STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395241	A. Building B. Wing	05/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hilltop Healthcare and Rehabilitation Center	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on review of policies and clinical records, as well as staff interviews, it was determined that the facility failed to ensure medications were administered to the correct resident for one of five residents reviewed (Resident 1), resulting in medication errors.Findings include: The facility's medication administration policy, dated February 26, 2026, revealed that medications are to be administered in a safe and timely manner, and as prescribed. Medications are administered in accordance with prescriber orders. The individual administering the medication checks the label three times to verify the right resident, the right medication, right dosage, right time, and right method (route) of administration before giving the medication. A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 1, dated March 20, 2026, revealed that the resident was cognitively impaired and required assistance from staff for all daily care needs and had diagnoses that included dementia and high blood pressure. Current physician's orders for Resident 1, included an order for the resident to receive 10 milligrams (mg) atorvastatin (cholesterol medication) at bedtime and 5 mg lisinopril (blood pressure medication) once daily. A nursing note for Resident 1, dated February 23, 2026, at 4:28 p.m. revealed that a staff member reported that Resident 1 inadvertently received medications ordered for Resident 4. The medications given in error were Resident 4's medications of 5 mg Apixaban (anticoagulant), 40 mg atorvastatin, 500 mg metformin (blood sugar medication), and 25 mg metoprolol (blood pressure medication). Witness statement on February 23, 2026, revealed that Registered Nurse 1 was preparing medications for Resident 4 when Resident 1 came wobbling to his bedroom door. RN 1 stopped and assisted him to his wheelchair. When RN 1 went back to the pills, she thought the pills were for Resident 1 and crushed them and administered them to Resident 1. She then remembered that Resident 1 did not have diabetes and realized her mistake. She immediately reported it to the RN supervisor. Interview with the Nursing Home Administrator on May 19, 2026, at 1:43 p.m. confirmed that Resident 1 mistakenly received Resident 4's medications and should not have. 28 Pa. Code 211.12(d)(3) Nursing services. 28 Pa. Code 211.12(d)(5) Nursing services.

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