

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  515061	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/23/2025
NAME OF PROVIDER OR SUPPLIER  Hilltop Center		STREET ADDRESS, CITY, STATE, ZIP CODE  152 Saddleshop Road Hilltop, WV 25855	

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>Based on record review and staff interview, the facility failed to revise the care plan with a correct diagnosis for Resident #118. This was true for one (1) of 20 residents reviewed during the survey process. Resident Identifier: #118. Facility Census: 116. Findings Include: a) Resident #118 On 10/21/25 at 10:00 AM, a record review was completed for Resident #118. The review found the care plan had not been revised with the correct diagnosis of restless leg syndrome. Under the focus area of Resident exhibits or is at risk for alterations in comfort related to chronic pain, neuropathy, left knee pain, bilateral calf pain, bladder spasms, Parkinsons disease, fibromyalgia, ganglion right wrist, spondylosis, oosteroarthritis., the resident did not have a diagnosis of Parkinson's disease but did have a diagnosis of restless leg syndrome. On 10/21/25 at 11:45 AM, the Administrator #22 confirmed the care plan was incorrect. The Administrator #22 confirmed the diagnosis of Parkinson's disease was incorrect and should have been restless leg syndrome.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>Based on record review and staff interview, the facility failed to provide an accurate and complete record for Resident #118's discharge and diagnosis for a medication. This was true for for one (1) of two (2) residents reviewed during the survey process. Resident Identifier: #118. Facility Census: 116. Findings Include: a1) Resident #118 On 10/21/25 at 9:00 AM, a record review was completed for Resident #118. The review found the discharge plan documentation dated 07/09/25 was incorrect. Under section C entitled Recreation, a physician's order for treatment was listed as: Cleanse right 2nd toe amputation site with wound cleanser, pat dry, cover with betadine soaked gauze calcium alginate, wrap with kerlix. Upon further review, the resident did not have an amputation of the second toe. On 10/21/25 at 10:00 AM, the Administrator #22 confirmed this information listed on the discharge plan documentation was incorrect. a2) Resident #118 On 10/21/25 at 9:00 AM, a record review was completed for Resident #118. The review found a physician's order for the medication Ropinirole (Requip) was listed with a diagnosis of Parkinson's disease. The resident did not have a diagnosis of Parkinson's disease. The correct diagnosis should have been listed as restless leg syndrome. On 10/21/25 at 11:45 AM, the Administrator #22 confirmed the diagnosis of Parkinson's disease was incorrect and the diagnosis of restless leg syndrome was correct.</p>		