

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 10/21/2024
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)
<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>31760</p> <p>Based on review of written menus and the residents' meal ticket, as well as observations and resident and staff interviews, it was determined that the facility failed to follow their planned menu for one of seven residents reviewed (Resident 2).</p> <p>Findings include:</p> <p>The facility's written menu for the breakfast meal on Monday, October 21, 2024, revealed that as part of the resident's meal he was to receive an egg, bacon and cheese croissant sandwich and two bowls of hot cereal.</p> <p>Observations of Resident 2's breakfast tray on October 21, 2024, at 8:25 a.m. revealed that his tray ticket indicated that he was to receive an egg, bacon and cheese croissant sandwich and two bowls of hot cereal. However, his tray included scrambled eggs with cheese melted on top, two bowls of cold cereal, and two pieces of toast.</p> <p>Interview with Resident 2 on October 21, 2024, at 8:25 a.m. revealed that he often does not get what his tray ticket says, and that he has told the kitchen, and he does not understand what is going on in the kitchen.</p> <p>Interview with the Corporate Dietary Manager on October 21, 2024, at 2:10 p.m. indicated that the menu and tray ticket should have been followed, and that Resident 2 should have gotten an egg, bacon and cheese croissant sandwich and two bowls of hot cereal, and he did not.</p> <p>28 Pa. Code 211.6(a) Dietary Services.</p> <p>28 Pa. Code 201.29(j) Resident Rights.</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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