STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195390	A. Building B. Wing	02/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hilltop Nursing & Rehabilitation Center	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)
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure that a resident maintained acceptable parameters of nutritional status for 1 (Resident #11) of 3 residents reviewed for nutrition/weight loss. The facility failed to provide dietary interventions for a resident with significant weight loss. Findings:Review of the undated facility Nutrition/Hydration Management Policy revealed in part .It is the goal of the ID team, with participation by the RD consultant, that residents of this facility maintain acceptable parameters of nutritional status to the extent medically possible. At a minimum, the following residents will be referred to the High Risk committee: Significant weight change (5% or greater in 30 days or less, 10% or greater in 180 days or less). Review of Resident #11's medical record revealed an admission date of 12/29/2025 with a re-entry date of 02/05/2026 with diagnoses that included in part .Hemiplegia and Hemiparesis following Cerebral Infarction affecting Right Dominant Side, Deficiency of Other Vitamins, and Muscle Wasting. Review of Resident #11's 02/2026 physician orders revealed in part.Weekly Weights (initiated 12/30/2025), Resident is at high risk of malnutrition related to GERD, Hyperlipidemia, Hypertension, Anxiety, Pain, and Hypothyroidism (initiated 12/31/2025). Review of Resident #11's admission MDS with an ARD of 01/02/2026 revealed a BIMS score of 14, which indicated intact cognition. Resident #11 required set-up assistance with eating. Review of Resident #11's Significant Change MDS with an ARD of 02/09/2026 revealed Resident #11 had weight loss of 5% or more in the last month and was not on a prescribed weight loss regimen. Review of Resident #11's Weekly Weights Summary Report revealed:12/31/2025-108.001/01/2026-108.201/06/2026-100.0 01/13/2026-101.201/20/2026-101.8 (-5.0% change over 30 days Comparison Weight 12/31/2025, 108.0 lbs, -5.6%, -6.0 lbs)01/27/2026-100.0 (-7.5% change, Comparison Weight 01/01/2026, 108.2 lbs, -7.6%, -8.2 lbs)02/05/2026-101.8 (-5.0% change over 30 days, Comparison Weight 01/01/2026 108.2 lbs, -5.6%, -6.0 lbs) Review of Resident #11's Care Plan with a review date of 03/30/2026 read in part.Focus: High risk for malnutrition and dehydration related to poor appetite secondary to diagnoses of GERD, Hypothyroidism, Vitamin Deficiency, Anxiety, Pain, Nausea. Intervention: Weigh weekly, Report significant weight loss to MD/NP. Review of Resident #11's medical record revealed no evidence of dietary interventions to address Resident #11's significant weight loss. In an interview on 02/10/2026 at 4:00 p.m., S3 DON stated Resident #11 had a stroke recently, was sent out to the hospital on [DATE], and returned on 02/05/2026. S3 DON reviewed Resident #11's weights with this surveyor and confirmed Resident #11 had significant weight loss. S3 DON stated she was responsible for charting residents' weights into the computer. S3 DON stated anytime the weight triggered as weight loss she would notify the physician and S11 RD to receive a house supplement for the residents. S3 DON confirmed that there was no evidence or documentation of any dietary interventions to address Resident #11's significant weight loss prior to Resident #11's hospitalization but should have been. In a telephone interview on 02/11/2026 at 9:35 a.m., S11 RD revealed she was not notified of Resident #11's significant weight loss. S11 RD stated her first time seeing Resident #11 was on 02/10/2026 in which she made new recommendations to address the significant weight loss. S11 RD stated if she had been contacted by the facility in January 2026 of Resident #11's significant weight loss she would've implemented interventions to address the weight loss at that time.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195390	A. Building B. Wing	02/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hilltop Nursing & Rehabilitation Center	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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation and interview the facility failed to maintain a clean and sanitary kitchen in accordance with professional standards for food service safety. This deficient practice had the potential to affect all 9 residents who received a puree diet. The facility failed to ensure staff were wearing a beard restraint during meal preparation.Findings:Observation on 02/09/2026 at 11:15 a.m., revealed S13 [NAME] with a hair net on and a full beard/goatee with no beard restraint while preparing the puree recipe for all 9 residents. S13 [NAME] stated he always prepared the puree meals for the residents in the facility.In an interview on 02/09/2026 at 12:45 p.m., S4 Dietary Manager confirmed, S13 [NAME] did not have on a beard restraint net to cover his beard during puree meal preparation and should have.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195390	A. Building B. Wing	02/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hilltop Nursing & Rehabilitation Center	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)
F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. Based on observation and interview, the facility failed to provide a safe, functional, sanitary, and comfortable environment for residents and staff by failing to provide an adequate number of clean washcloths and towels. This deficient practice had the potential to affect all 89 residents residing in the facility.Findings:On 02/09/2026 at 1:30 p.m., the Resident Council Meeting was conducted, and it was revealed that two of the residents expressed concerns over not having enough towels or washcloths available in the clean linen storage on the hall to properly clean and dry themselves.Interview with S7 Laundry on 02/10/2026 at 8:58 a.m. revealed that linens, towels, and washcloths are delivered to the halls between 8:00 a.m. and 9:00 a.m.Observation of linen closets on 02/10/2026 at 12:10 p.m. revealed that Hall X had six towels and no washcloths.Observation of linen closets on 02/10/2026 at 3:02 p.m. revealed that Hall V had no towels and four washcloths and Hall W had one towel and four washcloths.Interview with S8 Laundry on 02/10/2026 at 3:45 p.m. revealed that linens, towels, and washcloths are picked up during her 3:00 p.m. to 11:00 p.m. shift and washed, dried, and placed back in the hall clean linen storage. However, after 11:00 p.m. there is no laundry service until the morning workers come into work.Observation of linen closets on 02/11/2026 at 7:32 a.m. revealed Hall V had no towels or washcloths, Hall W had no towels and one washcloth, Hall X had six towels and one washcloth, Hall Z had no towels or washcloths.Interview with S7 CNA, S8 CNA, and S9 CNA on 02/11/2026 at 7:37 a.m. revealed that not having an adequate amount of towels and washcloths for resident care had been an ongoing issue. All three CNAs reported that they do not have towels or washcloths in the clean linen storage on their halls. S7 CNA, S8 CNA, and S9 CNA reported that they had to search the facility to find towels or washcloths.Interview with S12 CNA on 02/11/2026 at 7:48 a.m. revealed that upon arrival to work that morning, there were no towels or washcloths available for resident care. She reported that towels and washcloths are routinely used when providing peri- and ADL care to residents.Interview with S9 Laundry on 02/11/2026 at 7:45 a.m. revealed that the facility only used towels and washcloths to provide peri- and ADL care for the residents in the facility.Interview with S2 Assistant Admin on 02/11/2026 at 9:31 a.m. confirmed there was an inadequate number of towels and washcloths for all residents in the facility.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195390	A. Building B. Wing	02/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hilltop Nursing & Rehabilitation Center	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)
F 0576 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure residents have reasonable access to and privacy in their use of communication methods. Based on interviews and record review, the facility failed to ensure residents received mail on Saturdays. This has the potential to affect all 89 residents residing in the facility.Findings:Review of the facility admission packet dated 02/2023, revealed in part- under the Mail section of Resident Rights .The resident has the right to- (1) Send and promptly receive mail that is unopened.On 02/09/2026 at 1:30 p.m., the Resident Council Meeting was conducted, and it was revealed that the residents did not receive mail on Saturdays. The Resident Council were in agreement that if resident mail was delivered on a Saturday, they would like to received their personal mail on the same day as it was delivered to the facility. During this same Resident Council meeting, the S5 SSD stated that the residents do not receive mail on Saturdays and that she received all of the weekend mail on Monday mornings to then sort and distribute to the residents on Monday.In an interview on 02/11/2026 at 9:31 a.m., S2 Assistant Admin stated that the Weekend Activity Director should distribute resident mail on Saturdays, when it is received and not wait until Monday morning.In a telephone interview on 02/11/2026 at 10:00 a.m., S6 Weekend SSD revealed she had been working as the Weekend Activity Director since 03/2024 and was never trained or instructed to procure, sort, or deliver mail to the residents on Saturdays. The Weekend Activity Director confirmed that no mail had been delivered to the residents on Saturday since her hiring in March 2024.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195390	A. Building B. Wing	02/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hilltop Nursing & Rehabilitation Center	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on interview and record review, the facility failed to implement a comprehensive person-centered care plan consistent with the resident rights that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment for 1 (Resident #11) residents of 3 sampled residents reviewed for nutrition. The facility failed to ensure the Physician and Registered Dietician was notified of significant weight loss for Resident #11, who was at high risk for malnutrition according to their plan of care.Findings: Review of the undated facility Nutrition/Hydration Management Policy revealed in part .It is the goal of the ID team, with participation by the RD consultant, that residents of this facility maintain acceptable parameters of nutritional status to the extent medically possible. At a minimum, the following residents will be referred to the High Risk committee: Significant weight change (5% or greater in 30 days or less, 10% or greater in 180 days or less). Review of Resident #11's medical record revealed an admission date of 12/29/2025 with a re-entry date of 02/05/2026 with diagnoses that included in part .Hemiplegia and Hemiparesis following Cerebral Infarction affecting Right Dominant Side, Deficiency of Other Vitamins, and Muscle Wasting. Review of Resident #11's 02/2026 physician orders revealed in part.Weekly Weights (initiated 12/30/2025), Resident is at high risk of malnutrition related to GERD, Hyperlipidemia, Hypertension, Anxiety, Pain, and Hypothyroidism (initiated 12/31/2025). Review of Resident #11's admission MDS with an ARD of 01/02/2026 revealed a BIMS score of 14, which indicated intact cognition. Resident #11 required set-up assistance with eating. Review of Resident #11's Significant Change MDS with an ARD of 02/09/2026 revealed Resident #11 had weight loss of 5% or more in the last month and was not on a prescribed weight loss regimen. Review of Resident #11's Weekly Weights Summary Report revealed:12/31/2025-108.001/01/2026-108.201/06/2026-100.0 01/13/2026-101.201/20/2026-101.8 (-5.0% change over 30 days, Comparison Weight 12/31/2025, 108.0 lbs, -5.6%, -6.0 lbs)01/27/2026-100.0 (-7.5% change, Comparison Weight 01/01/2026, 108.2 lbs, -7.6%, -8.2 lbs)02/05/2026-101.8 (-5.0% change over 30 days, Comparison Weight 01/01/2026 108.2 lbs, -5.6%, -6.0 lbs) Review of Resident #11's Care Plan with a review date of 03/30/2026 read in part.Focus: High risk for malnutrition and dehydration related to poor appetite secondary to diagnoses of GERD, Hypothyroidism, Vitamin Deficiency, Anxiety, Pain, Nausea. Intervention: Weigh weekly, Report significant weight loss to MD/NP. In an interview on 02/10/2026 at 4:00 p.m., S3 DON stated the floor nurses would conduct weekly weights on the residents. S3 DON stated they would then bring the weights to her and she would put the weights into the computer and it would trigger a warning if there was significant weight loss for a resident. S3 DON revealed that Resident #11 had significant weight loss and stated the facilities process is to notify the physician and S11 RD of significant weight loss. S3 DON reviewed Resident #11's Electronic Health Record with this surveyor and stated if it's not charted then the physician or S11 RD wasn't notified. S3 DON confirmed that she did not notify the physician or S11 RD of Resident #11's significant weight loss but should have. In a telephone interview on 02/11/2026 at 9:35 a.m., S11 RD revealed she was not notified of Resident #11's significant weight loss. S11 RD stated her first time seeing Resident #11 was on 02/10/2026 in which she made new recommendations to address the significant weight loss. S11 RD stated if she had been contacted by the facility in January 2026 of Resident #11's significant weight loss she would've implemented interventions to address the weight loss at that time.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195390	A. Building B. Wing	02/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hilltop Nursing & Rehabilitation Center	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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on observation, record review and interviews the facility failed to ensure residents who are unable to carry out Activities of Daily Living (ADL) received the necessary services to maintain bed mobility. The facility failed to provide bed mobility/repositioning as ordered for 1 (Resident #5) of 2 sampled residents reviewed for ADLs. Findings:Review of undated policy on 02/11/2026 at 2:15 p.m. titled, Positioning (Movement in Bed) revealed the following on page 6.4) Change position at least every 2 hours if resident is unable to move in bed without assistance, base frequency decisions on the resident's age, size, weight, circulatory and integumentary status and medical diagnosis. Review of Resident #5's medical record revealed an admit date of 03/21/2022 and a re-entry date of 11/04/2024 with diagnoses that included in part.Parkinson's Disease without Dyskinesia, Other Persistent Atrial Fibrillation, Bipolar Disorder, Generalized Anxiety Disorder, Other Specified Depressive Disorder, Alcohol Abuse, and Other Hypotension. Review of Resident #5's Quarterly MDS with an ARD date of 10/10/2025 revealed a BIMS of 9, which indicated moderate cognition. Resident #5 required supervision or touching assist with repositioning. Review of Resident #5's care plan revealed in part .Intervention: Turning and repositioning program: turn and/or reposition every 2 hours and prn while in bed/chair. On 02/10/2026 at 8:00 a.m. an observation of Resident #5's room revealed an over bed signage located on the resident's bedside wall and easily visible. Observed the over bed signage stating Resident #5 required the following repositioning clock image times: 12:00 a.m./p.m. R (right side); 2:00 a.m./p.m. L (left side); 4:00 a.m./p.m. B (back side); 6:00a.m./p.m. R (right side); 8:00 a.m./p.m. L (left side); and 10:00 a.m./p.m. B (back side).On 02/10/2026 at 9:40 a.m. an observation of S14 CNA and S17 CNA revealed the CNAs enter Resident #5's room to reposition him. Observed the CNAs exit Resident #5's room. At the time of observation, S14 CNA revealed Resident #5 required repositioning every 2 hours.In an interview on 02/10/2026 at 9:43 a.m., S14 CNA revealed that she and S17 CNA had assisted Resident #5 with repositioning while in bed. On 02/10/2026 from 8:30 a.m. - 12:30 p.m. an observation revealed Resident #5 was not repositioned every 2 hours and still positioned on his back side. In an interview on 02/10/2026 at 2:02 p.m., S14 CNA stated residents are repositioned every 2 hours. S14 CNA confirmed she did not reposition Resident #5 every 2 hours but should have.In an interview on 02/10/2026 at 2:06 p.m., S3 DON stated that staff were to reposition/turn residents every 2 hours. S3 DON confirmed the above findings. S3 DON confirmed Resident #5 required turning and repositioning every 2 hours and S14 CNA should have repositioned him but did not.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195390	A. Building B. Wing	02/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hilltop Nursing & Rehabilitation Center	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)
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 observation, interview, and record review the facility failed to ensure that a resident received adequate supervision to prevent incidents and accidents. The facility failed to ensure a resident received supervision while smoking for 1 (Resident #34) of 1 resident reviewed for smoking. Findings: Review of the facility's undated policy on 02/11/2026 at 9:59 a.m. titled Smoking Policy read in part . Residents and Visitors: Do Not Allow residents who have been classified as non-responsible to smoke alone. Review of Resident #34's medical record revealed she was admitted to facility on 06/06/2011 and had diagnoses that included in part Primary Generalized Osteoarthritis, Lack of Coordination, Anxiety Disorder, and Drug Induced Subacute Dyskinesia. Record review of Resident #34's Quarterly MDS with an ARD of 01/09/2026 revealed Resident #34 had a BIMS of 12, and was a current tobacco user. Record review of Resident #34's 02/2026 physician orders revealed in part.Resident is an unsafe smoker. Smoking plan is as follows: Resident will receive only 1 cigarette at a time at designated smoke times in designated areas with staff supervision. Record review of Resident #34's Smoking Safety assessment dated [DATE] revealed Resident #34 was determined to be an unsafe smoker. Resident #34 was to receive 1 cigarette at a time at designated smoke times in designated smoke times with staff supervision. Review of Resident #34's Care plan revealed in part.Resident is an unsafe smoker. Smoking plan is as follows: resident will resident will receive only 1 cigarette at a time at designated smoke times in designated areas with staff supervision. Observation on 02/09/2026 at 12:15 p.m. revealed Resident #34 was being wheeled outside to designated smoking area by a staff member. Staff member provided Resident #34 with 1 cigarette, lit the cigarette, and walked away leaving Resident #34 unsupervised while she smoked. Observation on 02/09/2026 at 12:20 p.m. revealed Resident #34 sitting in designated smoking area smoking a cigarette unsupervised. Observation on 02/10/2026 at 8:31 a.m. revealed Resident #34 sitting outside in designated smoking area unsupervised. At 8:37 a.m. S10 Charge RN along with this surveyor observed Resident #34 sitting outside in designated smoking area smoking unsupervised. S10 Charge RN revealed that Resident #34 was an unsafe smoker. In an interview on 02/10/2026 at 8:45 a.m. S3 DON stated if a resident is deemed as an unsafe smoker and requires staff supervision then the resident should be supervised while smoking. S3 DON confirmed that Resident #34 was an unsafe smoker and should have been supervised when smoking but was not.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195390	A. Building B. Wing	02/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hilltop Nursing & Rehabilitation Center	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)
F 0808 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law. Based on observation, interview, and record review, the facility failed to ensure that the residents received a mechanically altered diet as ordered by the physician for 3 (#4, #49, #50) of 3 residents reviewed. This deficient practice had the potential to affect 9 residents receiving pureed diets. Findings: Resident #4 Review of Resident #4's medical record revealed an admit date of 09/26/2025.with diagnoses that included in part.Generalized Anxiety Disorder, Essential (Primary) Hypertension, Chronic Embolism and Thrombosis of Other Specified Veins, and Localized Edema. Review of Resident #4's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) date of 01/09/2026 revealed a Brief Interview for Mental Status (BIMS) of 11, which indicated moderate cognitive impairment. Resident #4 required setup or clean-up assist with eating. Review of Resident #4's physician orders dated 01/26/2026 revealed an order for Regular NSOT (no salt on tray) diet, pureed texture, and Regular/thin consistency liquids. Review of Resident's #4's care plan revealed in part. Intervention: regular NSOT (no salt on tray) diet, pureed texture, regular/thin consistency liquids. On 02/10/2026 at 8:15 a.m., an observation was conducted inside of Resident #4's room during his breakfast. Resident #4's breakfast tray consisted of scrambled eggs and ground sausage. The food items were not of pureed consistencies. Review of Resident #4's meal ticket revealed: Regular NSOT diet, pureed texture, regular/thin consistency liquids. Resident #49 Review of Resident #49's electronic health record revealed an admission date of 07/18/2023 with diagnoses which included: Atherosclerotic Heart Disease, Hypertension, Congestive Heart Failure, and Severe Protein Calorie Malnutrition. Review of Resident #49's Quarterly MDS with an ARD of 01/23/2026 revealed a BIMS score of 99, indicating Resident #49 was unable to complete the interview. Resident #49 received a mechanically altered diet that required modification of food texture. Review of Resident #49's Physician's Order dated 07/15/2025 read in part. Regular diet, pureed texture, regular/thin (liquids). Review of Resident #49's comprehensive care plan with a revision date of 03/31/2025 read in part.Resident #49 was at risk for a nutritional problem. An intervention dated 07/15/2025 included Resident #49's diet changed to puree to allow for better tolerance. On 02/09/2026 at 8:47 a.m., observation of Resident #49's meal ticket for breakfast revealed Resident #49 was ordered a regular diet with pureed texture. Observation of Resident #49's breakfast tray revealed sausage that was ground in texture rather than pureed as ordered. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195390	A. Building B. Wing	02/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hilltop Nursing & Rehabilitation Center	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)
F 0808 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 02/10/2026 at 8:38 a.m., observation of Resident #49's meal ticket for breakfast revealed Resident #49 was ordered a regular diet with pureed texture. Observation of Resident #49's breakfast tray revealed sausage that was ground in texture rather than pureed as ordered. Resident #50 Review of Resident #50's electronic health record revealed an admission date of 01/15/2025 with diagnoses which included: Diffuse Traumatic Brain Injury, Nutritional Deficiencies, Hypertension, Chronic Obstructive Pulmonary Disorder, Dysphagia following other Cerebrovascular Disease, and Cognitive Communication Disorder. Review of Resident #50's Quarterly MDS with an ARD of 12/26/2025 revealed a BIMS score of 7, indicating moderate cognitive impairment. Resident #50 received a mechanically altered diet that required modification of food texture. Review of Resident #50's Physician's Order dated 12/06/2024 read in part. Regular diet, pureed texture, nectar/mildly thick (liquids). Review of Resident #50's comprehensive care plan with a revision date of 12/19/2025 read in part.Resident #50 had alteration in nutrition and was at risk for malnutrition. Interventions included: Regular diet, pureed in texture, nectar/mildly thick consistency and double portions with all meals. On 2/10/2026 at 8:32 a.m., observation of Resident #50's meal ticket for breakfast revealed Resident #50 was ordered a regular diet with pureed texture. Observation of Resident #50's breakfast tray revealed sausage that was ground in texture rather than pureed as ordered. On 2/10/2026 at 8:56 a.m., observation of Resident #49's breakfast tray was conducted in the presence of the S4 Dietary Manger. S4 Dietary Manager confirmed Resident #49 was ordered a pureed diet but received ground meat. S4 Dietary Manager further acknowledged that Resident #4 and Resident #50, who were ordered pureed diets, received ground meat.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195390	A. Building B. Wing	02/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hilltop Nursing & Rehabilitation Center	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observations and staff interviews the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment. The facility failed to ensure personnel stored and processed linens so as to prevent the spread of infection by not drying and storing laundered lift slings, privacy curtains, mattress protectors, and Geri-chair cushions in a sanitary manner. This deficient practice had the potential to affect the 89 residents living in the facility. On 02/10/2026 at 3:45 p.m. and on 02/11/2026 at 7:45 a.m., an observation was conducted of an area outside the laundry room door which revealed lift slings and a privacy curtain draped on a metal rack. These items were piled on top of each other and open to outside air and elements.In an interview on 02/11/2026 at 7:45 a.m. with S9 Laundry revealed this was how lift slings and privacy curtains were dried and stored because the laundry had nowhere else to dry or store large items.On 02/11/2026 at 1:00 p.m., an observation was conducted of the area outside the laundry room door which revealed a metal hanging rack with 6 lift slings, 1 privacy curtain, and a geri-chair cushion piled on top of each other and draped over the rack. The privacy curtain was hanging down, touching the concrete, and had debris on it.An interview on 02/11/2026 at 1:00 p.m. with S9 Laundry revealed laundry workers wash lift slings, privacy curtains, and geri-chair cushions. S9 Laundry stated they hang them on the metal rack to dry and they stay there until someone picks them up. S9 Laundry confirmed the privacy curtain was touching the concrete and had debris on it, but should not have.On 02/11/2026 at 1:30 p.m. an observation and interview was conducted with S16 Laundry Supervisor which confirmed the above findings. S16 Laundry Supervisor revealed the CNAs remove the slings from the lifts at night, take them to the laundry where they are washed and hung to dry on the metal hanging rack. S16 Laundry Supervisor stated CNAs should come get the slings each morning. S16 Laundry Supervisor removed the curtain from the rack and noticed debris and rust marks on the curtain where it was in contact with the metal rack. S16 Laundry Supervisor confirmed the lift slings, privacy curtain, and the Geri-chair pad on the rack should have been clean, but they were not.