STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455628	A. Building B. Wing	07/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hilltop Village Nursing and Rehabilitation	1400 Hilltop Rd Kerrville, TX 78028

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48366 Based on observation, interview and record review the facility failed to treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality for 1 of 25 residents (Residents #94) reviewed for resident's rights, in that: On 07/09/24, Resident #94 was not served her lunch meal while other residents at her table had received their lunch meals and were eating. These deficient practices could affect residents' self-esteem and feelings of dignity. The findings were: Record review of Resident #94's Admission Record, dated 07/12/24, reflected a female who was admitted to the facility on [DATE] with diagnoses to include cognitive communication deficit and need for assistance with personal care. Record review of Resident #94's quarterly MDS assessment, dated 04/27/24, reflected Resident #94 did not have a BIMS summary score coded [entries were - only]. It further reflected Resident #94 needed setup assistance for eating. Record review of Resident #5's Care Plan, undated, reflected [Resident #94] has a risk for potential nutritional problem . with an intervention Provide and served diet as ordered, initiated 02/13/24. Observation on 07/09/24 at 12:07 PM revealed residents were not served table by table, unquantified as focus was on Resident #94's concerns during 07/09/24 lunch service. During an interview and observation on 07/09/24 at 12:14 PM, Resident #94 did not have her lunch meal while the other 2 residents at her table were already eating their meal. A resident sitting with Resident #94 signaled to nursing staff to show Resident #94 did not have her lunch meal tray. Resident #94 stated this happened frequently and could not quantify the frequency of how often she was not served with the other residents at her table. She stated she felt left out when this (not served food with others) happened. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455628	A. Building B. Wing	07/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hilltop Village Nursing and Rehabilitation	1400 Hilltop Rd Kerrville, TX 78028

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 07/12/24 at 04:10 PM with ADON E and the Administrator, The Administrator stated it was important to serve residents table by table as it was considered quality of care for residents. The Administrator and the ADON both stated this had been a problem in the past, so they had trained the nursing staff to serve residents at each table before moving on to another table. The Administrator and the ADON assumed the nursing staff were nervous because [state agency] was in the building, but the nursing staff did know what to do in serving meal trays at meal times. Record review of the facility's policy Dignity, revised February 2021, reflected Resident are treated with dignity and respect at all times.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455628	A. Building B. Wing	07/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hilltop Village Nursing and Rehabilitation	1400 Hilltop Rd Kerrville, TX 78028

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27520 Based on observation, interview and record review revealed the facility failed to ensure residents received services in the facility with reasonable accommodation of resident needs for 1 of 5 Residents (Resident #17) whose environment was observed for call light placement. Nursing staff failed to ensure Resident #17's call light was within reach for personal use during a lunch meal. This deficient practice could affect any resident and could result in residents' not getting their needs met. The findings were: Review of Resident #17's face sheet, dated 7/12/24, revealed she was admitted to the facility on [DATE] with diagnoses including Hemiplegia and Hemiparesis following Cerebral Infarction Affecting right dominant side and Vascular Dementia. Review of Resident #17's annual MDS assessment, dated 4/5/24 revealed her BIMS was 12 of 15 reflecting moderate cognitive impairment and she required partial to moderate assistance with personal hygiene. Review of Resident #17's Care Plan, revised 3/19/24 revealed she had a communication problem and staff was to anticipate her needs. Observation on 7/10/24 at 1:00 PM revealed Resident #17 sitting up in bed with her lunch meal on the bedside table positioned in front of her. Resident #17 was eating her lunch meal according to her menu ticket. Resident #17 asked Surveyor for iced tea. Surveyor asked how she would normally get staff's attention. Resident #17 started reaching for the call light. Observation revealed the call light was wedged between the wall and mattress. Resident #17 was unable to grab it. Observation and interview at 1:10 PM revealed CNA F came into the room. Observation revealed CNA F pulled the call light which was wedged between the mattress and wall. CNA F stated the call light was probably wedged when staff sat her up in bed. Resident #17 asked for iced tea and CNA F left, came back and served Resident #17 ice tea. Resident #17 expressed appreciation. Interview on 07/11/24 at 02:56 PM with LVN G revealed CNA's would round on Resident #17 every 2 hours and would provide ADL care. She stated the call light should be within reach at all times and further stated Resident #17 would use it to call staff for assistance. Interview on 7/12/24 at 3:00 PM with the DON revealed Resident #17 chose to stay in bed and was able to make her needs known. She would use the call light to ask for assistance. The DON stated nursing staff was responsible for ensuring the call light was within Resident #17's reach at all times. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455628	A. Building B. Wing	07/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hilltop Village Nursing and Rehabilitation	1400 Hilltop Rd Kerrville, TX 78028

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of facility policy, Assistive Devices and Equipment, revised January 2020 read: Our facility maintains and supervises the use of assistive devices and equipment for Residents. 1. Certain devices and equipment that assist with resident mobility, safety, independence are provided for residents.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455628	A. Building B. Wing	07/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hilltop Village Nursing and Rehabilitation	1400 Hilltop Rd Kerrville, TX 78028

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27520 Based on observation, interview and record review revealed the facility failed to provide a clean and homelike environment for 1 of 5 Residents (Resident #17) whose environment was observed for cleanliness. Staff failed to clean Resident #17's wall which was stained with food residue after eating her meals. 2. The facility failed to ensure a homelike environment on 1 hallway (D-wing Hallway) when a large industrial barrel was put into place, on an unknown date, to contain a ceiling water leak. This deficient practice could affect any resident and could result in residents' dissatisfaction. The findings were: Review of Resident #17's face sheet, dated 7/12/24, revealed she was admitted to the facility on [DATE] with diagnoses including Hemiplegia and Hemiparesis following Cerebral Infarction Affecting right dominant side and Vascular Dementia. Review of Resident #17's annual MDS assessment, dated 4/5/24 revealed her BIMS was 12 of 15 reflecting moderate cognitive impairment and she required partial to moderate assistance with personal hygiene. Review of Resident #17's Care Plan, revised 3/19/24 revealed she had a communication problem and staff was to anticipate her needs. Observation on 7/10/24 at 1:00 PM revealed Resident #17 sitting up in bed with her lunch meal on the bedside table positioned in front of her. Resident #17 was eating her lunch meal. Observation revealed Resident #17's bed was placed against the wall. There was brownish residue on the wall to the right of Resident #17. Interview with CNA F revealed Resident #17 would wipe her hands on the wall. She stated usually housekeeping was responsible for cleaning the Resident's room. Observation and interview on 07/11/24 at 02:56 PM revealed Resident #17 was sitting in bed. Observation revealed the wall to the right of Resident #17 had brown residue on it. Interview with LVN G revealed Resident #17 would rub her hand on the wall and stated the wall was dirty with residue. She stated it was housekeeping's responsibility to keep Resident #17's room clean. LVN G stated she had talked to the Housekeeping Supervisor most recently and asked that staff pay more attention to detail when cleaning resident rooms. She stated she had seen a little bit of improvement. Interview with the ADM on 7/11/24 at 4:30 PM revealed she was the Housekeeper's immediate supervisor. She stated the Housekeeping Supervisor had done a really good job and was surprised to learn that Resident #17's room was not clean and the wall was dirty. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455628	A. Building B. Wing	07/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hilltop Village Nursing and Rehabilitation	1400 Hilltop Rd Kerrville, TX 78028

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2. In an observation on 7/9/2024 at 11:20 AM, there was a large gray barrel with wheels in the D-Wing Hallway with a yellow caution wet floor sign next to it (P1), positioned directly under a dripping set of pipes above an open ceiling panel (P2) in the middle of the hallway. In an interview on 7/09/2024 at 11:16 AM, Hskpr L stated she was not sure why the barrel was placed in the middle of the hallway between room [ROOM NUMBER] and 62 on the D-Wing Hallway. In a confidential group interview on 7/12/2024 at 5:15 PM with 3 Residents who reside at the end of the D-Wing Hallway, stated the drip in the ceiling had been an ongoing issue for about the last two weeks. One resident stated at one point the drip was closer to the wall and the barrel had to be place in a manner that blocked easy access to the water dispenser. This resident stated, at least where it is now, I can get water by myself without having to ask for help. But the problem now is that the barrel is blocking the pathway, and some of the residents aren't all there [cognitively impaired] and end up blocking traffic. I feel bad giving orders to some one disabled, so when I want to get by, I try to nicely encourage her to just keep on moving. Another resident stated, it is kind of ugly to look at, but staff dump the water out before it ever starts to smell. In an interview on 7/12/2024 at 5:45 PM, the Maintenance Director stated the bucket was large and can block the pathway if a resident paused in the ambulation or moving their wheelchair. The Maintenance Director stated he will see if a smaller bucket can be placed instead to prevent traffic from stopping in the hallway. The Maintenance director stated several residents in this area were able to self-mobilize their wheelchair, but some residents might need more help to navigate if the large barrel has to be in the middle of the hallway. Review of facility policy, Homelike Environment, revised February 2021 read: Residents are provided with a safe, clean, comfortable, and homelike environment. 2. The facility staff and facility management maximizes, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include: a. clean, sanitary and orderly environment. 44906

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455628	A. Building B. Wing	07/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hilltop Village Nursing and Rehabilitation	1400 Hilltop Rd Kerrville, TX 78028

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34788 Based on observations, interviews and record reviews, the facility failed to ensure the assessment accurately reflected the resident's status for 2 of 21 residents (Residents #7 and #51) whose assessments were reviewed, in that: 1. Resident #7's quarterly MDS, dated [DATE], incorrectly documented the resident as receiving an anticoagulant medication. 2. Resident #51's quarterly MDS, dated [DATE],, reflected he did not have upper or lower range of motion limitations which was inaccurate related to the fact he had contractures on both upper and lower extremities. This failure could place residents at-risk for inadequate care and services due to an inaccurate assessments. The findings were: 1. Record review of Resident #7's face sheet, dated 07/10/2024, revealed an admitted [DATE] and, a readmitted [DATE] with diagnoses that included: Dementia (decline in cognitive abilities), Schizoaffective disorder (mental disorder characterized by abnormal thought processes and an unstable mood), Hypothyroidism (under active thyroid), Hypertension (high blood pressure) and Diabetes mellitus (high level of sugar in the blood). Record review of Resident #7's Physician orders and Medication administration record for June 2024 revealed orders for: Plavix Oral Tablet 75 MG (Clopidogrel Bisulfate) Give 1 tablet by mouth one time a day for prophylactic. Record review of Resident #7's Medication Administration Record for the month of June 2024 revealed Resident #7 received Clopidogrel Bisulfate Tablet 75 MG everyday, as per order, between 06/01/2024 and 06/07/2024. Record review of Resident #7's Quarterly MDS, dated [DATE], revealed the assessment indicated Resident #7 received an anticoagulant. During an interview with the MDS nurse on 07/11/2024 9:24 a.m., MDS nurse A verbally confirmed Resident #7's quarterly MDS was coded as the resident having received an anticoagulant when Resident #7 had received Clopidogrel (an antiplatelet) . She verbally confirmed Clopidogrel was an antiplatelet and should not have been coded as an anticoagulant. The MDS nurse stated the RAI was used as reference for the MDS and she had access electronically to the RAI on her computer. 2. Review of Resident #51's face sheet, dated 7/12/24, revealed he was admitted to the facility on [DATE] with diagnoes including Cerebral Palsy (according to Mayo Clinic it is a group of conditions that affects movement and posture) and muscle weakness. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455628	A. Building B. Wing	07/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hilltop Village Nursing and Rehabilitation	1400 Hilltop Rd Kerrville, TX 78028

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #51's quarterly MDS assessment, dated 6/11/24, revealed his BIMS was 15 of 15 reflecting he was cognitively intact and he did not have a range of motion limitation to his upper or lower body extremties. Review of Resident #51's Care Plan, revised on 5/3/24, revealed, Resident #51 had limited physical mobility related to contractures of all limbs. Observation on 07/09/24 at 11:05 AM revealed Resident #51 lying on the floor on his stomach. Further observation revealed his legs were contracted outward. Resident #51 stated he could not move his legs or arms very much; did not have control of his legs and had limited use of his arms. Interview on 07/12/24 at 04:04 PM with MDS Coordinator A revealed Resident #51's quarterly MDS, dated [DATE] was not accurate because he had limited range of motion of his arms and legs. She stated accuracy of the MDS was important so that Resident #51 would recieve the assistance he needed. MDS Coordinator A further stated the MDS reflected Resident #17's care areas in the Care Plan; the MDS drove the Care Plan. Record review of, Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual,Version 1.18. 11, October 2023, revealed, N0415E1. Anticoagulant (e.g., warfarin, heparin, or low-molecular weight heparin): Check if an anticoagulant medication was taken by the resident at any time during the 7-day look-back period (or since admission/entry or reentry if less than 7 days). 27520 Resident #51 Activities of Daily Living 07/09/24 Review of bathing scheduled revealed last shower was provided on 6/26/24; received showers on M, W, F: due for shower 6/28/24 and on 7/1/24. Review of MDS, 6/11/24 revealed Res required substantial assistance with showers. It reflected he did not have problems with ROM on upper/lower extremities. Review of Res med dx revealed CP. 07/09/24 11:05 AM OB room [ROOM NUMBER] [NAME]-on floor; stated all was well except w/c. Custom w/c on order. The one he had broke. The one he has now foot rests cannot be adjusted to his length. Stated had a BDay trip planned for Friday with his family and was not sure what he was going to do. OB w/c in bathroom; cushion had middle section to keep in place. Calf cushions in place; foot rests. OB of Res on floor revealed both LE's contracted outward. Stated could not move legs very much. 07/12/24 04:04 PM Int with LVN Brecka revealed MDS not accurate important bc gets assistance he needs reflected in CP: MDS drives the CP. Further interview revealed CP did not include ADL care. 07/12/24 04:35 PM Int with the DON, Crystal Dorado, stated will review the MDS and CP's/updates will review. Affects Res correct certification, nursing staff can follow plan.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455628	A. Building B. Wing	07/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hilltop Village Nursing and Rehabilitation	1400 Hilltop Rd Kerrville, TX 78028

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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34788 Based on interview and record review the facility failed to coordinate assessments with the pre-admission screening and resident review (PASRR) program under Medicaid to the maximum extent practicable to avoid duplicative and effort which includes referring all level II residents and all residents with newly evident or possible serious mental disorder, intellectual disability, or a related condition for level II resident review upon significant change in status assessment for 2 of 5 residents (Resident #29 and #13) reviewed for PASRR. 1. The facility failed to ensure Resident #29 had an accurate PASRR Level 1 Screening which indicated a diagnosis of developmental disability related to Multiple sclerosis on 01/29/2022. 2. The facility failed to ensure Resident #13 had an accurate PASRR Level 1 Screening which indicated a diagnosis of developmental disability related to Multiple Sclerosis on 03/21/2024. This failure could place residents at risk of not receiving needed individualized care, and specialized services to meet their needs. Findings include: Record review of Resident #29's face sheet, dated 07/11/2024 revealed an admitted [DATE] and, a readmitted [DATE] with diagnoses which included: Multiple Sclerosis (autoimmune disease in which the ability of parts of the nervous system to transmit signals is disrupted, resulting in a range of signs and symptoms, including physical, mental, and sometimes psychiatric problems), Hyperlipidemia(Elevated level of any or all lipids(fat) in the blood) , Dependence on wheelchair, Depression (mood disorder that causes a persistent feeling of sadness and loss of interest), Anxiety disorder (A group of mental illnesses that cause constant fear and worry) and, Hypertension (High blood pressure). Record review of Resident #29's PASRR Level 1 Screening, dated 01/29/2022, reflected no evidence of mental illness, intellectual disability, or developmental disability. Record review of Resident #29's care plan reflected a problem start date of 07/04/2023 for Resident has physical functioning deficit related to: MS (multiple sclerosis) with a goal of Resident will maintain current level of physical functioning through next review. Record review of Resident #29's Diagnosis report reflected the resident was diagnosed with Multiple Sclerosis on 01/29/2022. 2. Record review of the Admission Record reflected Resident #13 was an [AGE] year-old female originally admitted on [DATE] with diagnoses which included Multiple Sclerosis (MS), unspecified depression, schizoaffective disorder, bipolar type (mental disorder that involves symptoms of mania and psychosis (collection of symptoms that affect the mind, where there has been some loss of contact with reality)]. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455628	A. Building B. Wing	07/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hilltop Village Nursing and Rehabilitation	1400 Hilltop Rd Kerrville, TX 78028

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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of Resident #13's PASRR Level 1 Screening dated 3/21/2024, reflected no primary diagnosis of dementia, intellectual disability, nor developmental disability, but positive for mental illness. Record review of Resident #13's Care Plan reflected a problem start date of 5/31/2024, for an alteration in musculoskeletal status MS with a goal of: Resident will remain free of injuries or complications related to MS thru review date. Record review of Resident #13's Diagnosis report reflected the resident was diagnosed with MS on 3/21/2024. During an interview on 07/11/2024 at 9:30 a.m., MDS nurse A verbally confirmed Resident #29 had a diagnosis of Multiple Sclerosis and that the PASRR Level 1 Screening, dated 01/29/2022, reflected no evidence of mental illness, intellectual disability, or developmental disability. She did not know if the PASRR 1 had been updated after the resident's admission to the facility. MDS Nurse stated Resident #13 had a diagnosis of MS and a PASRR Level 1 Screening dated 3/21/2024, reflected no evidence that dementia was a primary diagnosis for this resident, did not include evidence of intellectual or developmental disability but was positive for evidence that Resident #13 had mental illness. MDS nurse A stated Resident #13 had A Mental Illness/Dementia Review, Form 1012, dated 3/21/2024 despite Resident #13 being diagnosed with a mental illness and a diagnosis of MS. During an interview on 07/11/24 at 03:10 p.m., the DON verbally confirmed the PASRR 1 for Resident #29 had been updated on 7/11/2024 to reflect the resident was positive for Development disability due to a diagnostic of Multiple Sclerosis and a referral for a Preadmission Screening and Resident Review (PASRR) Level II Evaluation was made. Review of facility policy titled Resident assessment - Coordination with PASRR program, dated 2023, revealed Any resident who exhibit a newly evident or possible [.] intellectual disability, or a related condition will be referred promptly to the state mental health or intellectual disability authority for a level II resident review. example include [.] a resident whose intellectual disability or related condition was not previously identified and evaluated through PASRR. Record review of CMS RAI Chapter 2 Assessments for the RAI dated October 2023 reflected Guidelines for Determining When a Significant Change Should Result in Referral for a Preadmission Screening and Resident Review (PASRR) Level II Evaluation: If an SCSA [Significant Change in Status Assessment] occurs for an individual known or suspected to have a mental illness, intellectual disability, or related condition (as defined by 42 CFR 483.102), a referral to the State Mental Health or Intellectual Disability/Developmental Disabilities Administration authority (SMH/ID/DDA) for a possible Level II PASRR evaluation must promptly occur as required by Section 1919(e)(7)(B)(iii) of the Social Security Act. 44906

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455628	A. Building B. Wing	07/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hilltop Village Nursing and Rehabilitation	1400 Hilltop Rd Kerrville, TX 78028

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44906 Based on interview and record review the facility failed to ensure that a resident who was unable to carry out activities of daily living received the necessary services to maintain good personal hygiene for 5 of 32 residents (Residents #9, #36, #19, #13, and #44) whose records were reviewed for hygiene, in that. Nursing staff failed to ensure Residents #9, #36, #19, #13, and #44 received a shower on Monday 07/08/24. This deficient practice could place residents who were dependent on staff for ADL care at risk for loss of dignity, risk for problems, and/or a diminished quality of life. The findings were: Record Review of Resident #9's Admission record, dated 07/11/24, reflected an [AGE] year-old male with an admitted [DATE] with diagnoses to include aphasia (comprehension and communication [reading, speaking, or writing] disorder), muscle weakness, retention of urine, and lack of coordination. Record Review of Resident #9's quarterly MDS assessment, dated 05/25/24, reflected Resident #9's BIMS score was a 14 out of 15, indicating intact cognition. It further reflected Resident #9 was always incontinent with their bowels and urine. Record Review of Resident #9's care plan, undated, reflected [Resident #9] an ADL Self Care Performance Deficit . with an intervention of [Resident #9] requires extensive assist x1 by staff participation with bating three times a week and as necessary. Record Review of Resident #9's shower sheets and showers marked in PCC tasks since June 2024 revealed Resident #9 only missed 07/08/24. During an interview on 07/09/24 at 01:55 PM, Resident #9's RP revealed Resident #9 had not received a shower since Friday (today was Tuesday). She further revealed Resident #9 sometimes did not receive showers 3x per week and this was a concern of hers. She requested help with this concern. 2.Record review of the Admission Record reflected Resident #36 was a [AGE] year-old female originally admitted on [DATE]. Record review of the MDS assessment dated [DATE], reflected Resident #36 had a BIMS summary score of 15, indicative of intact cognition. Active diagnoses included diabetes mellitus [disease in which too much glucose circulates in the blood stream], quadriplegia [weakness of both the arms and legs]. Record review of the previous annual MDS assessment dated [DATE], reflected Resident #36 was coded as maximal assistance for shower/bathe self. Record review of the Care Plan reflected Resident #36 had a Problem area of ADL self-care deficit; with the following associated interventions: physical assistance with showering per 1 staff. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455628	A. Building B. Wing	07/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hilltop Village Nursing and Rehabilitation	1400 Hilltop Rd Kerrville, TX 78028

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record review of the undated D-Wing Shower Sheet schedule reflected Resident #36 was scheduled for showers on Mondays, Wednesdays, and Fridays on the 2-10 PM shift. Record review of the Task: ADL - Bathing, printed on 7/11/2024 at 7:35 PM, reflected Resident #36 did not receive a scheduled shower on 7/08/2024. Resident #36 received the previous shower on 7/05/2024, and did not receive another shower until 7/10/2024, 5 days later. Record review of the Shower Sheet binder reflected no shower sheets for Resident #36 dated 7/05/2024, 7/08/2024, or 7/10/2024. In an interview on 7/10/2024 at 11:12 AM Resident #36 stated she did not get a shower on her scheduled shower day of 7/08/2024 due to short staffing. Resident #36 stated neither she nor her roommate Resident #13 were able to get showers, because there was only one aide working that 2-10 PM shift. Resident #36 stated her hallway was frequently only staffed with one CNA and a CNA from another area was expected to float to her hallway to help provide care. Resident #36 stated that the staff that do work, typically work very hard and are very good, but when one minor thing went wrong everything would collapse. Resident #36 stated, she was unsure now who told her that several staff members had called out that day or just did not show up for work. Resident #36 stated she typically tried to be patient, but when she doesn't get the care as scheduled, such as not getting a bath or having to sit in her wheelchair awaiting a transfer to her bed, she got sad or felt uncomfortable being dirty or sore from sitting for long periods. 3.Record review of the Admission Record reflected Resident #19 was a [AGE] year-old female originally admitted on [DATE]. Record review of the MDS assessment dated [DATE] reflected Resident #19 had a BIMS summary score of 13, indicative of impact cognition. Active diagnoses included primary osteoarthritis [degenerative changes to the cartilage and joint that occur without a known cause; Can result in discomfort and pain], and diabetes mellitus. Resident #19 was coded as dependent for shower/bathe self. Record review of the Care Plan reflected Resident #19 had a Problem area of ADL self-care performance deficit revised on 5/3/2024; with the following associated interventions: required assistance by 1 staff with shower 3 times a week and as necessary; female [staff] only to provide care. Resident #19's Care Plan also indicated actual skin issue related to rash under both breasts, revised on 5/03/2024. [Resident #19's Care Plan included resistive to cares .unless specific (unnamed)CNA is present, revised 4/14/2023.] Record review of the undated D-Wing Shower Sheet schedule reflected Resident #19 was scheduled for showers on Mondays, Wednesdays, and Fridays on the 2-10 PM shift. Record review of the Task: ADL - Bathing, printed on 7/11/2024 at 7:20 PM, reflected Resident #19 did not receive a scheduled shower on 7/08/2024. Resident #19 received the previous shower on 7/03/2024, refused a shower on 7/05/2024 and did not receive another shower until 7/10/2024, 5 days later. Record review of the Shower Sheet binder reflected Resident #19 had a bed bath on 7/3/2024 signed by an unknown CNA and an unknown Charge Nurse [signatures illegible]. There was no paper shower sheet indicating Resident #19 refused a shower on 7/05/2024. The paper shower sheet for 7/10/2024 was unsigned by either a CNA or a Charge Nurse. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455628	A. Building B. Wing	07/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hilltop Village Nursing and Rehabilitation	1400 Hilltop Rd Kerrville, TX 78028

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	4.Record review of the Admission Record reflected Resident #13 was an [AGE] year-old female originally admitted on [DATE]. Record review of the quarterly MDS assessment dated [DATE] reflected Resident #13 did not have a BIMS summary score coded [entries were - only.] Resident #13's primary reason for admission was coded as medically complex conditions related to acute respiratory failure with hypoxia [a condition or state in which the supply of oxygen in the body tissues is insufficient for normal life functions]. Other active diagnoses included: Non-Alzheimer's Dementia [loss of memory and other intellectual functions severe enough to cause problems in one's ability to perform their usual personal, social or occupational activities], Multiple Sclerosis (MS) [potentially disabling disease of the brain and spinal cord] and oropharyngeal phase dysphagia [swallowing difficulties that occur in the mouth and/or throat]. Resident #13 was coded as maximal assistance for shower/bathe self. Record review of the Care Plan reflected Resident #13 had a Problem of pain management related to . MS, GERD . revised on 2/20/2023; with the following interventions: coordinate with patient/family RP to identify patient's favorite items/activities that could distract from pain, initiated on 1/24/2023. Further Problem of alteration in musculoskeletal status MS with a revision on 5/31/2024; with the following interventions: plan activities during optimal times when pain and stiffness is abated, initiated on 5/31/2024. Record review of the Care Plan reflected Resident #13 had a Problem area of ADL self-care performance deficit revised on 5/3/2024; with the following associated interventions: one-person physical assistance, revised 5/03/2024. Record review of the undated D-Wing Shower Sheet schedule reflected Resident #13 was scheduled for showers on Mondays, Wednesdays, and Fridays on the 2-10 PM shift. Record review of the Task: ADL - Bathing, printed on 7/12/2024 at 5:41 PM, reflected Resident #13 did not receive a scheduled shower on 7/08/2024. Resident #13 received the previous shower on 7/05/2024, and then again on 7/10/2024, and did not receive another shower until 7/10/2024, 5 days later. Record review of the Shower Sheet binder reflected no shower sheets for Resident #13 dated 7/05/2024, 7/08/2024, or 7/10/2024. In an interview on 7/10/2024 at 12:55 PM, Resident #19 stated she did not get her normally scheduled bed bath on Monday 7/08/2024. Resident #19 stated she was not offered a bed bath the next day. Resident #19 stated that two staff were required to assist her since she was not able to move in her bed very well. Resident #19 stated that she felt staff used short staffing as an excuse not to help her. Resident #19 stated that if only one staff was available, that staff does not find a helper and she had to go without services. Resident #19 stated she feels dirty when she does not get her scheduled bath. Resident #19 stated she would not refuse a bath if offered. Resident #19 stated that not getting a bath happened frequently, but she could not recall how often or specific dates she missed a bath. 5.Record review of the Admission Record reflected Resident #44 was a [AGE] year-old female originally admitted on [DATE]. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455628	A. Building B. Wing	07/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hilltop Village Nursing and Rehabilitation	1400 Hilltop Rd Kerrville, TX 78028

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record review of the quarterly MDS assessment dated [DATE] reflected Resident #44 had a BIMS summary score of 15, indicative of intact cognition. Resident #44's primary reason for admission was coded as medically complex conditions related to heart failure. Other active diagnoses included: generalized muscle weakness, lack of coordination, need for assistance with personal care. Resident #44 was coded as maximal assistance for shower/bathe self. Record review of the Care Plan reflected Resident #44 had a Problem area of ADL self-care performance deficit revised on 5/03/2024; with the following associated interventions: extensive assistance with 1 staff for bathing/showering, revised 5/03/2024. Record review of the undated D-Wing Shower Sheet schedule reflected Resident #44 was scheduled for showers on Mondays, Wednesdays, and Fridays on the 2-10 PM shift. Record review of the Task: ADL - Bathing, printed on 7/12/2024 at 5:58 PM, reflected Resident #44 did not receive a scheduled shower on 7/08/2024. Resident #44 received the previous shower on 7/03/2024, refused a shower on 7/05/2024, and then again on 7/10/2024, and did not receive another shower until 7/11/2024, 8 days later. Record review of the Shower Sheet binder reflected no shower sheets for Resident #44 dated 7/05/2024, 7/08/2024, or 7/10/2024. In an interview on 7/11/2024 at 7:50 PM, CNA I stated she was the only CNA who worked the 2-10 PM shift for D-Wing hallway on 7/08/2024. CNA I stated another CNA was scheduled to work that day, but she later found out she no call/no showed her shift. CNA I stated she informed LVN J that she would be unable to get the scheduled showers done that day. CNA I stated she did not get any showers done on the 2-10 PM shift on 7/08/2024. In an interview on 7/11/2024 at 8:00 PM, LVN J stated that she could not recall if CNA I had informed her, she was not going to be able to get baths done due to short staffing on Monday 7/08/2024. LVN J stated if she had been informed early enough into the shift, she could have arranged to assist with showering residents herself. In addition, LVN J stated if she had been informed, she could have texted other staff for assistance. LVN J stated she did not recall if she had signed any shower sheets that day. LVN J stated the expectation was for other staff to assist if they could, and if other staff could not be tasked with priority tasks, then the bathing would be delegated to the next day shift. LVN J stated showers are not normally scheduled on the over night shift; showers on the over night shift are due to unforeseen circumstances, such as a resident being significantly soiled or if a resident makes a specific request for a shower in the middle of the night. In an interview on 7/11/2025 at 8:05 PM, the Staffing Coordinator stated that on Monday 7/08/2024 the facility was short staffed with 4 unexpected unfilled shifts that day. The Staffing Coordinator stated that there just was not any one available to cover any of those openings that day with no notice. The Staffing Coordinator stated the other CNA for D-Wing no call/no showed her shift. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455628	A. Building B. Wing	07/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hilltop Village Nursing and Rehabilitation	1400 Hilltop Rd Kerrville, TX 78028

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an interview on 7/11/2024 at 8:15 PM, the DON stated that her expectation was that showers are given as scheduled. The DON stated that on Monday 7/08/2024, the facility was in fact short staffed. The DON stated she would check the documentation in the EHR and in the Shower Sheet binder to determine if any other residents missed a shower due to short staffing received a shower on the following shift. The DON stated there was some risk if residents miss showers, such as developing a rash, or being uncomfortable. In an interview on 7/12/2024 at 9:33 AM CNA K stated she was aware there was a scheduling issue on Monday 7/08/2024 resulting in some residents not getting their scheduled showers. CNA K was unsure who those residents were. CNA K stated that on her shift on Tuesday 7/09/2024, in addition to her scheduled showers, she also provided showers to Resident #19. CNA K stated she did not have a chance to add documentation into the EHR or on a paper shower sheet that additional showers were provided. CNA K stated there were agency staff also working the day shift on 7/09/2024, who may have also provided showers to those residents who missed showers on 7/08/2024 but was unsure if they knew or had access to be able to document in the EHR or on a paper shower sheet. During an interview on 07/12/24 at 02:55 PM, the Staffing Coordinator revealed on Monday July 8, 2024 a CNA had a no call no show and did not know until about 5PM. She further revealed the CNA was supposed to work 2PM- 10PM. She revealed they got another CNA to come in about 06:30-06:45PM. She further revealed some showers may have not been given. She revealed it was important for residents to get showers so there was less breakdown, residents can smell good and have some dignity. She further revealed she had in-serviced nursing staff today to give reports every shift and to call someone right away when a staff member was not on the floor as scheduled. Record review of the facility's policy, copyright 2024 and undated, titled Resident Showers, reflected It is the practice of this facility to assist residents with bathing to maintain proper hygiene, stimulate circulation and help prevent skin issues as current standards of practice. And Residents will be provided showers as per request or as per facility schedule protocols and based upon resident safety. Record review of the policy entitled, Bath, Shower/Tub, revised February 2018, reflected, the purposes .are to promote cleanliness, provide comfort and .observe the condition of the resident's skin. In addition, documentation included: date time, name and title of the staff who assisted the resident with the shower/bath, all assessment data, how the resident tolerated the shower/bath. Reporting included notification: of the supervisor if a resident refused; to the physician any skin areas that needed treatment. Record reviews of the policy entitled, Dignity, revised February 2021, reflected, each resident shall be cared for in a manner that promotes and enhances sense of well-being, level of satisfaction with life, and feelings of self-worth and self-esteem. 48366

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455628	A. Building B. Wing	07/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hilltop Village Nursing and Rehabilitation	1400 Hilltop Rd Kerrville, TX 78028

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 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48366 Based on observations, interviews, and record reviews the facility failed to ensure food prepared in a form designed to meet individual needs for 1 of 25 (#13) residents, in that: The facility failed to ensure Resident #13 was served a mechanical soft diet for 07/09/24 lunch, instead of a regular diet. The facility failed to ensure Resident #13 was not served gravy, as was voiced and preferred by resident. The date this was voiced was unknown. This could affect all residents with diet orders that were prescribed by a physician and could result in residents not served the correct diet texture, which could leave residents at risk for poor intake, weight loss and diminished quality of life. The Findings were: Record review of Resident #13's Admission Record, dated 07/11/24, reflected Resident #13 was an [AGE] year-old female originally admitted on [DATE] with diagnoses including dementia (loss of cognitive functioning that interferes with daily life and activities) and oropharyngeal phase dysphagia (swallowing difficulties that occur in the mouth and/or throat). Record review of MDS assessment, no type coded and dated 03/27/2024, reflected Resident #13 had a BIMS score of 15 out of 15, indicating cognitively intact. It further revealed Resident #13 had a mechanically altered diet, while a resident, with a swallowing disorder (coughing or choking during meals .). Record review of quarterly MDS assessment, dated 04/30/24, reflected Resident #13 did not have a mechanically altered diet with no swallowing problems. Record review of the Care Plan, last reviewed 04/17/24, reflected Resident #13 had a Problem: The resident is on a Regular diet, Regular texture, Level 0 Thin consistency, initiated 05/31/24, with an intervention to serve diet as ordered. During an interview and observation on 07/09/24 at 12:30 PM, Resident #13 stated she hated gravy and it had always been an issue. (It was later revealed mechanical soft diet had gravy on entrees, in their recipes) Resident #13 said she voiced this to staff, and nothing had been done. Another resident sitting at Resident #13's table vouched for Resident #13 voicing her food preference. Resident #13 further stated her meal ticket should reflect no gravy because she had told the staff enough times. Resident #13 appeared and voiced they were irritated. Observation revealed Resident #13 did not touch the entree that was covered in gravy. Resident #13 further stated this had decreased her food intake because she did not like the entree. The CDM came by when Resident #13 voiced this and offered an alternative, but Resident #13 denied this. At this time, the CDM revealed she was unaware Resident #13 did not like gravy and there was gravy on top of the entree because it was in the recipe for mechanical soft diet. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455628	A. Building B. Wing	07/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hilltop Village Nursing and Rehabilitation	1400 Hilltop Rd Kerrville, TX 78028

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 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 07/10/24 at 02:53 PM, the CDM stated Resident #13 did request no gravy for her meals but were not able to meet these preferences because gravy was a part of the recipe for mechanical soft diets. She further revealed this would present a choking hazard for Resident #13 when gravy was not included with the meal. She stated yesterday she spoke with the speech therapist (unnamed) to try to adjust the recipes in order to create a mechanical soft entree that did not include gravy. She stated it was important to adjust to residents' food preference to provide a home-like environment, prevent dissatisfaction of foods, and to prevent weight loss. During an interview on 07/11/24 at 07:18 PM, the DOR revealed Resident #13 should have been on a mechanical diet from 03/25/24-04/12/24 and then was hospitalized , where the hospital put her on a Regular diet. The DOR further stated when Resident #13 came back to the nursing home facility, Resident #13 should have been on the regular diet because Resident #13 was on a regular diet in the hospital. The DOR stated the nursing staff oversaw telling the kitchen about doctor's diet orders. During an interview, and observation on 07/12/24 at 12:35 PM, Resident #13 ate 100% of her main entree and stated she did not receive gravy, finally. Resident #13 smiled. During an interview on 07/12/24 at 12:44 PM, the CDM stated Resident #13 was supposed to be on a regular diet. She did not find out about this until yesterday. She stated she was waiting for the nursing communication form to update her diet from mechanical soft to regular diet. The CDM further rstated she worked with the Speech Therapist (unnamed) to make sure Resident #13 had no gravy in her meal. At this time, Resident #13 still was being served a mechanical soft diet. During an interview on 07/12/24 at 03:50 PM, the DON stated Resident #13 was prescribed a regular diet and nursing staff should have provided a communication form to dietary department to reflect these doctor's orders. The DON further rstated it was important to follow doctor's diet orders to ensure good diet intake, proper nutrition, and to prevent weight loss. Record Review of the facility's policy Therapeutic Diets, revised October 2017, reflected Diet will be determined in accordance with the resident's informed choices, preferences, treatment goals and wishes. A therapeutic diet must be prescribed by the resident's attending physician . The resident has the right not to comply with therapeutic diets.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455628	A. Building B. Wing	07/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hilltop Village Nursing and Rehabilitation	1400 Hilltop Rd Kerrville, TX 78028

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 0808 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48366 Based on observation, interviews and record reviews, the facility failed to ensure a therapeutic diet was prescribed by the attending physician for 1 of 25 residents (Resident #13) reviewed for food and nutrition services, in that. The facility failed to ensure Resident #13 received her prescribed regular diet for 07/09/24 lunch. The resident was prescribed a regular diet and was provided a mechanical soft diet. This deficient practice could place residents who were provided a modified texture diet at risk for poor intake, weight loss, and diminished quality of life. The findings were: Record review of Resident #13's Admission Record, dated 07/11/24, reflected Resident #13 was an [AGE] year-old female originally admitted on [DATE] with diagnoses including dementia (loss of cognitive functioning that interferes with daily life and activities) and oropharyngeal phase dysphagia (swallowing difficulties that occur in the mouth and/or throat). Record review of MDS assessment, no type coded and dated 03/27/2024, reflected Resident #13 had a BIMS score of 15 out of 15, indicating cognitively intact. It further revealed Resident #13 had a mechanically altered diet, while a resident, with a swallowing disorder (coughing or choking during meals .). Record review of quarterly MDS assessment, dated 04/30/24, reflected Resident #13 did not have a mechanically altered diet with no swallowing problems. Record review of the Care Plan, last reviewed 04/17/24, reflected Resident #13 had a Problem: The resident is on a Regular diet, Regular texture, Level 0 Thin consistency, initiated 05/31/24, with an intervention to serve diet as ordered. Record Review of Resident #13's doctor's order, dated 07/09/24, revealed Resident #13 had a doctor order for Regular diet, Regular texture. Record review of Resident #13's diet order on her 07/09/24 lunch meal tray ticket reflected a mechanical soft diet (not a regular diet) with no gravy not listed on preferences. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455628	A. Building B. Wing	07/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hilltop Village Nursing and Rehabilitation	1400 Hilltop Rd Kerrville, TX 78028

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 0808 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview and observation on 07/09/24 at 12:30 PM, Resident #13 stated she hated gravy and it had always been an issue. (It was later revealed mechanical soft diet had gravy on entrees, in their recipes) Resident #13 said she voiced this to staff and nothing had been done. Another resident sitting at Resident #13's table vouched for Resident #13 voicing her food preference. Resident #13 further revealed her meal ticket should reflect no gravy because she had told the staff enough times. Resident #13 appeared and voiced they were irritated. Observation revealed Resident #13 did not touch the entree that was covered in gravy. Resident #13 further revealed this had decreased her food intake because she did not like the entree. The CDM came by when Resident #13 voiced this and offered an alternative, but Resident #13 denied this. At this time, the CDM revealed she was unaware Resident #13 did not like gravy and there was gravy on top of the entree because it was in the recipe for mechanical soft diet. During an interview on 07/11/24 at 07:18 PM, the DOR stated Resident #13 should have been on a mechanical diet from 03/25/24-04/12/24 and then was hospitalized , where the hospital put her on a Regular diet. The DOR further stated when Resident #13 came back to the nursing home facility, Resident #13 should have been on the regular diet because Resident #13 was on a regular diet in the hospital. The DOR stated the nursing staff oversaw telling the kitchen about doctor's diet orders. During an interview, and observation on 07/12/24 at 12:35 PM, Resident #13 ate 100% of her main entree and stated she did not receive gravy, finally. Resident #13 smiled. During an interview and observation on 07/12/24 at 12:44 PM, the CDM revealed Resident #13 was supposed to be on a regular diet. She did not find out about this until yesterday. She revealed she was waiting for the nursing communication form to update her diet from mechanical soft to regular diet. The CDM further revealed she worked with the Speech Therapist (unnamed) to make sure Resident #13 had no gravy in her meal. At this time, it was observed Resident #13 still was being served a mechanical soft diet. During an interview on 07/12/24 at 03:50 PM, the DON confirmed Resident #13 was prescribed a regular diet and nursing staff should have provided a communication form to dietary department to reflect these doctor's orders. The DON further stated it was important to follow doctor's diet orders to ensure good diet intake, proper nutrition, and to prevent weight loss. Record Review of the facility's policy Therapeutic Diets, revised October 2017, reflected Diet will be determined in accordance with the resident's informed choices, preferences, treatment goals and wishes. A therapeutic diet must be prescribed by the resident's attending physician . The resident has the right not to comply with therapeutic diets.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455628	A. Building B. Wing	07/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hilltop Village Nursing and Rehabilitation	1400 Hilltop Rd Kerrville, TX 78028

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 0810 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide special eating equipment and utensils for residents who need them and appropriate assistance. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27520 Based on observation, interview and record review revealed the facility did not provide special eating equipment and utensils for residents who need them for 2 of 7 Residents (Resident #21 and Resident #95) who were observed during meal service. Staff failed to ensure: 1. Resident #21 had a plate guard on her plate during a lunch meal to ensure she did not spill the food all over her clothes; 2. Resident #63 had a divided plate during a lunch meal so she could scoop up her food while eating the food on her plate. These deficient practices could affect residents who depended on assistive devices and infringe on the residents dignity and feeding independence. The findings were: 1. Review of Resident #21 face sheet, dated 7/12/24, revealed she was admitted to the facility on [DATE], with diagnoses to include Dysphagia (swallowing problem) and Other Abnormalities of Gait and Mobility. Review of Resident #21 annual MDS assessment, dated 4/26/24, revealed her BIMS was 0 out of 15 reflecting she was severely cognitive impaired and she received a therapeutic diet and mechanically altered diet. Review of Resident #21's Care Plan, revised on 7/12/24 , revealed The resident was on a regular diet mechanical soft texture, thin consistency diet, will have adequate nutrition and use a plate guard for feeding independence. Review of Resident #21 consolidated orders for July 2024 revealed she used a plate guard for eating independence. Review of Resident #21's meal ticket, undated, read Dbl portions, plate guard. Observation and interview on 07/10/24 at 12:42 PM revealed Resident #21 sitting in the dining room eating her lunch meal. Further observation revealed she was using her hands to eat and spilling a lot of her food onto her laps. Attempted interview with Resident #21 revealed she did not engage in conversation. Interview with CNA F revealed Resident #21 sometimes used her hands to eat and had to go back to the kitchen to get a plate guard because one was not provided. CNA F stated she had not paid attention to the fact the Resident did not have a plate guard. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455628	A. Building B. Wing	07/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hilltop Village Nursing and Rehabilitation	1400 Hilltop Rd Kerrville, TX 78028

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 0810 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 07/10/24 at 01:22 PM with LVN G revealed she had dining room duty yesterday and today. Yesterday she noted Resident #21 did not have a plate guard and the DM stated they did not have any and were on back order. Today she noticed again Resident #21 did not have a plate guard. 2. Review of Resident #63's face sheet, dated 7/12/24, revealed she was admitted to the facility on [DATE] with diagnoses to include Cerebral Infarction (stroke), Alzheimer's (according to Mayo, causes the brain to shrink and brain cells to eventually die. Alzheimer's disease is the most common cause of dementia; a gradual decline in memory, thinking, behavior and social skills) and Moderate Protein-Calorie Malnutrition. Review of Resident #63's quarterly MDS assessment, dated 6/17/24, revealed her BIMS was 7 out of 15, reflecting moderate cognitive impairment, she received a therapeutic diet and mechanically altered diet. Review of Resident 63's Care Plan, revised on 5/31/24, revealed she was on a Regular diet, Mechanical Soft texture, Thin consistency and the goal was to have adequate nutrition and fluid intake. Review of Resident #63's consolidated orders for July 2024 revealed she used a divided plate but did not indicate for what reason. Review of Resident #63's menu ticket revealed double portions, mechanical soft texture on divided plate. Observation and interview on 07/10/24 at 01:05 PM revealed Resident #63 was eating her lunch meal while sitting up in bed. Further observation revealed she was trying to scoop the food with her fork and was unable to scoop it up. Attempted interview with Resident #63 revealed she did not engaged in conversation. She nodded her head Yes when Surveyor asked her if the food was good. Observation and interview on 07/10/24 at 01:08 PM with MA [NAME] revealed Resident #63 had not been eating as much as she used to. MA H stated the Resident would sometimes feed herself but lately staff would help her as needed. MA H stated Resident #95 used a divided plate and stated she did not have a divided plate. MA H stated she was was not sure why Resident #63 used a divided plate. Interview on 07/10/24 at 01:22 PM with LVN G revealed she had dining room duty yesterday and today. Yesterday she noted Resident #63 did not have a divided plate and the DM stated they did not have any and were on back order. LVN G stated Resident #63 used a divided plate to help her scoop her food up. Interview on 07/12/24 at 05:30 PM with the DM revealed she ordered divided plates 3 weeks ago. Rehab would order plate guards. She stated they had 5 divided plates but did not have enough to provide for all the residents who used them. She stated most recently she went to a sister facility to borrow some until the back order came in. The DM stated let ADM and therapy know when needed more assistive devices and both were on order. The DM stated often the plate guards would not return after meal service. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455628	A. Building B. Wing	07/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hilltop Village Nursing and Rehabilitation	1400 Hilltop Rd Kerrville, TX 78028

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 0810 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of facility policy, Assistive Devices and Equipment, revised January 2020 read: Our facility maintains and supervises the use of assistive devices and equipment for Residents. 1. Certain devices and equipment that assist with resident mobility, safety, independence are provided for residents.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455628	A. Building B. Wing	07/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hilltop Village Nursing and Rehabilitation	1400 Hilltop Rd Kerrville, TX 78028

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34788 Based on observation, interview, and record review, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable disease and infection for 3 of 8 residents (Residents #18, #50 and, #80) reviewed for infection control, in that: 1. Medication Aide B did not sanitize the blood pressure cuff between Residents #50 and #80. 2. While providing incontinent care for Resident #18, CNA C did not change her gloves or wash her hands after touching the bed remote and between touching soiled and clean incontinent pads These deficient practices could place residents at-risk for infection due to improper care practices. The findings include: 1. Record review of Resident #50's face sheet, dated 07/12/2024, revealed an admitted [DATE] and, a readmitted [DATE] with diagnoses which included: Parkinson's disease (progressive disorder that affects the nervous system and the parts of the body controlled by the nerves), Major depressive disorder (mental disorder characterized by at least two weeks of pervasive low mood, low self-esteem, and loss of interest or pleasure), Schizoaffective disorder(mental disorder characterized by abnormal thought processes and an unstable mood), Hypertension (High blood pressure) and, Dementia (decline in cognitive abilities). Record review of Resident #50's physician orders for July 2024 revealed an order for. Losartan Potassium Tablet 100 MG Give 1 tablet by mouth one time a day for Blood Pressure Hold if Systolic Blood Pressure less then 110; Diastolic Blood Pressure less than 60; and/or [NAME] less then 60 Record review of Resident #80's face sheet, dated 07/12/2024, revealed an admitted [DATE] with diagnoses which included: Hypothyroidism (under active thyroid), Hypertension (High blood pressure), Alzheimer's disease (brain disorder that slowly destroys memory and thinking skills) and, Hyperlipidemia (Elevated level of any or all lipids(fat) in the blood). Record review of Resident #80's physician orders for July 2024 revealed an order for, Lisinopril Oral Tablet 10 MG (Lisinopril) Give 1 tablet by mouth one time a day related to ESSENTIAL (PRIMARY) HYPERTENSION Hold for Systolic Blood Pressure less than 110, Diastolic Blood Pressure less than 60, pulse less than 60. Observation on 07/12/24 at 8:58 a.m. revealed, while administering medications, Medication Aide B took the blood pressure and pulse of Residents #50 and #80 Further observation revealed, Medication Aide B took the blood pressure and pulse of the 2 residents with the same blood pressure/pulse cuff. Medication Aide B did not sanitize the blood pressure/pulse cuff in between the residents. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455628	A. Building B. Wing	07/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hilltop Village Nursing and Rehabilitation	1400 Hilltop Rd Kerrville, TX 78028

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview with Medication Aide B on 07/12/2024 at 9:05 a.m., Medication Aide B verbally confirmed she used the wrist cuff on both residents #50 and #80 to measure the blood pressure. Medication Aide B verbally confirmed she forgot to use a disinfecting wipe to disinfect the wrist cuff in between resident but should have done it to avoid risk of cross contamination. Medication Aide B verbally confirmed receiving infection control within the year. During an interview on 07/12/2024 at 12:45 p.m., the DON verbally confirmed the medication aide should have sanitized the blood pressure/pulse cuff in between resident to avoid cross contamination. The DON stated infection control training was provided to the staff multiple times a year. The DON stated the staff's skills were checked annually. The DON further stated she would do spot check of the staff for skills and infection control knowledge. Review of Facility's policy. titled Cleaning and disinfecting of resident-care items and equipment, dated 2001, revealed reusable items are cleaned and disinfected or sterilized between resident. 2. Record review of Resident #18's face sheet, dated 07/11/2024, revealed an admitted [DATE] with diagnoses which included: Dementia (decline in cognitive abilities), Depression (mood disorder that causes a persistent feeling of sadness and loss of interest) , Hypertension (High blood pressure) and Anxiety (A group of mental illnesses that cause constant fear and worry). Record review of Resident #18's MDS Quarterly assessment, dated 07/03/2024, revealed the resident was rarely or never understood, had memory problems and had severe cognitive impairment. Resident #18 required extensive assistance to total care and was always incontinent of bowel and bladder. Record review of Resident #18's care plan revealed a care plan initiated 09/12/2023 with a problem of Potential for complications related to incontinence of bowel and bladder. and a goal of will be free from complications related to incontinence as evidence by intact skin, no rash or redness to peri area, no signs and symptoms of infection daily through next 90 days review. Observation on 7/11/24 at 11:28 a.m., revealed while providing incontinent care for Resident #18, CNA C touched the bed remote with her gloved hands. She did not change her gloves or wash her hands, then, started to provide care for Resident #18. CNA C, after cleaning the resident, touched both the soiled incontinent pad and clean incontinent pad and brief with the same gloves. During an interview on 07/11/2024 at 11:35 a.m., CNA C verbally confirmed she touched the bed remote after sanitizing her hands and putting her gloves one. CNA C verbally confirmed she did not changed her gloves or sanitize her hands, after touching the soiled incontinent pad and before touching the clean incontinent pad and brief. CNA C stated she realized after the fact that she should have changed her gloves. CNA C verbally confirmed receiving infection control training within the year. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455628	A. Building B. Wing	07/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hilltop Village Nursing and Rehabilitation	1400 Hilltop Rd Kerrville, TX 78028

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 07/12/2024 at 12:45 p.m., the DON verbally confirmed the environment around the residents was considered contaminated and the staff should have changed gloves and wash their hands after touching the bed remote prior to touching the resident. The DON verbally confirmed the CNA should have changed her gloves and sanitize her hands, after touching the soiled incontinent pad and before touching the clean incontinent pad and brief. The DON revealed infection control training was provided to the staff multiple times a year. The DON revealed the staff's skills were checked annually. The DON stated she would spot check the staff for skills and infection control knowledge. Record review of the facility's policy, titled, Hand washing/hand hygiene, dated August 2019, revealed, use an alcohol-based hand rub for all the following situations: [.] after handling used dressing, contaminated equipment [.] after contact with objects in the immediate vicinity of the resident

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455628	A. Building B. Wing	07/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hilltop Village Nursing and Rehabilitation	1400 Hilltop Rd Kerrville, TX 78028

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 0912 Level of Harm - Potential for minimal harm Residents Affected - Some	Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48366 Based on interview and record review the facility failed to have bedrooms that measured 80 square feet per resident in multiple bedrooms for 15 of 99 rooms (Rooms #1-5, 7-9, 12-14, 21, 27, 28, and 46) resident rooms reviewed for square footage. Based on measured rooms on 07/20/24, Rooms #1-9, 12-14, 21, 27-28 and 46 were between 72.4 and 76.4 square feet per resident per bedroom. This failure could negatively affect the quality of life for the residents living in these rooms by restricting the amount of resident care equipment and resident's personal effects that could be accommodated in these resident rooms, limiting the resident's ability to move about the room, and decreasing resident's quality of life. The findings were: During an interview on 07/09/24 at 10:18 AM, the DON revealed SCU 1 and SCU 2 meant these were designated as small rooms because 2 residents cannot fit into these rooms. She further revealed there were only 1 resident in each of these rooms. She was unable to tell us what the acronym SCU meant. A review of Form 3740 (Bed Classifications) signed by the Administrator on 07/09/24 revealed resident rooms 1-5, 7-9, 12-14, 21, 27, 28, and 46 were all certified rooms for two beds each. Review of the undated List of Rooms meeting any one of the following: Less than the required square footage revealed rooms 1-5, 7-9, 12-14, 21, 27, 28 and 46 were listed. The measurements, taken by LSC and confirmed by the Maintenance Director on 07/20/24 at around 01:20 PM, were as follows: room [ROOM NUMBER]: 152.8 square feet (approximately 76.4 square feet for each resident); room [ROOM NUMBER]: 149.8 square feet (approximately 74.9 square feet for each resident); room [ROOM NUMBER]: 149.2 square feet (approximately 74.6 square feet for each resident); room [ROOM NUMBER]: 148.2 square feet (approximately 74.1 square feet for each resident); room [ROOM NUMBER]: 148.2 square feet (approximately 74.1 square feet for each resident); room [ROOM NUMBER]: 148.5 square feet (approximately 74.25 square feet for each resident); room [ROOM NUMBER]: 147.9 square feet (approximately 73.95 square feet for each resident); room [ROOM NUMBER]: 148.4 square feet (approximately 74.2 square feet for each resident); room [ROOM NUMBER]: 149.2 square feet (approximately 74.6 square feet for each resident); (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455628	A. Building B. Wing	07/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hilltop Village Nursing and Rehabilitation	1400 Hilltop Rd Kerrville, TX 78028

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 0912 Level of Harm - Potential for minimal harm Residents Affected - Some	room [ROOM NUMBER]: 149.4 square feet (approximately 74.7 square feet for each resident); room [ROOM NUMBER]: 147.1 square feet (approximately 73.55 square feet for each resident); room [ROOM NUMBER]: 144.8 square feet (approximately 72.4 square feet for each resident); room [ROOM NUMBER]: 150.2 square feet (approximately 75.1 square feet for each resident); room [ROOM NUMBER]: 145.3 square feet (approximately 72.65 square feet for each resident); and room [ROOM NUMBER]: 149.6 square feet (approximately 74.8 square feet for each resident).