STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395812	A. Building B. Wing	06/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hilltop Heights Health & Rehab Center	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)
F 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a review of policies, clinical record review and staff interviews, it was determined that the facility failed to readmit a resident after his 15 day Medicaid bed-hold expired for one of ten residents reviewed (Resident 1). Findings include: The facility's policy regarding transfers and discharges, dated [DATE] revealed that residents with a bed hold will be readmitted to their bed. Residents whose bed hold expired will be readmitted to the same bed, or the first available bed. Review of Resident 1's clinical record revealed that he was admitted to the facility on [DATE] and transferred to the hospital on February 20, 2026. Nursing note for Resident 1, dated February 21, 2026 revealed that the resident was transferred from the local hospital to a hospital with a higher level of care for surgery. Resident 1 had a 15 day Medicaid bed hold starting on February 20 and ending on [DATE]. Review of hospital documentation dated February 21, 2026 through [DATE] revealed that Resident 1 was non-compliant with therapy and following a diet. Documentation revealed that the resident was upset about having to go to another state because his current facility would not readmit him. Interview with hospital social worker on [DATE] at 11:55 a.m. revealed that Resident 1 was ready to return to the facility on [DATE]. She stated that she called the facility and they were ready for him to return on [DATE]. She stated that because of his bariatric status she was unable to secure transportation for him to return to the facility on [DATE]. Transportation was set up for his return to the facility on [DATE]. She stated that she called the facility on [DATE] and a staff member informed her that his bed was given to another resident and therefore they could not readmit him. She stated that the staff member also told her that he was too large for their facility and they could not accommodate his needs. She stated she informed the staff member that he had lost about 50 pounds since his admission, however, she was told they would not readmit him. She stated that because of his bariatric size she had a very difficult time finding placement for him. She was able to find him a bed at a facility in another state, however, he did not want to go that far from his home town. The hospital social worker stated that she called the facility on [DATE], [DATE], [DATE], and [DATE], however, she was told they would not reaccept the resident and then they stopped returning her calls. She said he was discharged from the hospital on [DATE] to a facility in another state and he was very upset that he had to be that far away from home. Interview with the Ombudsman on [DATE] at 1:26 p.m. revealed that he spoke with Resident 1 after he was notified that the facility was refusing to readmit him. He said that Resident 1 was upset because he had to go to another state and that his personal belongings were at the facility and he had no way to get them. The Ombudsman stated that he offered to file an appeal regarding the refusal to readmit for the resident, however the resident told him not to because they treated him poorly at the facility because of his weight. Interview with the Nursing Home Administrator on [DATE] at 4:31 p.m. revealed that the facility had given Resident 1's specialty bariatric bed to another resident when hers broke, therefore they did not have a bed available for Resident 1 to return to. Interview with the Maintenance Director on [DATE] at 4:36 p.m. revealed that Resident 1's specialty bariatric bed was given to another resident when hers broke, however, there were two brand new bariatric beds sitting on the dock waiting to be put together at (continued on next page)

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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F 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	that time. Interview with the Clinical Consultant on [DATE] at 4:52 p.m. revealed that she was unaware that the facility had other bariatric beds available or she would have considered readmitting Resident 1 to the facility. Interview with the Nursing Home Administrator on [DATE] at 5:01 p.m. confirmed that she did not take Resident 1 back because of his bariatric status and his non-compliance with a diet or his care. 28 Pa. Code 201.18 (3)(e)(1) Management 28 Pa. Code 211.10(a) Resident care plan