STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175500	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILL TOP HOUSE	**505 W ELM , BUCKLIN, Kansas, 67834**

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F0000	INITIAL COMMENTS The following citations represent the findings of a Health Recertification Survey and complaint survey regarding allegations in 3168900, 2801715, 1555916, and 1555913. The census was 22. The sample included 12 residents.	F0000		
F0812 SS = F	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is NOT MET as evidenced by: Based on observation, record review, and interview, the facility failed to prepare and serve food under sanitary conditions to the residents of the facility to prevent the potential for food borne bacteria. Findings included: - During an initial tour of the kitchen on 10/13/2026	F0812		

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

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F0812 SS = F	Continued from page 1 at 07:50 AM, the following areas of concern were noted: 1. A large stainless steel shelving unit utilized to hold bread and clean cups, had multiple areas of rust. 2. A prep table had peeling and missing laminate with exposed wood. 3. An uncovered plastic tub of clean tea towels and potholders had dried-on food and fluids on the sides. 4. The inside of the microwave had dried-on food debris. 5. The inside of one upright freezer had food debris throughout. 6. The two-door, reach-in refrigerator had dried-on food debris on the sliding shelves. 7. Two plastic cutting boards were heavily grooved and discolored. 8. A shelf holding clean, steam table pans had food debris. On 10/13/2026 at 02:15 PM, Dietary Staff BB confirmed the areas of concern needed to be corrected. The facility policy for "Sanitation," reviewed 11/16/2009, included: Each person will perform and be responsible for the cleaning duties pertaining to the job the person is assigned to that day. All equipment will be cleaned and sanitized using an approved sanitizing agent and allowed to air dry.	F0812		
F0814 SS = F	Dispose Garbage and Refuse Properly CFR(s): 483.60(i)(4) §483.60(i)(4)- Dispose of garbage and refuse properly. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, and record review, the facility failed to dispose of garbage and refuse properly by failing to ensure the covers of three of the five dumpsters were kept closed. Findings included:	F0814		

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F0814 SS = F	Continued from page 2 - During an initial tour of the kitchen on 10/13/2026 at 07:50, three of five dumpsters were not kept covered. On 10/14/2026 at 09:55 AM, Housekeeping Staff V stated that trash from dietary and nursing was put into the dumpsters. Housekeeping Staff V stated that three of the dumpsters did not have a cover. On 10/14/2026 at 10:00 AM, Housekeeping Staff U confirmed that not all of the dumpsters had covers. Housekeeping Staff U stated he was unsure how long the covers had been missing or broken. On 10/14/2026 at 10:05 AM, Administrative Staff A confirmed some of the dumpsters lacked a cover. The facility policy for "Waste Management," undated, included: Outdoor waste containers must remain covered with secure, functional lids or covers at all times except when waste is actively being deposited or when the container is being emptied by the contracted waste hauler.	F0814		
F0552 SS = E	Right to be Informed/Make Treatment Decisions CFR(s): 483.10(c)(1)(4)(5) §483.10(c) Planning and Implementing Care. The resident has the right to be informed of, and participate in, his or her treatment, including: §483.10(c)(1) The right to be fully informed in language that he or she can understand of his or her total health status, including but not limited to, his or her medical condition. §483.10(c)(4) The right to be informed, in advance, of the care to be furnished and the type of care giver or professional that will furnish care. §483.10(c)(5) The right to be informed in advance, by the physician or other practitioner or professional, of the risks and benefits of proposed care, of treatment and treatment alternatives or treatment options and to choose the alternative or option he or she prefers. This REQUIREMENT is NOT MET as evidenced by: Based on interview and record review, the facility failed to inform Resident (R) 5, R10, R 4, and R15 and/or their representative regarding the risks	F0552		

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F0552 SS = E	Continued from page 3 related to psychotropic (alters mood or thoughts) medications. Findings included: - 1. R10's electronic medical record (EMR) documented physician's orders for the following psychotropic medications: Seroquel (antipsychotic- a class of medications used to treat major mental conditions that cause a break from reality), 50 milligrams (mg), by mouth, for agitation and anxiety, ordered 09/20/2026. Lexapro (antidepressant medication), 10 mg daily for depression, ordered 04/29/2026. Vistaril (antihistamine medication used to treat anxiety and tension), 25 mg daily for restlessness, ordered 09/02/2026. R10's EMR lacked evidence that R10, or a representative, received education and/or informed consent for the physician-ordered Seroquel, Lexapro, and Vistaril. 2. R4's EMR documented a physician's order for alprazolam, 0.25 mg (anti-anxiety medication), every two hours for anxiety, as needed (PRN), ordered 04/10/2026. R4's EMR lacked evidence that R4, or a representative, received education and/or informed consent for the physician-ordered alprazolam. 3. R5's EMR documented physician's orders for the following psychotropic medications: Celexa (antidepressant medication), 10 mg, daily for libido, ordered 04/22/2025. Lorazepam (antidepressant medication), 0.25 mg every 6 hours, PRN for violent behavior, ordered 08/24/2026. R's EMR lacked evidence that R5, or representative, received education and/or informed consent for the physician-ordered Celexa and lorazepam. 4. R15's EMR documented physician's orders for the following psychotropic medications: Doxepin (antidepressant medication), at bedtime for insomnia, ordered 06/16/2026.	F0552		

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F0552 SS = E	Continued from page 4 Alprazolam, 0.25 mg PRN, for anxiety, at bedtime; avoid taking within two hours of doxepin, ordered 09/15/2026. R15's EMR lacked evidence that R15, or a representative, received education and/or informed consent for the physician-ordered doxepin and alprazolam. On 10/14/2026 at 12:15 PM, Administrative Staff A confirmed that Administrative Nurse D reported the facility lacked evidence of advance, informed consent for the use of psychotropic medications. The facility lacked policies to address the required provision of advance information regarding the risks and benefits of proposed care, of treatment, and treatment alternatives or options related to psychotropic medications.	F0552		
F0628 SS = D	Discharge Process CFR(s): 483.15(c)(2)(iii)(3)-(6)(8)(d)(1)(2); 483.21(c)(2) §483.15(c)(2) Documentation. When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (c)(1)(i)(A) through (F) of this section, the facility must ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider. (iii) Information provided to the receiving provider must include a minimum of the following: (A) Contact information of the practitioner responsible for the care of the resident. (B) Resident representative information including contact information (C) Advance Directive information (D) All special instructions or precautions for ongoing care, as appropriate. (E) Comprehensive care plan goals; (F) All other necessary information, including a copy of the resident's discharge summary, consistent with §483.21(c)(2) as applicable, and any other documentation, as applicable, to ensure a safe and effective transition of care.	F0628		

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F0628 SS = D	Continued from page 5 §483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. (ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and (iii) Include in the notice the items described in paragraph (c)(5) of this section. §483.15(c)(4) Timing of the notice. (i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged. (ii) Notice must be made as soon as practicable before transfer or discharge when- (A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section; (B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section; (C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section; (D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or (E) A resident has not resided in the facility for 30 days. §483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following:	F0628		

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F0628 SS = D	Continued from page 6 (i) The reason for transfer or discharge; (ii) The effective date of transfer or discharge; (iii) The location to which the resident is transferred or discharged; (iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request; (v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman; (vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and (vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act. §483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available. §483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of	F0628		

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F0628 SS = D	Continued from page 7 the residents, as required at § 483.70(l). §483.15(d) Notice of bed-hold policy and return- §483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies- (i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility; (ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any; (iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and (iv) The information specified in paragraph (e)(1) of this section. §483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section. §483.21(c)(2) Discharge Summary When the facility anticipates discharge, a resident must have a discharge summary that includes, but is not limited to, the following: (i) A recapitulation of the resident's stay that includes, but is not limited to, diagnoses, course of illness/treatment or therapy, and pertinent lab, radiology, and consultation results. (ii) A final summary of the resident's status to include items in paragraph (b)(1) of §483.20, at the time of the discharge that is available for release to authorized persons and agencies, with the consent of the resident or resident's representative. (iii) Reconciliation of all pre-discharge medications with the resident's post-discharge medications (both prescribed and over-the-counter).	F0628		

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F0628 SS = D	Continued from page 8 This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview and record review the facility failed to notify the Long-Term Care Ombudsman (LTCO) in writing of Resident (R) 27's discharge. Findings included: - R27's "Discharge Return not Anticipated Minimum Data Set" (MDS), dated 08/04/2026, documented that the resident was discharged to the community on 09/19/2026. R27's electronic medical record (EMR) lacked documentation that the LTCO had been notified of R27's discharge. On 10/14/2026 at 11:45 AM, Administrative Staff A stated she was the person responsible for notifying the LTCO's office of residents who were discharged to home. She said that she did not notify the LTCO office of R27's discharge home on 09/19/2026. The facility did not provide a policy regarding notification of the LTCO of resident discharges from the facility.	F0628		
F0677 SS = D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, and record review, the facility failed to provide appropriate activity of daily living (ADL) cares to Resident (R)10 regarding an unshaven face. Findings included: - R10's electronic medical record (EMR) documented a diagnosis of dementia. R10's "Admission Minimum Data Set" (MDS), dated 05/02/2026, documented that he had a Brief Interview for Mental Status (BIMS) score of one, which indicated severe cognitive impairment. R10 was dependent on staff for completion of personal hygiene.	F0677		

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F0677 SS = D	Continued from page 9 R10's "Activities of Daily Living (ADL)/Rehabilitation Ability Care Area Assessment" (CAA), dated 05/02/2026, did not trigger. R10's "Quarterly MDS," dated 09/22/2026, documented he had a BIMS score of two, which indicated severe cognitive impairment. He required substantial to maximal staff assistance with completion of personal hygiene. R10's "Care Plan", revised 09/21/2026, lacked staff instruction regarding R10's need for staff assistance with facial shaving. R10's EMR under the "Tasks" tab from 09/14/2026 through 10/12/2026 documented R10 required partial to moderate staff assistance with personal hygiene. On 10/12/2026 at 10:18 AM, R10 sat in his wheelchair at the dining room table. He was unshaven. On 10/12/2026 at 03:35 PM, R10 sat in the commons area in a recliner with his feet elevated. He remained unshaven. On 10/13/2026 at 02:00 PM, R10 attended a group activity with his peers. He remained unshaven. On 10/13/2026 at 01:46 PM, Certified Nurse Aide (CNA) M stated that staff helped R10 with his morning routine. Staff handed R10 his electric razor for him to shave his face. She said that he would run it over his face but did not get all his facial hair. On 10/13/2026 at 01:53 PM, Licensed Nurse (LN) G stated that R10 could not complete facial shaving without the assistance of staff. LN G stated R10 had an electric razor in his room. On 10/14/2026 at 09:36 AM, Administrative Nurse D confirmed R10 required staff assistance with facial shaving. It was the expectation for staff to ensure residents were shaven on their shower days and as needed (PRN). The facility policy for “Activities of Daily Living,” undated, included: Staff shall assist residents with the completion of their ADLs.	F0677		
F0732 SS = C	Posted Nurse Staffing Information CFR(s): §483.35(g)(1)-(4) §483.35(g) Nurse Staffing Information.	F0732		

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F0732 SS = C	Continued from page 10 §483.35(g)(1) Data requirements. The facility must post the following information on a daily basis: (i) Facility name. (ii) The current date. (iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: (A) Registered nurses. (B) Licensed practical nurses or licensed vocational nurses (as defined under State law). (C) Certified nurse aides. (iv) Resident census. §483.35(g)(2) Posting requirements. (i) The facility must post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift. (ii) Data must be posted as follows: (A) Clear and readable format. (B) In a prominent place readily accessible to residents, staff, and visitors. §483.35(g)(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard. §483.35(g)(4) Facility data retention requirements. The	F0732		

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F0732 SS = C	Continued from page 11 facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater. This REQUIREMENT is NOT MET as evidenced by: Based on observation, record review and interview, the facility failed to display accurate, publicly accessible, and identifiable staffing information daily. Findings included: - The facility's "Daily Nurse Staffing Form," from 09/09/2026 through 10/11/2026, documented that the total number and actual hours worked had not been completed on the daily nurse staffing form. On 10/14/2026 at 09:36 AM, Administrative Nurse D confirmed the forms lacked the total number and actual hours worked. The facility policy for "Posting Daily Nurse Staffing Form", undated, included: The "Daily Nurse Staffing Form" will include the facility name, current date, and the total number and actual hours worked by the nursing staff.	F0732		