Kansas State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N062001	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLTOP LODGE HEALTH AND REHABILITATION CENTER	815 N INDEPENDENCE AVENUE , BELOIT, Kansas, 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) COMPLETION DATE
S0000	INITIAL COMMENTS The following citations represent the findings of a Health Licensure Resurvey and Complaint Investigation regarding allegations in KS1429708 and KS1429709 on 11/05/25.	S0000		
S3045 SS = F	Emergency Telephone CFR(s): 26-41-101 (j) (j) Emergency telephone. Each administrator or operator shall ensure that the residents and employees have access to a telephone for emergency use at no cost. The administrator or operator shall ensure that the names and telephone numbers of persons or places commonly required in emergencies are posted adjacent to this telephone. This LICENSURE REQUIREMENT is NOT MET as evidenced by: KAR : 26-41-101 (j) The facility had a census of 21 residents. The sample included three residents. Based on observation, interview, and record review the operator failed to ensure residents and employees had access to a telephone for emergency use at no cost with names and telephone numbers of persons or places commonly required in emergencies are posted adjacent to this phone. Findings included: - On 11/05/25 a tour of the facility revealed the telephones in the common areas and nurses med cart lacked a posting of the emergency numbers. On 11/05/25 Staff A verified the facility's public use telephones lacked the posting of the emergency numbers. The facility's "Emergency Preparedness Plan," dated 04/01/25, did not address resident or public access to phones for emergency use.	S3045		

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

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S3045 SS=F	Disaster and Emergency Preparedness CFR(s): 26-41-104 (d) (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This LICENSURE REQUIREMENT is NOT MET as evidenced by: KAR 26-41-104 (d) (3) The facility had a census of 21 residents. The sample included three residents. Based on interview, and record review the operator failed to perform a quarterly review of the facility's emergency management plan with employees and residents. Findings included: Upon request on 11/05/25 the facility provided signed emergency management plan reviews with residents and facility staff for 06/13/24 and 08/21/25. The facility did not provide documentation of quarterly reviews of the emergency plans. On 11/05/25 at 05:00 PM, Staff A verified the facility had not performed the quarterly emergency plan reviews.	S3045 S3280		
S3298 SS = F	Food Preparation CFR(s): 26-41-206 (d) (d) Food preparation. Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature.	S3298		

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S3298 SS = F	Continued from page 2 (1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations. (2) Food in cans that have significant defects, including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be used. (3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations. This LICENSURE REQUIREMENT is NOT MET as evidenced by: KAR 26-41-206 (d) The facility had a census of 21 residents. The sample included three residents. Based on observation, interview, and record review the operator failed to provide food during a meal at a proper holding temperature for the 21 residents of the facility. Findings included: On 11/05/25 at 11:25 AM, Dietary Staff G served meals, including a slice of cheesecake desert, to residents in the dining room. She obtained the temperature of 60 degrees Fahrenheit (F) from the plated cheesecake slices that had not been served yet. She verified the cheesecake should be 45 degrees F or less when served. Upon request, 11/05/25, the operator did not provide a policy for food service temperatures. The operator failed to provide food during a meal at a proper holding temperature for the 21 residents of the facility.	S3298		
S3320 SS = F	CONSTRUCTION CFR(s): 28-39-254 (a) The assisted living facility or residential health care facility shall be designed, constructed, equipped and maintained to protect the health and safety of residents, personnel and the public.	S3320		

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S3320 SS = F	Continued from page 3 (b) All new construction, renovation, remodeling and changes in building use in existing buildings shall comply with building and fire codes, ordinances and regulations enforced by city, county, and state jurisdictions, including the state fire marshal. (c) New construction, modifications and equipment shall conform to the following codes and standards: (1) Title III of the Americans with disabilities act, 42 U.S.C. 12181, effective as of January 26, 1992; and (2) "Food Service Sanitation Manual," health, education, and welfare (HEW) publication no. FDA 78-2081, as in effect on July 1, 1981. This LICENSURE REQUIREMENT is NOT MET as evidenced by: KAR 28-39-254 (a) The facility had a census of 21 residents. The sample included three residents. Based on observation, interview, and record review for all residents, the operator failed to maintain the upright freezer and ice machine in safe sanitary condition. Findings included: On 11/05/25 at 09:30 AM, the facility's upright freezer had greater than two inches of frost build up on every surface. The ice machine had an orangish/gray substance on the inside ice bin. On 11/05/25 at 09:30 AM, Dietary Staff G verified the observation and was able to wipe the substance off. She stated the rental company was due to come clean it next month. The facility's "Food Storage" policy, dated 2020, directed staff to defrost freezers regularly to improve efficiency. The facility's "Ice Machines and Portable Ice Carts" policy, dated 04/01/25, stated ice machines were prone to microbial contamination and proper cleaning, maintenance, and infection control in relation to ice machines was important to decrease the risk of illness	S3320		

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S3320 SS = F	Continued from page 4 to residents, staff, and visitors. For all residents, the operator failed to maintain the upright freezer and ice machine in safe and sanitary condition.	S3320		