STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175545	A. Building B. Wing	05/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hilltop Manor Nursing Center	403 S Valley Cunningham, KS 67035

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 0689 Level of Harm - Immediate jeopardy to resident health or safety 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 observation, interview, and record review, the facility failed to ensure an environment free from accident hazards for Resident (R) 1. On 03/20/26 at approximately 10:30 AM, Certified Nurse Aide (CNA) M retrieved a lift sling to assist R1 with a full-body mechanical lift. CNA M took the top lift sling from the pile without verifying it was the appropriate sling for R1. CNA M and CNA N then began transferring R1 with a full body mechanical lift using the incorrect sling, which was inadequate for R1's size. The sling had a maximum weight capacity of 150 pounds, and R1 weighed 255 pounds. During the transfer the lift sling ripped at the strap, and the resident fell to the floor, resulting in a left hip and pelvis fracture. This failure placed R1 in immediate jeopardy. Findings included:- Review of the Electronic Health Record (EHR) documented R1 had diagnoses which included multiple sclerosis (MS- progressive disease of the nerve fibers of the brain and spinal cord) and muscle spasms. R1's 11/06/25 Annual Minimum Data Set (MDS) documented a Brief Interview for Mental Status (BIMS) score of 15, which indicated intact cognition. The assessment documented R1 was dependent on staff for all transfers and locomotion. R1's 01/12/26 Quarterly MDS documented a BIMS score of 15, which indicated intact cognition. The assessment documented R1 utilized a wheelchair for locomotion. R1 was dependent on staff for all transfers and locomotion. R1's Care Plan documented on 04/15/15 R1 had a risk for continued decline with activities of daily living (ADL - activities such as dressing, toileting, brushing/combing hair, brushing teeth, etc.) related to diagnoses that included MS and generalized weakness. The plan documented an intervention noting R1 required the total assistance of two staff and the green full body sling for all lift transfers, dated 04/15/15. Review of R1's EHR Weights revealed on 03/16/26 at 02:42 PM, R1 weighed 255.2 pounds (lbs). Review of the facility's undated Interdisciplinary Team Review/Investigation document revealed R1 fell on [DATE] at approximately 10:30 AM. The document included a brief description of the incident where two CNA staff were transferring R1 with a mechanical lift when the sling broke mid-transfer, and included the environmental factor that the sling was not the correct size. The document included R1 was sent to the ED for evaluation and x-ray examinations that determined R1 had a fractured (broken bone) left femur (thigh bone). Review of the EHR revealed a computer tomography (CT - a specialized type of x-ray examination) report dated 03/20/26 at 01:15 PM that documented R1 had a fracture of the left femur with displacement and angulation of the fracture at least half the shift width. The report documented nondisplaced fractures of the superior and inferior pubic rami (part of the pelvic bone). R1's Progress Note dated 03/20/26 at 02:03 PM, Licensed Nurse (LN) G documented Certified Nurse Aide (CNA) staff alerted him that R1 was on the floor. LN G was on the phone with an important phone call, so an administrative nurse went down to assess the resident. When LN G arrived where R1 was, R1 was on his back on the floor under the mechanical lift with a broken sling. R1 was assessed and complained of pain in his left leg and a wound on his left forearm. R1 initially declined to be transferred to the Emergency Department (ED) for further evaluation and treatment, but later consented to be transferred to the ED. R1's Progress Note dated 03/20/26 at 02:17 PM, LN H documented a Post Fall Evaluation; the fall was witnessed and occurred in the resident's room. The (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

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