

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 12/05/2024
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>49465</p> <p>Based on observation, staff interview and record review, the facility failed to complete an accurate Minimum Data Set (MDS) related to dental status. This failed practice was found true for (1) one of (3) three residents reviewed for dental during the Long- Term Care Survey Process. Resident identifier #55. Facility Census: 112.</p> <p>Findings included:</p> <p>a) Resident #55</p> <p>The initial observation on 12/02/24 at 12:02 PM, revealed that Resident #55 has no upper teeth. She has several teeth on the bottom that appeared to be broken off at the gums.</p> <p>A record review on 12/03/24 at 12:49 PM, revealed an MDS with an Assessment Reference Date (ARD) of 07/29/24, section L, question B, indicated Yes for being edentulous. Question D, indicated No for obvious broken natural teeth.</p> <p>During an interview and observation, on 12/03/24 at 12:49 PM, Licensed Practical Nurse (LPN) #37 confirmed that Resident #55 had bottom teeth that were broken off at the gums and black in color.</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
---	-------	-----------

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 12/05/2024
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>50551</p> <p>Based on record review, staff interview, observation and resident interview, the facility failed to develop and implement a comprehensive care plan for one (1) of two (2) resident's reviewed for vision/hearing. Resident #62 had a hearing deficit/use of hearing aids. Resident identifier #62. Facility Census: 112.</p> <p>Findings included:</p> <p>a) Resident #62</p> <p>During an interview with Resident #62 on 12/02/24 at 1:11 PM, Resident #62 reported that she was hard of hearing, that she wore hearing aids and asked that I speak loudly. She was observed to be wearing said hearing aids at this time.</p> <p>A review of resident's care plan showed no mention of resident's hearing aids or hearing deficit at the time of review in the chart on 12/02/24. A copy of resident's care plan was printed and given to the surveyor on 12/03/24 and was noted in the electronic chart to have hearing deficit and hearing aids added to the care plan on this date.</p> <p>During an interview, on 12/04/2024 9:00 AM, with the Director of Nursing (DON) the DON reported that when asked for information yesterday, she realized the hearing deficit was not care planned for Resident #62 and revised the care plan.</p>		

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 12/05/2024
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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide activities to meet all resident's needs.</p> <p>49465</p> <p>Based on record review and staff interview, the facility failed to provide an activity program to meet the needs and interest of the residents. This failed practice was found true for (1) one of (2) two residents reviewed for activities during the Long-Term Care Survey Process. Resident identifier: #52. Facility Census 112.</p> <p>Findings Included:</p> <p>a) Resident #52</p> <p>During the initial interview on 12/02/24 at 11:59 AM, Resident #52 stated, I would go to activities if I knew what was going on. I have no idea.</p> <p>A record review on 12/04/24 at 1:06 PM, of Resident #52's activity participation for the months of 09/2024, 10/2024, and 11/2024 revealed that Resident #52 only participated in (2) two group activities for the (3) month period.</p> <p>During an interview on 12/04/24 at 1:07 PM, The Activity Director stated, We offer her to come but she refuses. No, I do not have the refusals documented.</p> <p>A record review on 12/04/24 at 1:30 PM, revealed a Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/06/24, Section F, Question E is marked to indicate that it is Somewhat important for Resident #52 to participate in group activities.</p> <p>Further record review of Resident #52's Recreation Quarterly Progress Note and Care Plan Evaluation dated 11/28/24, question E, indicated that Resident #52 needed large print. Residents assessment states that she needed large print</p> <p>An observation on 12/04/24 at 1:45 PM, revealed a December Activities Calendar in very small print placed on the bulletin board across the room from Resident # 52's bed.</p> <p>During an interview on 12/04/24 at 2:15 PM, the Assistant Administrator stated, Activities told me at one point they were told not to document refusals. She further stated, I just did education with the activity staff about documenting refusals.</p> <p>During an interview on 12/04/24 at 2:04 PM, the Activity Director confirmed that the calander in Resident #52's room was not large print.</p>		

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 12/05/2024
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 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assist a resident in gaining access to vision and hearing services.</p> <p>50551</p> <p>Based on record review, resident interview and staff interview, the facility failed to ensure that one (1) of two (2) residents reviewed for vision/hearing received proper assuasive devices to maintain hearing abilities. Resident identifier #12. Facility census: 112.</p> <p>Findings included:</p> <p>a) Resident #12</p> <p>During an interview with Resident #12 on 12/02/24 at 3:20 PM, Resident #12 reported that her hearing aids were missing.</p> <p>A review of resident's records revealed that the resident had an audiologist evaluation completed on 01/25/24 and the physician gave resident an order for hearing aids. Upon further review of the records, there was no mention of hearing aids in the care plan or any other assessments.</p> <p>On 12/04/24 at 8:50 AM an interview with Social Services Worker #45 who reported that residents have never had hearing aids. When I asked about the order for hearing aids in January of 2024, she reported she did not know why she has not gotten them and reported that she would find out.</p> <p>On 12/04/24 9:00 AM an interview with Director of Nursing (DON), who reported that she was not sure why resident has not received her hearing aids per order.</p> <p>On 12/04/24 at 9:40 AM an interview with the Administrator (NHA) and Assistant Administrator (NHAA) who reported the resident had never had hearing aids. They were unsure as to why she did not receive them after her appointment in January, but they reported they have since been paid for today and had an appointment with the audiologist. The NHAA stated she has been looking into hearing, vision and dental for all residents but had not gotten to Resident #12 at this time.</p>		

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 12/05/2024
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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49465</p> <p>51553</p> <p>Based on record review and staff interview, the facility failed to ensure complete and accurate medical records for 2 of 27 residents reviewed. Resident identifiers: #8 and #55. Facility census: 112.</p> <p>Findings included:</p> <p>a) Resident #8</p> <p>A review of the medical record on 12/03/24 at 3:24 PM found the Fall Risk Evaluations dated 12/01/24 and 08/30/24 for Resident #8 were marked 1-2 falls in the past 3 months. No falls were logged on the residents e-interact or reported on the reviewed Incident Report Log from 07/24 to 12/24. The DON was asked for the falls documented on the Fall Risk Evaluations and the DON reported the patient hasn't had any falls the past year. DON completed a Fall Risk Evaluation on 12/03/24 to correct the history of falls.</p> <p>A review on 12/04/24 at 3:35 PM of Progress Note: 12/01/24- documented 1-2 falls in the past 3 months. A corrected progress note dated 12/03/24 with no falls in the past 3 months.</p> <p>b) Resident #55</p> <p>The initial observation on 12/02/24 at 12:02 PM, revealed that Resident #55 has no upper teeth. She has several teeth on the bottom that appeared broken off at the gums.</p> <p>A record review on 12/03/24 at 12:49 PM, revealed an Clinical Admission assessment dated [DATE]. AS_5, Question 13 was marked to indicate that Resident # 55 had no teeth.</p> <p>During an interview and observation on 12/03/24 at 12:49 PM, Licensed Practical Nurse (LPN) #37 confirmed that Resident #55 has teeth on her lower mouth that are broken off at the gums and black in color.</p>		

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 12/05/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>39043</p> <p>Based on observation, record review, and staff interview, the facility failed to establish and maintain an infection prevention and control program designed to help prevent the development and transmission of communicable diseases and infections. The facility failed to initiate enhanced barrier precautions for a resident with reoccurring open wounds. This was a random opportunity for discovery that had the potential to affect a limited number of residents. Resident identifier: 67. Facility census: 112.</p> <p>Findings included:</p> <p>a) Resident #67</p> <p>The facility's procedure titled Enhanced Barrier Precautions with effective date 08/01/23 and revision date of 05/01/24 stated enhanced barrier precautions would be applied to residents with chronic wounds.</p> <p>Review of Resident #67's physicians' orders showed the following orders:</p> <ul style="list-style-type: none"> - Cleanse open lesion to left knee with wound cleanser, pat dry, apply wound prep. This order was written on 08/19/24. - Cleanse open lesions to right knee with wound cleanser, pat dry, cover with dry dressing. This order was written on 11/25/24. - Cleanse open lesions to right lower leg with wound cleanser, pat dry, cover with dry dressing. This order was written on 12/03/24. <p>The resident did not have an order for enhanced barrier precautions.</p> <p>Resident #67's comprehensive care plan indicated the resident had open lesions to the right knee, right lower leg, and left knee.</p> <p>Assessments of the resident's wounds had been performed on 12/02/24 and were as follows:</p> <ul style="list-style-type: none"> - The front right lateral lower leg was identified as an in-house acquired open lesion with a length of 4.4 centimeters (cm), width of 2.7 cm, and depth of 0.1 cm. It was described as having an intact surface, covered with 100% epithelial. It was also described as bleeding with a light bloody exudate. - The front right knee was identified as an in-house acquired open lesion with a length of 0.9 cm, width of 0.6 cm, and depth of 0.1 cm. It was described as covered with 100% epithelial tissue. - The front right lateral lower leg was identified as an open lesion present on admission with a length of 1.0 cm, width of 0.7 cm, and no depth. It was described as scabbed. <p>(continued on next page)</p>		

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 12/05/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Pictures had been taken of the wounds on 12/02/24. All wounds were described in the pictures as being open lesions, ten (10) months old.</p> <p>Observation of the resident's room on 12/03/24 at 1:45 PM showed the resident did not have signage at the entrance to his room to indicate the resident was on enhanced barrier precautions.</p> <p>On 12/03/24 at 2:03 PM, the Infection Preventionist (IP) confirmed Resident #67 was not on enhanced barrier precautions. She stated the resident caused the wounds by scratching at his skin. She stated the resident was not placed on enhanced barrier precautions because the facility did not consider the resident's wounds chronic because they closed and reopened frequently.</p> <p>On 12/03/24 at 2:47 PM, the IP stated Resident #67 had been placed on enhanced barrier precautions and the comprehensive care plan had been updated to reflect this.</p> <p>No further information was required through the completion of the survey.</p>		