STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175348	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/16/2026

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
F0000	INITIAL COMMENTS The following citations represent the findings of a complaint survey regarding allegations 3027652, 3024363, and 2748927. The census was 63. The sample included three residents.	F0000		
F0607 SS = D	Develop/Implement Abuse/Neglect Policies CFR(s): 483.12(b)(1)-(5)(ii)(iii) §483.12(b) The facility must develop and implement written policies and procedures that: §483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property, §483.12(b)(2) Establish policies and procedures to investigate any such allegations, and §483.12(b)(3) Include training as required at paragraph §483.95, §483.12(b)(4) Establish coordination with the QAPI program required under §483.75. §483.12(b)(5) Ensure reporting of crimes occurring in federally-funded long-term care facilities in accordance with section 1150B of the Act. The policies and procedures must include but are not limited to the following elements. §483.12(b)(5)(ii) Posting a conspicuous notice of employee rights, as defined at section 1150B(d)(3) of the Act. §483.12(b)(5)(iii) Prohibiting and preventing retaliation, as defined at section 1150B(d)(1) and (2) of the Act. This REQUIREMENT is NOT MET as evidenced by:	F0607		

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 reverse for further 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 CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175348	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/16/2026

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F0607 SS = D	Continued from page 1 Based on interviews and record review, the facility failed to implement its policy to conduct thorough pre-hire criminal background checks for all staff as required and within the required timeframes. Findings included: - On 06/16/2026 at 09:00 AM, review of staffing for background checks was completed, and documentation revealed the following: Certified Nurse Aide (CNA) O had a hire date of 04/17/2024. CNA O's background check was dated 08/06/2025. The facility was unable to provide the 2024 pre-hire background check upon request. CNA P had a hire date of 01/26/2024.CNA P's background check was dated 06/30/2024. The facility was unable to provide evidence that a background check was completed within the required timeframes. On 06/16/2026 at 09:12 AM, Administrative Staff B stated that the above staff were placed in direct care roles pending their background checks. On 06/16/2026 at 10:46 AM, Administrative Staff A verified that the above CNAs worked on the floor, caring for residents, with the backgrounds checks still pending. Administrative Staff A stated that if the staff's background checks came back with a criminal history, those staff would be pulled from the floor. The facility's undated "Employee Background Checks, Reporting Requirements, and Prevention of Abuse, Neglect, and Exploitation (ANE) of Residents Policy" documented that the policy sets forth the facility's process for conducting a thorough pre-hire background check of relevant individuals to ensure relevant individuals: Have not been found guilty of ANE or mistreatment or misappropriation of property by a court of law. Do not have a finding in the state nurse aide registry concerning ANE, mistreatment of residents, or misappropriation of resident property, or Do not have disciplinary action in effect taken against their professional license.	F0607		