of the vents had areas of rust on them. Concurrent interview with Maintenance Director (MD) #900 revealed the ceiling in the second-floor dining room had fallen on 07/02/25 due to water damage. MD #900 confirmed the water leak had been repaired but the drywall still needed replaced. Further interview with MD #900 verified the hallway ceilings on the second and third floors and the vents in the resident rooms were leaking water and in need of repair. Review of the facility policy titled, Homelike Environment, dated 12/23/19, revealed it was the policy of the facility to provide residents with a safe, clean, comfortable and homelike environment. Staff and management shall maximize, to the extent possible, the characteristics of the facility that reflect a personalized, home-like setting. These characteristics included cleanliness and order. This deficiency represents non-compliance identified during the investigation of Complaint Number OH00167516 (1385853).</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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