STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445367	A. Building B. Wing	12/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hillview Community Living Center	897 Evergreen Street Dresden, TN 38225

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0568 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on the facility Delegation of Responsibility for the Management of Personal Funds form, medical record review, Trial Balance form, and interview, the facility failed to provide quarterly statements for resident accounts for 2 of 42 (Resident #1, #19) sampled for personal funds. The findings include: 1. Review of the facility form titled, Delegation of Responsibility for the Management of Personal Funds, dated 1/20/2009, revealed .I understand that I shall receive an accounting of the financial transactions to these funds no less than quarterly. 2. Review of the medical record revealed Resident #1 was admitted to the facility on [DATE], with diagnoses including Dementia, Chronic Obstructive Pulmonary Disease, Viral Hepatitis C, and Seizures. ˆ Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #1 scored a 6 on the Brief Interview for Mental Status (BIMS) assessment, which indicated the resident was severely cognitively impaired. During a telephone interview on 12/15/2025 at 3:25 PM, Family Member F, Resident #1's Responsible Party, was asked who manages Resident #1's funds. Family Member F stated, The facility. Family Member F was asked if they received quarterly statements related to Resident #1's funds. Family Member F stated, No .I have asked for statements. Review of the Trail Balance form dated 12/17/2025, revealed Resident #1 had a balance of $989.32. 3. Review of the medical record revealed Resident #19 was admitted to the facility on [DATE], with diagnoses including Convulsions, Anxiety, Insomnia, and Gastro-Esophageal Reflux Disease.ˆ ˆ Review of the quarterly MDS assessment dated [DATE], revealed Resident #19 scored a 15 on the BIMS assessment, which indicated Resident #19 was cognitively intact. During an interview on 12/15/2025 at 1:39 PM, Resident #19, who is his own Responsible Party, was asked who manages his funds. Resident #19 stated, It goes to the facility. Resident #19 was asked if he received quarterly statements related to those funds. Resident #19 stated, I don't know how much money I get really.No, I don't get statements. Review of the Trail Balance form dated 12/17/2025, revealed Resident #1 had a balance of $2420.30. During an interview on 12/16/2025 at 10:19 AM, The Business Office Manager (BOM) was asked when the last quarterly statements for resident funds was provided to the Residents and Resident Representatives. The BOM stated I mailed them out in October [2025] to the addresses on file.I do not have a note or anything to show who all I sent out. The BOM was asked if there would be a reason anyone may not have gotten a statement. The BOM stated, No. The BOM was asked if Resident #1 and Resident #19 were sent a statement at that time, and who the statement was sent to. The BOM looked up the addresses on file and stated, [Resident #19's] went to [Resident #19's home address] and was addressed to [Resident #19].[Resident #1's] went to [Family Member F] .I didn't keep anything related to who I sent the statements to. ˆ During an interview on 12/17/2025 at 8:43 AM, the Director of Nursing (DON) was asked if a resident had a resident fund should the resident or their representative receive statements quarterly and upon request regarding their account balance/transactions. The DON stated, Yes. The DON was asked if a resident resides in the facility long term and is their own Responsible Party, should they also receive a statement quarterly and upon request, and should it be provided to them at the facility where they reside. The DON stated, I would think they should receive their own statements here.ˆ

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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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, medical record review, and interview, the facility failed to conduct a care plan conference with the resident and/or family representative for 2 of 18 (Resident #12 and #19) sampled residents reviewed. The findings include: 1. Review of the undated facility policy titled, Care Plan Policy and Procedure, revealed .The Resident's care plan will be reviewed with the resident, responsible party and interdisciplinary team quarterly and as needed during the care plan meeting as requested. 2. Review of the medical record revealed Resident #12 was admitted to the facility on [DATE], with diagnoses including Cerebral Infarction, Convulsions, and Cognitive Communication Deficit. Review of the annual Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #12 scored a 3 on the Brief Interview for Mental Status (BIMS) assessment, which indicated the resident was severely cognitively impaired. Review of the Care Conference notification form revealed Resident #12 was invited to attend a Care Conference on 7/30/2025 at 10:00 AM. The section of the form that states plan to attend or not to attend was not addressed. The form was not signed or dated. Review of the quarterly MDS assessment dated [DATE], revealed Resident #12 scored a 5 on the BIMS assessment, which indicated the resident was severely cognitively impaired. Review of the Care Conference notification form revealed Resident #12 was invited to attend a Care Conference on 10/29/2025 at 10:10 AM. I do not plan to attend was marked, with Resident #12's signature and dated 10/24/2025. During a telephone interview on 12/15/2025 at 1:51 PM, Resident #12's responsible party stated that the facility had not invited him to attend any care plan meetings. ^ During an interview on 12/16/2025 at 8:50 AM, the Social Services Director (SSD) was asked who was invited to attend Care Conference meetings. The SSD stated, The residents are invited or family members. The SSD was asked, who was invited if the resident was cognitively impaired. The SSD stated, the family should be. The SSD was asked if Resident #12 had impaired cognition. The SSD stated, Yes and her family should have been invited instead of her. 3. Review of the medical record revealed Resident #19 was admitted to the facility on [DATE], with diagnoses including Convulsions, Anxiety, Insomnia, and Gastro-Esophageal Reflux Disease. Review of the quarterly MDS assessment dated [DATE], revealed Resident #19 scored a 15 on the BIMS assessment, which indicated Resident #19 was cognitively intact. Review of the Care Conference notification form revealed Resident #19 was invited to attend a Care Conference on 10/29/2025 at 10:20 AM. The section of the form that stated plan to attend or not to attend was not addressed. The form was not signed. Review of the facility Care Conference Sign-In Sheet dated 10/29/2025, revealed Resident #19 was not in attendance and had not signed the designated space for declination to attend. During an interview on 12/15/2025 at 1:40 PM, Resident #19 was asked if they are invited to attend their Care Plan meetings. Resident #19 stated, I don't know anything about those. During an interview on 12/16/2025 at 8:16 AM, the MDS Coordinator was asked for documentation related to Resident #19's attendance or invitation to care plan meetings. The MDS Coordinator stated, He did not attend.There's a place at the bottom where he should have signed that he refused to attend but Social Services didn't have him sign the refusal.The last signed refusal was for May 2025. During an interview on 12/16/2025 at 8:23 AM, the SSD was asked if there were any notes or signatures that indicate Resident #19's attendance or declination to attend care plan meetings. The SSD stated, I did not get a signature of refusal to attend. The SSD was asked if there should be a signature or a note that indicates a resident's attendance, refusal, or when they are made aware of care plan meetings. The SSD stated, Yes, there should be. I just didn't get him to sign it. During an interview on 12/17/2025 at 8:43 AM, the Director of Nursing (DON) was asked if residents should be invited to participate in their care plan meetings. The DON stated, Yes. The DON was asked should their attendance or declination be documented. The DON stated, Yes.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, the facility's smoking list review, medical record review, observation, and interview, the facility failed to provide a safe environment for smoking when staff failed to provide a smoking apron for 1 of 3 (Resident #12) sampled residents reviewed for smoking. The findings include: 1. Review of the undated facility policy titled, Smoking and Tobacco Use Policy and Procedure, revealed .Provide a safe environment for those residents who choose to smoke. Review of the undated facility policy titled, Accidents and Incidents, revealed .It is the policy of this facility that the resident environment remains as free of accidents and hazards as possible and those residents receive supervision and assistance devices to prevent accidents whenever possible.Residents are to be routinely evaluated for individual risk factors in areas to include.smoking. 2. Review of the medical record revealed Resident #12 was admitted to the facility on [DATE], with diagnoses including Cerebral Infarction, Convulsions, Major Depressive Disorder, Cognitive Communication Deficit, and Anxiety. Review of the Care Plan dated 7/18/2024, revealed .The resident requires a smoking apron while smoking. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #12 scored a 5 on the Brief Interview for Mental Status (BIMS), which indicated the resident was severely cognitively impaired. Review of Resident #12's Smoking and Tobacco Evaluation dated 10/21/2025, revealed .Resident need for adaptive equipment.Smoking apron. Review of the undated facility's Smoking List revealed Resident #12 was on the list. Review of the undated facility Smoking Apron List revealed Resident #12 was not on the list of residents for the use of a smoking apron on every smoke break. During an observation in the designated smoking area on 12/15/2025 at 10:13 AM, Resident #12 was observed smoking without an apron. During an observation in the designated smoking area on 12/16/2025 at 10:03 AM, Resident #12 was observed smoking without an apron. During an interview on 12/16/2025 at 10:13 AM, LPN D was asked how staff knew who needed a smoking apron. LPN D stated, The admitting nurse completes a smoking assessment on the residents, and the list is updated if they need an apron. During an interview on 12/16/2025 at 10:37 AM, the MDS Coordinator was asked when Resident #12 was care planned for the use of a smoking apron. The MDS Coordinator stated, On 7/18/2024 .she should be on the smoking apron list, but she's not on the list given to me this morning. The MDS Coordinator was asked if Resident #12 should have been on the smoking apron list. The MDS Coordinator stated, Yes, she should have.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, medical record review, observation, and interview, the facility failed to maintain emergency supplies at the bedside, failed to change oxygen tubing weekly, and failed to document oxygen use for 1 of 1 (Resident #7) sampled residents reviewed for tracheostomy care. The findings include: 1. Review of the undated facility policy titled, Tracheostomy Care and Suctioning Policy, revealed .maintain a patent airway, to evacuate secretions, to prevent and/or reduce infection. 2. Review of the medical record revealed Resident #7 was admitted to the facility on [DATE], with diagnoses including Quadriplegia, Traumatic Brain Injury, and Tracheostomy (artificial airway opening in the trachea). Review of the Care Plan dated 7/24/2024, revealed .Change humidified bottle and O2 [Oxygen] tubing weekly and prn [as needed].Suction as necessary. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) assessment was not completed due to Resident #7 was rarely understood. Resident #7 received tracheostomy care and oxygen therapy. Review of the Physician's Orders dated 12/10/2025, revealed the following: a. Supplemental oxygen at 4L [liters] as needed for sats [saturation] [checking for the amount of oxygen in the blood stream] below 91% [percent] every 12 hours. b. Suction PRN as needed for increased secretions. c. Change nebulizer mask/pipe and tubing weekly and prn every night shift. d. Trach [tracheostomy] care Q [every] shift and prn. Review of the Medication Administration Record (MAR) dated 12/2025, revealed .Supplemental oxygen at 4L as needed . was not documented as being administered on 12/15/2025 and 12/16/2025. Observations in Resident #7's room on 12/15/2025 at 8:55 AM, 11:06 AM, 2:14 PM, and 4:36 PM, revealed the resident was in bed with oxygen at 4L via (by way of) tracheostomy with the oxygen tubing dated 11/28 [2025]. A suction machine was at the bedside without a canister, and an Ambu bag (a device used to provide ventilation) was not readily accessible at the bedside. Observation in Resident #7's room on 12/16/2025 at 7:56 AM, revealed Resident #7 in bed with O2 at 4L via tracheostomy with O2 tubing still dated 11/28, the suction machine did not have a canister, and there was not an Ambu bag readily accessible at the bedside. During an observation and interview in Resident #7's room on 12/16/2025 at 10:55 AM, Licensed Practical Nurse (LPN) D performed tracheostomy care. LPN D was asked if Resident #7 was on oxygen. LPN D stated, Yes, she's always on oxygen. LPN D was asked the date on the oxygen tubing. LPN D stated, 11/28. LPN D was asked how often the tubing should be changed. LPN D stated, Weekly on night shift. LPN D was asked if it had been changed weekly based on the date of the tubing. LPN D stated, No. LPN D was asked if there should be a canister in the suction machine. LPN D stated, Yes. LPN D was asked if there was an Ambu bag readily accessible in the resident's room. LPN D looked in the dresser drawers and storage unit drawers for an Ambu bag, and LPN D stated, I know they are on the crash carts out on the hall, but I am not sure. During an interview on 12/16/2025 at 4:29 PM, the Director of Nursing (DON) was asked if emergency equipment such as a suction canister and an Ambu bag should be readily accessible for tracheostomy residents. The DON stated, Yes. The DON was asked how often oxygen tubing should be changed. The DON stated, Once a week. The DON was asked if oxygen should be signed out on the MAR if it is administered to the resident. The DON stated, Yes, it should be signed out.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, medical record review, observation, and interview, the facility failed to ensure medications were properly stored and secured when medications were found in a resident's room for 1 of 45 (Resident #19) sampled residents. The findings include: Review of the undated facility policy titled, Medications Storage Policy and Procedure, revealed .Medications and biologicals will be maintained in a secured location only accessible to designated staff. Review of the medical record revealed Resident #19 was admitted to the facility on [DATE], with diagnoses including Convulsions, Anxiety, Insomnia, and Gastro-Esophageal Reflux Disease.^ ^ Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #19 scored a 15 on the Brief Interview for Mental Status (BIMS) assessment, which indicated Resident #19 was cognitively intact. Review of the Physician Orders dated 12/10/2025, revealed no active order for antacids tablets.^ During an observation and interview in Resident #19's room on 12/15/2025 at 9:19 AM, 3 large pink tablets were observed in a small clear medicine cup, on the windowsill beside the resident's bed. Resident #19 was asked what the pills were. Resident #19 stated, They are antacids. Observation in Resident #19's room on 12/15/2025 at 10:12 AM, revealed the 3 pink tablets in a small clear medicine cup remained in the windowsill beside bed. During an observation and interview in Resident #19's room on 12/15/2025 at 10:40 AM, Licensed Practical Nurse (LPN) E was asked if medications should be left unattended and unsecured in a resident's room. LPN E stated, No, they should not be. LPN E was asked if he could confirm that the pills in the small clear medication cup on Resident #19's windowsill were antacids. LPN E stated Yes, they are. During an interview on 12/16/2025 at 8:05 AM, LPN E was asked where Resident #19 had gotten the antacids found in the resident's room on 12/15/2025. LPN E stated, His family has a history of bringing in items, there is a chance he got them from his family, or possibly the facility. I'm not certain.^ ^ During an interview on 12/17/2025 at 8:43 AM, the Director of Nursing (DON) was asked if medication should be left unattended and unsecured in a resident's room. The DON stated, No.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, review of Center for Disease Control (CDC) guidelines, medical record review, observation, and interview, the facility failed to ensure the prevention and spread of infection during wound care and tracheostomy care for 2 of 2 (Resident #4 and #7) sampled residents. The findings include: 1. Review of the facility policy titled, Hand Hygiene Policy and Procedure, dated 4/11/2023, revealed .Hand hygiene will be performed by all staff consistent with accepted standards of practice, to reduce the spread of infections and prevent cross contamination.The Centers for Disease Control and Prevention (CDC) defines hand hygiene as cleaning your hands by using either handwashing (washing hands with soap and water), antiseptic hand wash, antiseptic hand rub. Review of the facility policy titled, Cleaning and Disinfection of Resident-Care Items and Equipment, dated August 2009, revealed .Resident-care equipment, including reusable items .will be cleaned and disinfected according to CDC [Centers for Disease Control] recommendations for disinfection .Reusable items are cleaned and disinfected or sterilized between residents . Review of the CDC website article titled About Handwashing, dated 2/16/2024 revealed .Washing your hands is easy, and it's one of the most effective ways to prevent the spread of germs.Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.Scrub your hands for at least 20 seconds.Rinse your hands well under clean, running water.Dry your hands using a clean towel or an air dryer. 2. Review of the medical record revealed Resident #4 was admitted to the facility on [DATE], with diagnoses including Respiratory Failure, Congestive Heart Failure, Chronic Obstructive Pulmonary Disease, and Hyperlipidemia. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #4 scored a 15 on the Brief Interview for Mental Status (BIMS) assessment, which indicated she was cognitively intact. Resident #4 had a Stage 3 pressure ulcer. Review of the Physician's Orders dated 12/10/2025, revealed Clean buttocks sacral wound with wound cleanser, pack sacrum with .iodoform [used during wound care to promote healing] strip.one time a day for wound care. Observation during wound care on 12/16/2025 at 1:20 PM, revealed Licensed Practical Nurse (LPN) C obtained wound care supplies and scissors from the treatment cart and cut the packing strip with the scissors, without disinfecting them prior to use. LPN C entered Resident #4's room, washed her hands for 4-5 seconds, donned her gloves, and placed the supplies on the over the bed table without a barrier. LPN C returned to the treatment cart, obtained 4x4 gauze from cart, sprayed wound cleanser on the gauze, and placed the 4x4 gauze on the top of the treatment cart without a barrier. LPN C entered the resident's room with gauze in her hand and turned to administer wound care with the contaminated gauze and was stopped by the surveyor and was asked if she was going to use the gauze that was placed on the treatment cart without a barrier. LPN C did not verbally respond but discarded the gauze. LPN C removed her gloves and returned to the treatment cart for a clean supply of 4x4 gauze. LPN C performed hand hygiene in the bathroom for 4-5 seconds, donned gloves, removed the soiled dressing from the resident's left hip, removed her gloves, and stated I'm changing gloves since I removed the soiled dressing. LPN C donned gloves and performed wound care to the left hip. LPN C removed her gloves, performed hand hygiene at the bathroom sink for 4-5 seconds, donned gloves, and performed wound care to the sacral wound. LPN C removed gown and gloves, and performed hand hygiene at the bathroom sink for 4-5 seconds. LPN C failed to disinfect the scissors, failed to sanitize or utilize a barrier on the top of the treatment cart and the over the bed table prior to use, failed to perform hand hygiene for the recommended length of time, and failed to perform hand hygiene after the removal of gloves. 3. Review of the medical record revealed Resident #7 was admitted to the facility on [DATE], with diagnoses including Quadriplegia, Traumatic Brain Injury, and Tracheostomy. Review of the quarterly MDS assessment dated [DATE], revealed a BIMS assessment was not completed due to Resident #7 was rarely understood. Resident (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	#7 received tracheostomy care. Review of the Physician's Order dated 12/10/2025, revealed Trach [tracheostomy] care Q [every] shift and prn [as needed]. During an observation and interview in Resident #7's room on 12/16/2025 at 10:55 AM, revealed LPN C donned a gown and gloves, performed hand hygiene at the bathroom sink, and turned the faucet off with her barehand. LPN C dried her hands with a paper towel, placed supplies on a barrier on the over the bed table, donned gloves, opened sterile saline, removed a 4x4 drain gauze from around the trach and discarded soiled gauze, removed her gloves, and donned new gloves without performing hand hygiene. LPN C dipped a cotton tip applicator in saline and cleansed the stoma site, removed the inner canula, removed her gloves, donned clean gloves without performing hand hygiene, cleaned the outer canula with a cotton tip applicator, inserted a new inner canula, removed her gloves, and donned clean gloves without performing hand hygiene,. LPN C placed a 4x4 drainage sponge around the trach site, removed gloves, and donned clean gloves without performing hand hygiene. LPN C lifted the gauze from around the peg tube site, removed her gloves, entered the bathroom and performed hand hygiene. LPN C removed her gown, exited the resident's room to take soiled trash to the biohazard room and failed to perform hand hygiene. LPN C returned to the nurses' station and was asked when performing hand hygiene how she should turn off the faucet. LPN C stated, with a paper towel and I didn't do that. LPN C was asked if hand hygiene should be performed after removing gloves and prior to donning a clean pair of gloves. LPN C stated, Yes. LPN C was asked if she did that. LPN C stated, No, but I should have. During an interview on 12/16/2025 at 3:09 PM, the Assistant Director of Nursing (ADON) was asked when staff are expected to perform hand hygiene. The ADON stated, Before and after the removal of gloves, and before and after any kind of patient care. The ADON was asked if wound care supplies should be placed on a soiled surface. The ADON stated, Supplies should not be placed on a soiled surface without a barrier during care. The ADON was asked the appropriate length of time for hand washing. The ADON stated, 30 seconds. During an interview on 12/16/2025 at 4:29 PM, the Director of Nursing (DON) was asked when staff should perform hand hygiene. The DON stated, Before touching the resident, before putting on gloves and changing gloves, and after leaving a resident's room. The DON was asked how long should staff wash their hands when performing hand hygiene. The DON stated, .60 seconds or [length of] happy birthday song .