

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395241	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/01/2025
NAME OF PROVIDER OR SUPPLIER Hilltop Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 700 S. Cayuga Avenue Altoona, PA 16602	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>41233</p> <p>Based on review of policies, as well as observations and staff interviews, it was determined that the facility failed to maintain a clean and sanitary environment in the main kitchen dishroom.</p> <p>Findings include:</p> <p>The facility's policy regarding food preparation and service, dated February 13, 2025, indicated that areas for cleaning dishes and utensils are kept and maintained in a sanitary environment.</p> <p>Observations in the main kitchen dish room on April 1, 2025, at 12:06 p.m. revealed that there was a large, round, upright fan blowing directly on the dish dry rack. The dry rack contained several pots and pans. Those pans were put away and newly cleaned dishes were placed in the dry rack. The fan was noted to have a very heavy amount of visible dirt and debris accumulated on the blade cover. There were several half-inch tendrils of dirt/debris flowing from the fan cover as the fan was blowing toward the clean pots/pans and dishes.</p> <p>Interview with the Dietary Manager on April 1, 2025, at 12:10 p.m. confirmed that a large, upright, dirty fan was blowing directly on the drying rack that held recently washed pots and pans. She turned off the fan and commented that she did not know why it was there anyway.</p> <p>Interview with the Nursing Home Administrator on April 1, 2025, at 2:15 p.m. confirmed that the kitchen fan was dirty and blowing on clean dishes, and it should not have been.</p> <p>28 Pa. Code 211.6(f) Dietary Services.</p> <p>28 Pa. Code 207.2(a) Administrator's Responsibility.</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
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