**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**TN8006**

**NAME OF PROVIDER OR SUPPLIER**

NHC HEALTHCARE, HILLVIEW

**STREET ADDRESS, CITY, STATE, ZIP CODE**

2710 TROTWOOD AVE
COLUMBIA, TN 38401

**MULTIPLE CONSTRUCTION**

A. BUILDING 01 - MAIN BUILDING 01
B. WING

**DATE SURVEY COMPLETED**

05/04/2009

<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETE DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>N 832</td>
<td>1200-8-6-08(2) Building Standards</td>
<td></td>
<td>(2) The condition of the physical plant and the overall nursing home environment must be developed and maintained in such a manner that the safety and well-being of residents are assured. This Rule is not met as evidenced by: Based on observations, it was determined, the facility failed to maintain the nursing home environment as required by the Standard Regulation 1200-8-6-08(2). The findings included: Observations during the tour of the facility on 5/4/09 revealed the following: a. At approximately 11:20 AM, the hinge to the basement stair door on the north-side was broken. b. At approximately 12:35 PM, resident room 223 vinyl base cove in the bedroom area was missing. The Maintenance Director verified the presence of the above noted findings.</td>
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<td>7-1-09</td>
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The hinge to the basement stair door will be repaired. The cove base in resident room 223 will be replaced. Maintenance Director will inspect these items monthly to ensure compliance.

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**DATE**

5-21-09

**SIGNATURE**

[Signature]

[Signature]