

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195390	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Hilltop Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 336 Edgewood Drive Pineville, LA 71360	

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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51096</p> <p>Based on observations, interviews and record review the facility failed to ensure the interdisciplinary team assessed and determined if a resident was clinically appropriate for self-administration of medication for 1 resident of 1 (Resident #75) residents reviewed for medication administration.</p> <p>Findings</p> <p>Review of the facility's policy and procedure undated and titled Self-Administration of Medication read in part .</p> <p>Policy: It is the policy of this facility that each resident has the right to self-administer medications, but is the responsibility of the interdisciplinary team to determine that it is safe prior to the resident exercising that right.</p> <p>Procedure:</p> <p>2. If the resident wishes to self-administer medications, the Interdisciplinary Team must assess the resident's overall ability to safely administer his/her own medications.</p> <p>3. To assess whether the resident is able to self-administer medications, the criteria on the Assessment for self-administration of medications form will be used . If the right is granted, a specific order to self-administer must be obtained which includes how, when and for what reason the medication can be used.</p> <p>7. Self- administration of bedside medications must be care planned, including the specific order, granting of approval by IDT, and monitoring for compliance.</p> <p>Review of Resident #75's clinical record revealed an admitted [DATE], with diagnoses which included restlessness and agitation, cataract secondary to ocular disorders, dry eye syndrome of bilateral lacrimal glands and allergic rhinitis.</p> <p>Review of Resident #75's Quarterly MDS with an ARD of 12/23/2024, revealed a BIMS score of 15 indicating intact cognition.</p> <p>(continued on next page)</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195390	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Hilltop Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 336 Edgewood Drive Pineville, LA 71360	
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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #75's 01/2025 Physician Orders revealed in part . Afrin Original Nasal Solution 0.05 % (Oxymetazoline HCl) 2 sprays in each nostril every 12 hours as needed for nasal congestion related to chronic rhinitis with a start date of 08/01/2024.</p> <p>Review of Resident #75's Care Plan revealed Resident #75 was not care planned for self-administration of Afrin (nasal spray).</p> <p>Review of Resident #75's medical record revealed no Self-administration Assessment for Afrin (Nasal spray).</p> <p>Observation and interview on 01/06/2025 at 3:16 p.m. with Resident #75 revealed (Afrin) nasal spray and Carboxymethylcellulose Sod PF Ophthalmic Solution eye drops sitting on the stand next to his bed. Resident #75 revealed the facility knew he was a big boy and could handle self-administering the medications that were observed in his room.</p> <p>Observation in Resident #75's room on 01/07/2025 at 09:01 a.m. revealed one bottle of eye drops and two nasal sprays on the stand by Resident #75's bed.</p> <p>Interview with S15 LPN on 01/08/2025 at 09:35 a.m. revealed that Resident #75 should have had two medicines, the Carboxymethylcellulose Sod PF Ophthalmic Solution eye drops and Afrin Nasal Spray for use at bedside.</p> <p>Review of Resident #75's orders with S15 LPN revealed Resident #75 did not have an order to self-administer the Afrin nasal spray at bedside. S15 LPN confirmed that Resident #75 had been self-administering the nasal spray at bedside but should have had an order for self-administration of the Afrin nasal spray at bedside and Resident #75's Care Plan should have reflected self-administration of the nasal spray, but it did not.</p> <p>Observation of Resident #75's room on 01/08/2025 at 09:40 a.m. revealed one bottle of eye drops and two nasal sprays on the stand next to Resident #75's bed.</p> <p>Interview on 01/08/2025 at 9:48 a.m. with S11 LPN and S12 RN revealed there was no self-administration assessment, physician's order for self- administration, or care plan in place for Resident #75's Afrin nasal spray. S12 RN and S11 LPN confirmed that Resident #75 should not have been self-administering the Afrin nasal spray without a self-administration assessment, physician order, or care plan in place.</p> <p>Interview and observation with S2 DON and S13 RN on 01/08/2025 at 09:50 a.m. confirmed that Resident #75 had Afrin nasal spray in his room on the table next to his bed and it should not have been. S2 DON and S13 RN confirmed that Resident #75 had no physician order or updated care plan for self-administration of the Afrin nasal spray.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195390	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Hilltop Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 336 Edgewood Drive Pineville, LA 71360	
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51596</p> <p>Based on observation, interview and record review, the facility failed to ensure a resident received reasonable accommodation of needs. The facility failed to provide reasonable accommodation of needs by failing to ensure call light was accessible by a resident for 1 (Resident #42) of 1 Resident reviewed for Positioning. The total sample size was 44. Findings:</p> <p>Review of facility policy titled Call Light System revealed, in part .each resident, when in their room or in bed, must have the call light placed within reach at all times, regardless of staff assessment of resident ability to use it. When resident is in bed, the call bell should be fastened to the side rail or side of bed he/she is facing.</p> <p>Record Review revealed Resident #42 was admitted on [DATE]. Resident #42 had diagnoses that included, in part . Other Specified Disorders Of The Skin And Subcutaneous Tissue, Other Chronic Pain, Contracture Of Muscle, Other Site, Other Sequelae Of Other Cerebrovascular Disease, Hemiplegia And Hemiparesis Following Cerebral Infarction Affecting Right Dominant Side.</p> <p>Review of Resident #42's Quarterly MDS with ARD of 12/31/2024 revealed BIMS Score of 02, indicating severe cognitive impairment. Resident #42 required extensive one person physical assist with bed mobility and toilet use. Resident #42 was totally dependent, requiring 2 person physical assistance with transfers. Resident #42 required supervised self-performance of eating with one person physical assistance.</p> <p>Review of Resident #42's Care Plan revealed, in part .Keep call light in reach and respond in a timely manner.</p> <p>Observation of Resident #42 on 01/07/2025 at 8:44 a.m. revealed his call light was lying on top of bedding, at the foot of bed. Resident #42 could not reach the call light.</p> <p>Observation of Resident #42 on 01/07/2025 at 9:48 a.m. revealed the call light remained positioned at the foot of bed, and was not in reach of resident.</p> <p>Observation of Resident #42 on 01/08/2025 at 8:42 a.m. revealed the call light was not visible to surveyor. S6 LPN and S7 CNA accompanied to Resident #42's bedside and located the call light behind the bed, near the foot of the bed. Interview with S6 LPN at time of observation confirmed the call light was not within reach of resident, and should have been.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195390	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Hilltop Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 336 Edgewood Drive Pineville, LA 71360	

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 0568</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home.</p> <p>51096</p> <p>Based on interviews and record reviews, the facility failed to provide quarterly personal funds statements for 3 residents of 3 (Resident #44, Resident #67 and Resident #75) residents review for personal funds. The facility held personal funds for a total of 52 residents.</p> <p>Findings</p> <p>Review of the facility's policy from the Admission Packet dated February 2023 and titled Resident Rights read in part .</p> <p>Resident Rights</p> <p>The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside of the facility. A facility must protect and promote the rights of each resident, including each of the following rights:</p> <p>(c) Protection of resident funds.</p> <p>(4) Accounting and Records</p> <p>(ii) The individual financial record must be available through quarterly statements and on request to the resident or his or her legal representative.</p> <p>Resident #67</p> <p>Review of Resident #67's records revealed a Resident Fund Authorization form dated 06/07/2024 signed by Resident #67 authorizing the nursing facility to manage all monies received by or for him during his stay in the facility.</p> <p>Review of Resident #67's Financial Report and Statement form signed and dated 06/07/2024 received from S14 BOM revealed in part . I, (Resident #67) make the following choice regarding my financial reports and statements from this facility. (2.) I choose to have all of my financial reports and statements from this facility sent to me at the facility.</p> <p>Interview with Resident #67 on 01/06/2025 at 11:02 a.m. revealed Resident #67 has personal funds held by the facility. Resident #67 stated he does not receive a quarterly statement and is only able to see his balance when he makes a deposit.</p> <p>Interview with Resident #67 on 01/07/2025 at 09:40 a.m. in his room revealed that he has never received a quarterly statement for the funds the facility holds for him and would like to if he could.</p> <p>Resident #44</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195390	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Hilltop Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 336 Edgewood Drive Pineville, LA 71360	
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 0568</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #44's records revealed a Resident Fund Authorization form dated 08/03/2023 signed by Resident #44 authorizing the nursing facility to manage all monies received by or for him during his stay in the facility.</p> <p>Review of Resident #44's Financial Report and Statement form signed and dated 08/03/2023 received from S14 BOM revealed in part . I, (Resident #44) make the following choice regarding my financial reports and statements from this facility. (2.) I choose to have all of my financial reports and statements from this facility sent to me at the facility.</p> <p>Interview with Resident #44 on 01/06/2025 at 11:38 a.m. revealed he had never received a quarterly statement.</p> <p>Resident #75</p> <p>Review of Resident #75's records revealed a Resident Fund Authorization form dated 04/19/2022 signed by Resident #75 authorizing the nursing facility to manage all monies received by or for him during his stay in the facility.</p> <p>Review of Resident #75's Financial Report and Statement form signed and dated 04/19/2022 received from S14 BOM revealed in part . I, (Resident #75) make the following choice regarding my financial reports and statements from this facility. (2.) I choose to have all of my financial reports and statements from this facility sent to me at the facility.</p> <p>Interview with Resident #75 on 01/06/2025 at 2:33 p.m. revealed that Resident #75 did not receive a quarterly statement for his personal funds held by the facility and would like to have one.</p> <p>Interview with Resident #75 on 01/07/2025 at 09:01 a.m. revealed that Resident #75 had to ask about his personal funds balance and has never received a quarterly statement and would like to have a statement provided to him quarterly.</p> <p>Interview on 01/08/2025 at 2:57 p.m. with S9 HR and S14 BOM confirmed that Resident #44, Resident #67, and Resident #75 had elected to receive personal funds quarterly statements from the facility but had not received them. S9 HR and S14 BOM revealed there is no system in place to ensure personal funds quarterly statements were provided to residents. S9 HR stated the facility holds personal funds for 52 residents residing in the facility and confirmed that no quarterly statement are given out.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195390	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Hilltop Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 336 Edgewood Drive Pineville, LA 71360	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51596</p> <p>Based on observation, interview and record review, the facility failed to ensure that all alleged violations were reported to the State Survey Agency in accordance with State law through established procedures for 3 (#42, #93, and #96) of 6 (#42, #50, #65, #75, #93, and #96) residents reviewed for Accidents. The total Sample Size was 44. The facility failed to:</p> <ol style="list-style-type: none"> 1. Ensure serious bodily injury of Resident #42 was reported within 2 hours in accordance with State law through established procedures. 2. Ensure serious bodily injury of Resident #93 was reported within 2 hours in accordance with State law through established procedures. 3. Ensure serious bodily injury of Resident #96 was reported within 2 hours in accordance with State law through established procedures. <p>Findings:</p> <p>Review of the facility policy titled Abuse/Neglect Prevention Program stated, in part .</p> <ol style="list-style-type: none"> 1.Possible indicators of potential abuse and neglect include: <ol style="list-style-type: none"> a. Injuries of unknown origin b. Contusions, sprains, lacerations, fractures, strains, scratches and dislocation. 2. A NF must report to HSS incidents of alleged abuse. 3. A NF must report to HSS any suspicious injury of unknown origin to a resident. Injuries of unknown origin include, but not limited to: <ol style="list-style-type: none"> a. All injuries to cognitively impaired residents not witnessed. b. Injuries that are unexplained. c. Fractures, sprains or dislocations. 4. NF must report to the HSS any incidents and allegations of abuse, neglect .and/or injuries of unknown origin immediately, but not later than 2 hours after the allegation is made, if the event that caused the allegation involves abuse or results in bodily harm or injury. 5. Reporting to be made to HSS in accordance with state law through established procedures. <p>Resident #42</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195390	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Hilltop Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 336 Edgewood Drive Pineville, LA 71360	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record Review revealed that Resident #42 was admitted on [DATE]. Resident #42 had diagnoses that included, in part . Other Specified Disorders Of The Skin And Subcutaneous Tissue, Other Chronic Pain, Contracture Of Muscle, Other Site, Other Sequelae Of Other Cerebrovascular Disease, Hemiplegia And Hemiparesis Following Cerebral Infarction Affecting Right Dominant Side.</p> <p>Review of Resident #42's Quarterly MDS with ARD of 12/31/2024 revealed a BIMS Score of 02, indicating severe cognitive impairment. Resident #42 required extensive one person physical assist with bed mobility and toilet use. Resident #42 was totally dependent, requiring 2 person physical assistance with transfers. Resident #42 required supervised self-performance of eating with one person physical assistance.</p> <p>Review of Resident #42's medical record revealed an Injury Incident occurred on 11/08/2024 at 10:28 a.m.</p> <p>Review of Department Progress Notes for Resident #42 revealed an incident note dated 11/08/2024 at 4:43 p.m. that read in part . Nurse Practitioner had performed an assessment and wound care for Resident #42 on 11/07/2024. The NP ordered an x-ray of Resident 42's left lower extremity/tibia/fibula to rule out osteomyelitis on 11/07/2024. The x-ray was performed on 11/08/2024 and revealed an avulsion fracture at the medial femoral condyle with no evidence of osteomyelitis.</p> <p>Interview with S2 DON and S4 Charge Nurse on 01/08/2025 at 12:04 p.m. revealed a consultant wound care NP saw Resident #42 on 11/07/2024 and ordered an x-ray to rule out osteomyelitis. The x-ray showed an avulsion fracture. S4 Charge Nurse stated that S1 Administrator was responsible for reporting injuries to the State Survey Agency. S4 Charge Nurse confirmed that S1 Administrator was notified of Resident 42's fracture.</p> <p>Interview with S1 Administrator and S3 Assistant Administrator on 01/08/2025 at 12:34 p.m. S1 Administrator revealed he was responsible for reporting alleged violations to the State Survey Agency in accordance with State law. S3 Assistant Administrator confirmed the Abuse/Neglect Prevention Program Policy provided on 01/08/2025 was up-to-date and was what was utilized by the facility. S1 Administrator confirmed that the State Survey Agency should be notified of any injury of unknown origin in a cognitively impaired resident. S1 Administrator confirmed on 11/08/2024 the facility was made aware of a major injury for Resident #42. S1 Administrator confirmed Resident #42's fracture should have been reported to the State Survey Agency, but was not.</p> <p>Resident #93</p> <p>Record review revealed that Resident #93 was admitted to facility on 03/21/2024. Resident #93 had diagnoses that included, in part . Displaced Fracture Of Base Of Neck Of Right Femur, Repeated Falls, Age-Related Physical Debility, Encounter For Other Orthopedic Aftercare, Chronic Pain, Cognitive Communication Deficit, Muscle Wasting And Atrophy, Abnormalities Of Gait And Mobility, Lack Of Coordination, and Displaced Midcervical Fracture Of Right Femur.</p> <p>Record review of Resident #93's Significant Change MDS with ARD of 11/08/2024 revealed a BIMS Score of 07, indicating severe cognitive impairment. Resident #93 required 2 person physical assistance with bed mobility, transfers, and toilet use. Resident #93 required supervised self-performance of eating with setup help only.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195390	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Hilltop Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 336 Edgewood Drive Pineville, LA 71360	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of current Orders for Resident #93 revealed, in part . Resident is high risk for falls dated 03/21/2024.</p> <p>Review of Care Plan for Resident #93 revealed resident was at risk for falls.</p> <p>Review of Resident #93's medical record revealed he had an Un-witnessed Fall on 10/25/2024 at 8:30 a.m.</p> <p>Review of Nurse's Notes for Resident #93 revealed the following, in part .</p> <p>10/25/2024 at 9:26 a.m. Resident #93 was found on the floor, lying on his right side, with his head and shoulders under the bottom of the bed. Resident #93 complained of pain to his right arm and leg. Resident #93's physician was notified and ordered x-rays of right arm and right leg.</p> <p>10/25/2024 at 12:31 p.m. x-rays were performed.</p> <p>10/25/2024 at 4:06 p.m. x-ray results of right tibia/fibula, right elbow, right wrist and right humerus were all negative.</p> <p>10/25/2024 at 5:28 p.m. x-rays of right hip and pelvis revealed no fracture.</p> <p>10/29/2024 at 3:27 p.m. resident complained of increased pain to right hip and was unable to move lower extremity.</p> <p>10/29/2024 at 3:50 p.m. an order was given to repeat x-rays of right hip and right lower extremity. Additional medication for pain was ordered.</p> <p>10/29/2024 at 4:19 p.m. imaging facility was notified of the order for X-rays.</p> <p>10/29/2024 at 6:42 p.m. x-rays were being performed.</p> <p>10/29/2024 at 9:31 p.m. x-rays revealed a right femur neck fracture with impaction.</p> <p>S2 DON and S4 Charge Nurse were interviewed on 01/08/2025 at 12:04 p.m. S4 Charge Nurse stated that S1 Administrator was responsible for reporting injuries to the State Survey Agency. S4 Charge Nurse confirmed that S1 Administrator was notified of Resident #93's fracture on 10/29/2024.</p> <p>Interview with S1 Administrator and S3 Assistant Administrator was conducted on 01/08/2025 at 12:34 p.m. S1 Administrator revealed he was responsible for reporting alleged violations to the State Survey Agency in accordance with State law. S3 Assistant Administrator confirmed the Abuse/Neglect Prevention Program Policy provided on 01/08/2025 was up-to-date and was what was utilized by the facility. S1 Administrator confirmed that the State Survey Agency should be notified of any un-witnessed injury of a cognitively impaired resident. S1 Administrator confirmed that no one witnessed Resident #93's fall/injury. S1 Administrator confirmed Resident #3 was cognitively impaired. S1 Administrator confirmed Resident #93's fracture should have been reported to the State Survey Agency, but was not.</p> <p>51082</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195390	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Hilltop Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 336 Edgewood Drive Pineville, LA 71360	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident #96</p> <p>Review of Resident #96's medical record revealed an admitted [DATE] with a re-entry date of 11/13/2024. Resident #96's diagnoses read in part .Metabolic Encephalopathy; Primary Generalized (Osteo) Arthritis; Other Specified Disorders of Bone density and structure; Other Intervertebral Disc Degeneration Lumbosacral Region with Discogenic back pain and lower extremity pain; Other Intervertebral Disc Degeneration Thoracolumbar region; Anxiety disorder; Delusional disorders; History of Falling, and Abnormalities of Gait and Mobility.</p> <p>Review of Resident #96's Quarterly MDS with an ARD of 02/19/2025 revealed a BIMS summary score of 12, indicating moderate cognitive impairment. Resident #96 required partial/moderate assistance with transfers.</p> <p>Review of Resident #96's Care Plan with a target date of 02/19/2025 read in part .Physical mobility impaired related to diagnosis of MWA (muscle wasting atrophy), History of falling; 12/31/2024 X-ray shows fracture at L1. Interventions: 01/01/2025 refer resident to neurosurgeon as soon as appointment is scheduled for compression fracture of L1 superior inplate; 01/01/2025 Back Brace on when out of bed as tolerated for comfort; assist with bed mobility, transfers, and locomotion as necessary or as requested.</p> <p>High risk for falls related to gait/balance problems, psychoactive drug use, Osteopenia, Multilevel degenerative disc disease (spine). Interventions: 12/25/2024-Was called into resident room by roommate stating that resident fell while trying to get out of wheelchair. 12/26/2024-Follow up assessment performed; Assist with transfers as needed; Be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed. The resident needs prompt response to all requests for assistance.</p> <p>Review of Resident #96's Departmental Progress Notes read in part .</p> <p>12/31/24 4:26 p.m. General Nurse Note- Received MRI (Magnetic Resonance Imaging) results with results of a compression fracture of L1. Contacted the physician and orders given to send to neurosurgeon as soon as appointment was scheduled for compression fracture of L1 superior in plate.</p> <p>Review of Resident #96's Thoracic MRI revealed in part .Impression subacute compression fractures of T6, T8, and L2; chronic compression fracture of L1. Dated: 12/31/2024 12:33 p.m.</p> <p>Review of Resident #96's Lumbar MRI revealed in part .Impression: acute moderate to severe compression fracture seen superior plate of L1 with mild retropulsion of bone fragment but no canal compromise. Stable old compression fracture T12. Multilevel spondylosis with foraminal stenosis at L4-5 bilaterally. Dated 12/26/2024.</p> <p>Interview on 01/08/2025 at 3:06 p.m. with S2 DON accompanied with S4 Charge Nurse stated S1 Administrator was responsible for initiating SIMS (Statewide Incident Management System) reports. S4 Charge Nurse confirmed the facility became aware of Resident #96's major injury of unknown origin on 12/31/2024 and began an investigation.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195390	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Hilltop Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 336 Edgewood Drive Pineville, LA 71360	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 01/08/2025 at 3:41 p.m. with S1 Administrator stated he was made aware of Resident #96's compression fracture on the day of the MRI results, 12/31/2024. S1 Administrator stated he's the only one who initiates a SIMS report. S1 Administrator confirmed a SIMS report was not initiated for Resident #96 but should have been.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195390	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Hilltop Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 336 Edgewood Drive Pineville, LA 71360	
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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Not transfer or discharge a resident without an adequate reason; and must provide documentation and convey specific information when a resident is transferred or discharged.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47004</p> <p>Based on interview and record review the facility failed to ensure that required discharge documentation was completed for 1 (#99) out of 1 Residents reviewed for discharge. The total sample size was 44. Findings:</p> <p>Review of the facility's undated policy titled Discharge Planning read in part . It is important to ensure that there is a planned program of continuing care to meet each resident's discharge needs. 3. Once completed the Discharge Planning form becomes part of the permanent clinical record. 5. All transfers/discharges of care are coordinated by the Admissions/Discharge Coordinator and conducted according to the following steps: c. Ensure that the physician is contacted regarding the anticipated discharge and necessary orders are obtained. i. Nursing Department completes transfer form and discharge summary information, including current medical information relative to diagnosis, and rehabilitation potential, summary of source of treatment, physician's orders, and pertinent information.</p> <p>Record Review of Resident #99's Electronic Medical Record (EHR) revealed an admitted [DATE] and a discharge date of [DATE]. Resident #99 had diagnoses that included in part .Anxiety Disorders, Diabetes Mellitus, Cerebral Infarction, Aphasia following Cerebral Infarction, Depressive Episodes, Chronic Pain, and Chronic Obstructive Pulmonary Disease.</p> <p>Record Review of Resident #99's MDS with ARD of 09/08/2024 revealed Resident #99 had a BIMS of 11, indicating moderate cognitive impairment.</p> <p>Record Review of Resident #99's EHR and paper medical record revealed no documentation of the following; the basis for the discharge, physician order for discharge, and information provided to the receiving provider that included at minimum: contact information of the provider responsible for the care of the resident, resident representative information including contact information, Advance Directive information, instructions or precautions for ongoing care, Comprehensive care plan goals, and a copy of the residents discharge summary.</p> <p>Interview on 01/08/2024 at 4:18 p.m. with S2 DON confirmed the facility had not completed a discharge summary for Resident #99, but should have. S2 DON confirmed Resident #99's medical record did not contain any of the above information required for discharge, but should.</p> <p>Interview on 01/08/2024 at 4:57 p.m. with S1 Administrator revealed on 11/07/2024 he assisted in Resident #99's transfer to another facility. S1 Administrator revealed there should be documentation in Resident #99's medical record regarding the discharge, and confirmed there was not.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195390	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Hilltop Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 336 Edgewood Drive Pineville, LA 71360	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51596</p> <p>Based on observation, interview and record review, the facility failed to implement a comprehensive person-centered care plan for a resident. The facility failed to implement a care plan intervention by failing to ensure a hand roll was used for contracture of hand for 1 (Resident #42) of 44 sampled residents. Findings:</p> <p>Record Review revealed Resident #42 was admitted on [DATE]. Resident #42 had diagnoses that included, in part . Other Specified Disorders Of The Skin And Subcutaneous Tissue, Other Chronic Pain, Contracture Of Muscle, Other Site, Other Sequelae Of Other Cerebrovascular Disease, Hemiplegia And Hemiparesis Following Cerebral Infarction Affecting Right Dominant Side.</p> <p>Review of Resident #42's Quarterly MDS with ARD of 12/31/2024 revealed BIMS Score of 02, indicating severe cognitive impairment. Resident #42 required extensive one person physical assist with bed mobility and toilet use. Resident #42 was totally dependent, requiring 2 person physical assistance with transfers. Resident #42 required supervised self-performance of eating with one person physical assistance.</p> <p>Review of Resident #42's current Care Plan revealed, in part .Monitor right hand/hand roll for complications. If complications are present, document in nurses notes and notify MD dated 11/16/2022.</p> <p>Review of current MD Orders for Resident #42 revealed, in part .Monitor skin upon removal of right hand roll. Document any skin complications in the nurse's notes and notify MD every shift. Order dated 10/24/2016.</p> <p>Observation of Resident #42 on 01/06/2025 at 10:20 a.m. revealed contracture of right hand with no hand roll in use.</p> <p>Observation of Resident #42 on 01/06/2025 at 11:20 a.m. revealed no hand roll in use to right hand.</p> <p>Observation of Resident #42 on 01/06/2025 at 12:18 p.m. revealed no hand roll in use to right hand.</p> <p>Observation of Resident #42 on 01/07/2025 at 8:44 a.m. revealed no hand roll in use to right hand.</p> <p>Observation of Resident #42 on 01/08/2025 at 8:42 a.m. revealed no hand roll in use to right hand. Interview with S6 LPN and S7 CNA at time of observation revealed Resident #42 utilized a hand roll for right hand contracture. S7 CNA stated they always used a hand roll for Resident #42's contracted right hand. S6 LPN and S7 CNA were both unable to locate a hand roll in the room of Resident #42. S6 LPN confirmed Resident #42 did not have a hand roll in place for contracted right hand, but should have.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195390	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Hilltop Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 336 Edgewood Drive Pineville, LA 71360	
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44315</p> <p>Based on observation, interview and record review, the facility failed to ensure a comprehensive person-centered plan of care was reviewed and revised for 2 residents (Resident #31 and Resident #75) of 44 sampled residents. The facility failed to ensure care plans were updated:</p> <ol style="list-style-type: none"> To include resident was educated to notify nursing staff of need to increase her oxygen if needed for Resident #31 who required oxygen therapy; and To include physician ordered nasal spray in resident's room to be included with self-administered medications for Resident #75. <p>Findings:</p> <p>Review of Resident #31's medical record revealed an admitted [DATE], with diagnoses that included in part . COPD, Chronic Renal Failure with Hypoxia, Nicotine Dependence, unspecified, Dependence on supplemental Oxygen, Chronic Cough and other specified Anxiety Disorders.</p> <p>Review of Resident #31's Physician's Orders revealed an order dated 12/01/2024 for Oxygen at 2 liters/ nasal cannula while in room every shift for shortness of breath related to COPD, unspecified.</p> <p>Review of Resident #31's Quarterly MDS with an ARD of 11/25/2024, revealed a BIMS score of 15 (indicative of intact cognition) and resident required oxygen therapy.</p> <p>Review of Resident #31's Care Plan with a target date of 03/01/2025 revealed in part . Resident #31 required respiratory therapy related to diagnosis of COPD with Chronic Renal Failure and wears oxygen when needed. Interventions included in part . Administer oxygen therapy as ordered and oxygen at 2 liters via nasal cannula while in room related to diagnosis of COPD.</p> <p>Observation on 01/06/2025 at 10:07 a.m. of Resident #31 awake sitting on side of bed awake with oxygen in progress at 3 liters/minute via nasal cannula. She stated she had a breathing treatment this morning.</p> <p>Observation on 01/07/2025 at 9:25 a.m. of Resident #31 awake lying in bed without facial grimace with oxygen in progress at 3liters/minute per nasal cannula. Resident #31 stated she adjusts her oxygen concentrator and stated it is supposed to be set at 3 liters/minute.</p> <p>Interview on 01/08/2025 at 12:04 p.m. with S10 LPN in Resident #31's room verified that her oxygen flow rate was set at 3 liters/minute and should have been at 2 liters/minute via nasal cannula. S10 LPN reported that Resident #31's oxygen saturation on oxygen was within normal limits this morning. Observation of S10 LPN adjusted Resident #31's oxygen flow rate down to 2 liters/minute and explained to Resident #31 that her oxygen is ordered to be set at 2 liters per minute instead.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195390	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Hilltop Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 336 Edgewood Drive Pineville, LA 71360	
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 01/08/2025 at 02:03 p.m. with S8 ADON revealed Resident #31 was care planned for oxygen at 2 liters/minute via nasal cannula and able to take on and off at her discretion but she was not care planned to be able to adjust her oxygen level.</p> <p>Interview on 01/08/2025 at 02:40 p.m. with S11 LPN revealed she was not aware that resident was changing her oxygen flow rate on the oxygen concentrator. S11 LPN revealed she would update Resident #31's care plan interventions today, to include educating Resident #31 to notify the nurse if need to increase oxygen.</p> <p>Interview on 01/08/2025 at 03:00 p.m. with S2 DON revealed that resident changes the oxygen flow rate in her room and is educated to notify the nurse instead. S2 DON confirmed Resident #31's care plan should have been updated and revised to include this and was not.</p> <p>51096</p> <p>Findings:</p> <p>Resident #75</p> <p>Review of the facility's policy and procedure undated and titled Self-Administration of Medication read in part .</p> <p>Policy: It is the policy of this facility that each resident has the right to self-administer medications, but is the responsibility of the interdisciplinary team to determine that it is safe prior to the resident exercising that right.</p> <p>Procedure:</p> <p>2. If the resident wishes to self-administer medications, the Interdisciplinary Team must assess the resident's overall ability to safely administer his/her own medications.</p> <p>7. Self- administration of bedside medications must be care planned, including the specific order, granting of approval by IDT, and monitoring for compliance.</p> <p>Review of Resident #75's clinical record revealed an admitted [DATE], with diagnoses which included restlessness and agitation, cataract secondary to ocular disorders, dry eye syndrome of bilateral lacrimal glands and allergic rhinitis.</p> <p>Review of Resident #75's Quarterly MDS with an ARD of 12/23/2024, revealed a BIMS score of 15. Resident #75 was cognitively intact. Physical behavioral symptoms directed toward others; verbal behavioral symptoms directed toward others or other behavioral symptoms not directed towards others not exhibited.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195390	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Hilltop Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 336 Edgewood Drive Pineville, LA 71360	
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #75's Physician Orders with an order date of 04/11/2023 revealed in part Afrin Original Nasal Solution 0.05 % (Oxymetazoline HCl) 2 spray in each nostril every 12 hours as needed for nasal congestion, but did not reflect self-administration. An order with an order date of 05/14/2024 revealed in part Carboxymethylcellulose Sod PF Ophthalmic Solution 0.5 % (Carboxymethylcellulose Sodium (Ophth); Instill 1 drop in both eyes every 12 hours; unsupervised self-administration, May keep drops at bedside and self-administer.</p> <p>Review of Resident #75's Care Plan revealed a problem to include resident to self-administer the following medications per MD order and verification of assessment criteria: Artificial Tears Ophthal GTT with interventions in part assessment for self-administration of medications will be completed by interdisciplinary team to verify safe administrations. Resident #75 was not care planned for self-administration of Afrin (nasal spray).</p> <p>Review of Resident #75's medical record revealed no Self-administration Assessment for Afrin (Nasal spray).</p> <p>Interview with Resident #75 on 01/06/2025 at 3:16 p.m. in his room sitting on his rolling walker revealed resident well-groomed and dressed appropriately. Resident had nasal sprays x2; eye drops and inhalers in room. Resident stated that the facility knew he was a big boy and could handle it.</p> <p>Observation in Resident #75's room on 01/07/2025 at 09:01 a.m. revealed eye drops and nasal spray on the stand by Resident #75's bed.</p> <p>Interview with S15LPN on 01/08/2025 at 09:35 a.m. revealed that Resident #75 should have had two medicines to include eye drops and Nasal Spray for use at bedside. Review of Resident #75's orders with S15LPN revealed Resident #75 did not have an order to self-administer the nasal spray at bedside. S15LPN confirmed that Resident #75 should have had an order for self-administration of the nasal spray at bedside and Resident #75's Care Plan should have reflected self-administration of the nasal spray.</p> <p>Observation of Resident #75's room on 01/08/2025 at 09:40 a.m. revealed eye drops and nasal sprays on the stand next to Resident #75's bed.</p> <p>Interview with S12RN and S11LPN on 01/08/2025 at 09:48 a.m. revealed that an assessment for self-administration of medication should be completed for the resident, unsure of how often but an initial one should be in the resident's medical record. Resident should be Care planned for self-administration of that particular medication and the resident's medication order should reflect self-administration before the resident keeps the medication at bedside. Review of Resident #75's Afrin (nasal spray) order and Resident #75's Care plan with S12RN, confirmed there was no bedside administration order for the nasal spray and the resident was not care planned to self-administer the nasal spray at bedside. S12RN confirmed that there was no Self-administration Assessment in Resident #75's medical record for the nasal spray. S12RN and S11LPN confirmed that Resident #75 should not have been self-administering the nasal spray at bedside; was not care planned for self-administration of the Nasal Spray at bedside and the order for Resident #75's nasal spray does not reflect self-administration at bedside.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195390	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Hilltop Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 336 Edgewood Drive Pineville, LA 71360	

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview and observation with S2DON and S13RN on 01/08/2025 at 09:50 a.m. confirmed that Resident #75 had Afrin nasal spray in his room on the table next to his bed and it should not be. S2DON and S13RN also confirmed Resident # 75 had no order for self-administration of the Afrin nasal spray at bedside and was not care planned for self-administration of Afrin nasal spray at bedside.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195390	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Hilltop Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 336 Edgewood Drive Pineville, LA 71360	
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 0661</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure necessary information is communicated to the resident, and receiving health care provider at the time of a planned discharge.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44315</p> <p>Based on interview and record review the facility failed to document a Discharge Summary for 2 residents (Resident #98 and Resident #99) of 3 (Resident #98, Resident #99 and Resident #100) residents reviewed for closed records. The total Sample Size was 44. Findings:</p> <p>Resident #98</p> <p>Review of resident #98's face sheet revealed he was initially admitted on [DATE]. He had a re-admitted [DATE] with a primary diagnoses of Type 2 DM with foot ulcer. Other diagnoses included in part . Alzheimer's Disease with late onset, Osteophyte, Vertebrae, Spinal Stenosis, Cervical region, Dementia in other diseases classified elsewhere, Mild, with Mood Disturbance, Other Impulse Disorders, Other Specified Depressive Episodes, Vascular Dementia, [NAME]-[NAME] Syndrome, Essential (primary) hypertension and Acute Kidney Failure. The face sheet further revealed the resident was discharged on [DATE] to a nursing home.</p> <p>Review of Resident #98's electronic medical record revealed there was no evidence of a Discharge Summary that included a recapitulation of the resident's stay, or a final summary of the resident's status.</p> <p>Review of the facility's Emergency Transfer log revealed Resident #98 was transferred to a Behavioral Health Hospital on 10/23/2024 with behaviors as reason for transfer.</p> <p>Interview on 01/08/2025 at 5:00 p.m. with S19 SSW revealed she has been the Social Worker here for only 3 months and was not aware of needing to do a discharge summary and had not done a discharge summary for Resident #98.</p> <p>Interview on 01/08/2025 at 5:14 p.m. with S2 DON confirmed she did not do a discharge summary for Resident #98. S2 DON reported Resident #98 was transferred and admitted to a behavior hospital due to behaviors and safety concerns. S2 DON reported the Resident #98 was discharged from the behavior hospital to another facility instead of returning here per Resident #98's choice.</p> <p>Interview on 01/08/2025 at 5:30 p.m. with S3 Assistant Administrator confirmed that there was no discharge summary done.</p> <p>Interview on 01/08/2025 at 5:32 p.m. with S1 Administrator revealed that Resident #98 was transferred from here and admitted to a behavior hospital for behaviors and safety issues. S1 Administrator reported Resident #98 was his own representative and chose to not return here and be transferred to another facility.</p> <p>47004</p> <p>Resident #99</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195390	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Hilltop Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 336 Edgewood Drive Pineville, LA 71360	

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 0661</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record Review of Resident #99's Electronic Medical Record (EHR) revealed an admitted [DATE] and a discharge date of [DATE]. Resident #99 had diagnoses that included in part .Anxiety Disorders, Diabetes Mellitus, Cerebral Infarction, Aphasia following Cerebral Infarction, Depressive Episodes, Chronic Pain, and Chronic Obstructive Pulmonary Disease.</p> <p>Record Review of Resident #99's MDS with ARD of 09/08/2024 revealed Resident #99 had a BIMS of 11, indicating moderate cognitive impairment.</p> <p>Record Review of Resident #99's EHR and paper medical record revealed no documentation of a discharge summary completed.</p> <p>Interview on 01/08/2024 at 4:18 p.m. with S2 DON confirmed the facility had not completed a discharge summary for Resident #99, but should have.</p> <p>Interview on 01/08/2024 at 4:57 p.m. with S1 Administrator revealed on 11/07/2024 he assisted in Resident #99's transfer to another facility. S1 Administrator revealed there should be documentation in Resident #99's medical record regarding the discharge, and confirmed there was not.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195390	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Hilltop Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 336 Edgewood Drive Pineville, LA 71360	

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 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p>47004</p> <p>Based on record review and interview, the facility failed to complete an annual performance review of every certified nurse aide (CNA) at least once every 12 months for 2 (S16 CNA, and S17 CNA) of 5 (S5 CNA, S7 CNA, S16 CNA, S17 CNA, and S18 CNA) CNA personnel records reviewed. Findings:</p> <p>Review of the facility's undated policy titled Performance Evaluations read in part . It is the policy of this facility that the job performance of each employee be reviewed and evaluated at least annually. Performance evaluations will be completed by the employee's department director and reviewed by management.</p> <p>Review of personnel records revealed the following:</p> <p>S16 CNA- date of hire was on 12/01/2022. Further review failed to reveal evidence that an annual performance review had been completed and/or signed off by department head in the past 12 months.</p> <p>S17 CNA-date of hire was on 08/19/2021. Further review failed to reveal evidence that an annual performance review had been completed and/or signed off by department head in the past 12 months.</p> <p>In an interview on 01/08/2025 at 11:10 a.m. S9 HR revealed S2 DON performed performance evaluations yearly with CNA's, and would be responsible for signing off the evaluation with employee. S9 HR reviewed S16 CNA and S17 CNA's performance evaluation record and confirmed the evaluations had not signed or evaluated by the department director, but should have been.</p> <p>In an interview on 01/08/2025 at 12:10 p.m. with S2 DON revealed she sits in on performance evaluations yearly, but confirmed she had never completed or signed off on any CNA's performance evaluations, and should have.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195390	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Hilltop Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 336 Edgewood Drive Pineville, LA 71360	
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 0868</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>47004</p> <p>Have the Quality Assessment and Assurance group have the required members and meet at least quarterly</p> <p>Based on interview and record review, the facility failed to ensure the Quality Assessment and Assurance (QAA) committee meeting was held at least quarterly and included the required staff members.</p> <p>Findings:</p> <p>Review of the facility's undated policy titled Quality Assurance and Performance Improvement and Performance Improvement (QAPI) Guidelines read in part . The committee will identify any issues which negatively affect the quality of care and services provided to residents. *Quarterly-Include Medical Director and Consultants. On a quarterly basis, the Medical Director will review a summary of the Quality Assurance and Performance Improvement activities.</p> <p>Review of the facility's quarterly Quality Assessment and Assurance (QAA) committee sign in sheets revealed the last meeting was conducted on 07/11/2023.</p> <p>Interview on 01/09/2025 at 10:03 a.m. with S2 DON revealed the facility had not conducted quarterly QA committee meetings. Review of the last Quarterly Quality Assurance/Performance Improvement Report and sign in sheet dated 07/11/2023 with S2 DON. S2 DON confirmed that was the last date she recalled having a Quarterly QAA meeting. S2 DON confirmed the medical director nor any governing body member had reviewed any current QAPI data since the last meeting held on 07/11/2023.</p>		