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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395812 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 06/19/2024 |
| NAME OF PROVIDER OR SUPPLIER Hilltop Heights Health & Rehab Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 100 Woodmont Road Johnstown, PA 15905 | |

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) |
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| <p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>48941</p> <p>Based on a review of facility policies, clinical records, and staff interviews, it was determined that the facility failed to ensure that a resident's baseline care plan (includes the minimum healthcare information necessary to properly care for a resident) was developed and implemented to include information regarding the resident's immediate care needs for one of four residents reviewed (Resident 3).</p> <p>Findings include:</p> <p>A facility policy for baseline care plans, dated October 31, 2023, revealed that the facility will develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident including the minimum healthcare information necessary to care for a resident. The baseline care plan will be developed with 48 hours of admission.</p> <p>Review of clinical records for Resident 3 revealed that the resident was admitted to facility on June 14, 2024, with an order to receive an intravenous (administration of fluids and/or medications directly into a person's vein) antibiotic for cellulitis (a bacterial skin infection) and venous stasis ulcer (ulcers caused by problems with blood flow in the leg veins). The resident was noted to have multiple wounds/ulcers to her bilateral lower extremities.</p> <p>Physician's orders for Resident 3, dated June 14, 2024, included orders for the resident to receive 3.375 grams of piperacillin-tazobactam (antibiotic) intravenously every six hours for five days with the last dose ending June 19, 2024, at 7:00 p.m.</p> <p>Physician's orders for Resident 3, dated June 14, 2024, included orders for the resident to receive Santyl (a wound debridement treatment) directly onto wounds to the bilateral lower extremities daily and an order for the resident to receive silver sulfadiazine cream (antibiotic cream used to prevent infection) topically to skin around the wounds with dressing changes daily.</p> <p>There was no documented evidence that a baseline care plan was developed to include information regarding Resident 3's care needs related to the need for intravenous antibiotic therapy for cellulitis and the need for treatments to her bilateral lower extremities for wound care.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Interview with the Registered Nurse Assessment Coordinator on June 19, 2024, at 3:02 p.m. confirmed that Resident 3 did not have a baseline care plan developed to address her need for intravenous antibiotic therapy for cellulitis and her need for treatments to her bilateral lower extremities for wound care.</p> <p>28 Pa. Code 211.12(d)(1) Nursing Services.</p> | | |