STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N062001	A. BUILDING: _____ B. WING _____	03/02/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLTOP LODGE HEALTH AND REHABILITATION CEN	815 N INDEPENDENCE AVENUE, PO BOX 467 BELOIT, KS 67420

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS The following citations represent the findings of the licensure resurvey for the above named assisted living facility conducted on 02/28/22, 03/01/22 and 03/02/22.	S 000		
S3225 SS=D	26-41-205 (l) Medication Regimen Review Frequency (l) Medication regimen review. A licensed pharmacist shall conduct a medication regimen review at least quarterly for each resident whose medication is managed by the facility and each time the resident experiences any significant change in condition. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (l) The facility reported a census of 16 residents, with 3 residents included in the sample. Based on record review and interview the facility failed to ensure a licensed pharmacist conducted a quarterly medication regimen review for 2 Residents, (R) 228 and R601 when the facility managed their medications. Findings included:	S3225		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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S3225	Continued From page 1 - Record review for R228 revealed an admission date of 09/29/21 with diagnoses of CKD, major depressive disorder, Hypertension, and diabetes mellitus type II. Review of resident's "Functional Capacity Screen" (FCS) dated 09/29/21 recorded the resident could not manage her medications and treatments. Review of resident's "Negotiated Service Agreement/ Health Care Service Plan" dated 09/29/21 recorded the facility staff and the resident would manage the resident's medications. Review of R228's "Medication Regimen Reviews" lacked evidence any were completed for the resident. Electronic interview on 03/01/22 at 9:00 AM with Operator A confirmed no pharmacist reviews were conducted and further confirmed the facility was not following state regulations. Facility's "Medication Management" policy obtained on 03/01/22 recorded, "h. Drug Regimen review. 2.) A pharmacist shall conduct a drug regimen review at least quarterly...for those residents whose medications are managed by the facility." The facility failed to ensure a licensed pharmacist conducted a medication regimen review at least quarterly for R228 who had their medication managed by the facility. - Record review for R601 revealed an admission date of 05/01/20 with diagnoses of Hypertension, major depressive disorder, diabetes mellitus type II, and hyperlipidemia.	S3225		

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S3225	Continued From page 2 Review of R601's "Functional Capacity Screen" (FCS) dated 08/08/21 recorded the resident could not manage her medications and treatments. Review of the resident's "Negotiated Service Agreement/ Health Care Service Plan" dated 08/08/21 recorded the facility staff would manage the resident's medications. Review of R601's "Medication Regimen Reviews" lacked evidence any were completed for the resident. Electronic interview on 03/01/22 at 9:00 AM with Operator A confirmed no pharmacist reviews were conducted and further confirmed the facility was not following state regulations. Facility's "Medication Management" policy obtained on 03/01/22 recorded, "h. Drug Regimen review. 2.) A pharmacist shall conduct a drug regimen review at least quarterly...for those residents whose medications are managed by the facility." The facility failed to ensure a licensed pharmacist conducted a medication regimen review at least quarterly for R601who had their medication managed by the facility.	S3225		
S3270 SS=F	26-41-104 (b) Written Emergency Plan (b) Each administrator or operator shall ensure the development of a detailed written emergency management plan to manage potential emergencies and disasters, including the following: (1) Fire;	S3270		

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S3270	Continued From page 3 (2) flood; (3) severe weather; (4) tornado; (5) explosion; (6) natural gas leak; (7) lack of electrical or water service; (8) missing residents; and (9) any other potential emergency situations. This REQUIREMENT is not met as evidenced by: KAR 26-41-104 (b) (6) The census totaled 16 residents. Based on interview and record review, for all residents and staff, the facility failed to ensure the development of a detailed written emergency management plan to manage potential emergencies and disasters, which included a natural gas leak. Findings included: - On 02/28/22 a review of the facility "Emergency Management Plan" revealed the plan included fire, flood, severe weather, tornado, explosion, lack of electrical or water services, and missing resident, but lacked direction or a plan for residents and staff in the event of a natural gas leak. Interview on 02/28/22 with Operator A confirmed natural gas leak was not included in the emergency management plan. The Facility's "Emergency Preparedness Plan" obtained on 03/1/22 recorded: The plan would consider particular hazards most	S3270		

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S3270	Continued From page 4 likely to occur in the surrounding area including: 1. Natural disasters 2. Man-made disasters 3. Facility-based disasters, which included care related emergencies and equipment/utility failures (power, water, gas, etc.). For all residents and staff, the facility failed to ensure the development of a detailed written emergency management plan to manage potential emergencies and disasters, including natural gas leak.	S3270		
S3310 SS=E	26-41-207 (b) (5-6) (c) Infection Control Policies (b) (5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident ' s food, or resident care equipment until the condition is no longer infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; and (c) Each administrator or operator shall ensure the facility ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 This REQUIREMENT is not met as evidenced by: K.A.R 26-41-207 (c) The census totaled 16 residents. The sample included 3 residents and review of 4 newly hired	S3310		

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S3310	Continued From page 5	S3310		

employees. Based on record review and interview for 3 (C, E, F) of 3 sampled employees, the facility failed to ensure compliance with the State Agency's tuberculosis (TB) guidelines.

Findings included:

- Review of 4 newly hired employee file revealed the following:

Certified Staff C hired onto the facility on 11/19/19. Staff C's record lacked evidence of completion of TB testing upon hire. Record further lacked completion of a TB questionnaire upon hire.

Non-Certified staff E hired onto the facility on 09/28/21. Staff E's record lacked evidence of completion of TB testing upon hire. Record further lacked completion of a TB questionnaire upon hire.

Non-certified staff F hired onto the facility on 12/15/21. Staff F's record lacked evidence of completion of TB testing upon hire. Record further lacked completion of a TB questionnaire upon hire.

Electronic interview on 03/01/22 with Operator A confirmed Staff C, E, and F did not receive TB testing or a TB questionnaire upon hire.

The facility's "TB Test Policy" obtained on 03/02/22 recorded, "1.) All residents and employees will be given the 2 step Mantoux T.B. Test on admission per state requirement. 2.) All new employees will receive a two-step Mantoux T.B. Test beginning with employment."

The facility failed to ensure the facility remained in

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S3310	Continued From page 6 compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105, which had the potential to affect all residents.	S3310		