

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345083	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/09/2025
NAME OF PROVIDER OR SUPPLIER HILLTOP HEALTH AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 188 OSCAR JUSTICE ROAD RUTHERFORDTON, NC 28139		
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E 000	Initial Comments An unannounced recertification and complaint investigation survey was conducted on 01/06/2024 through 01/09/2024. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #D1NV11.	E 000			
F 000	INITIAL COMMENTS A recertification and complaint investigation survey was conducted from 01/06/2024 through 01/09/2024. Event ID#D1NV11. The following intakes were investigated NC00221649, NC00219427, NC00218479, NC00215231, NC00212761 and NC00210444. 10 of 10 complaint allegations did not result in a deficiency.	F 000			
F 679 SS=E	Activities Meet Interest/Needs Each Resident CFR(s): 483.24(c)(1) §483.24(c) Activities. §483.24(c)(1) The facility must provide, based on the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community. This REQUIREMENT is not met as evidenced by: Based on record review, facility activity calendar, and resident and staff interviews, the facility failed to ensure group activities were planned for outside of the facility to meet the needs of residents who expressed that it was important to	F 679	1. Based on record review, facility activity calendar, and resident and staff interviews, the facility failed to ensure group activities were planned for outside of the facility to meet the needs of	1/22/25	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

01/22/2025

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.

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F 679	<p>Continued From page 1</p> <p>them to attend group activities outside of the facility for 7 of 7 residents reviewed for activities (Resident #1, #17, #26, #29, #37, #39 and #58). The residents expressed not being able to leave the facility for over a year made them feel sad, at times lonely or depressed and they missed going out with the group to engage in activities, eat at restaurants, shop and socialize.</p> <p>The findings included:</p> <p>A review of the 2024 and January 2025 activity calendars revealed activities for inside of the facility during the week and on the weekends. There were no activities scheduled for outside of the facility.</p> <p>Observation on 1/06/25 at 10:00 AM revealed the facility was located in a rural area that was within 10-to-15-minute driving distance to numerous local and commercial shops, grocery stores, fast food, and sit-down restaurants.</p> <p>a. Resident #1 was admitted to the facility on 12/18/22.</p> <p>A significant Change Minimum Data Set (MDS) dated 8/02/24 indicated Resident #1 felt that it was very important to have activities that included going outside of the facility and doing things in a group setting. The assessment further indicated Resident #1 was cognitively intact.</p> <p>An interview was conducted with Resident #1 on 1/07/25 at 2:00 PM during Resident Council meeting revealed there had not been a scheduled group activity outside of the facility over the past</p>	F 679	<p>residents who expressed that it was important to them to attend group activities outside of the facility for 7 of 7 residents reviewed for activities (Resident #1, #17, #26, #29, #37, #39 and #58). The residents expressed not being able to leave the facility for over a year made them feel sad, at times lonely or depressed and they missed going out with the group to engage in activities, eat at restaurants, shop and socialize.</p> <p>2. All current facility Residents are at risk of being affected by the deficient practice. On 1/21/25, the Administrator, Activities Director, and designated Leadership Team members performed 100% audit of all Residents to assess each Resident's preference for out-of-facility group outings; care plans were updated accordingly.</p> <p>3. The measures that have been put in place to ensure the deficient practice does not recur are as follows: The Activity Director was educated by the Administrator on the scheduling of out of facility activities on 1/21/2025. New activities directors will be educated upon hire prior to working their first shift. has incorporated quarterly out-of-facility group outings as appropriate into the Activities schedule to include any Resident who wishes to participate.</p> <p>4. The Administrator will complete an audit of monthly Resident Council minutes x3 months to ensure all Residents feel that their out-of-facility activity preferences are being met. The facility will monitor its corrective actions to ensure that the deficient practice is corrected and will not</p>		

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F 679	<p>Continued From page 2</p> <p>year at least. She agreed with the other Resident Council members that they had discussed this during some of their Resident Council meetings, but they only had one van that held only two people, and not enough transportation to accommodate everyone. Resident #1 was also in agreement with the other Resident Council members that not being able to leave the facility and participate in group activities made her feel sad and sometime depressed and that her family was not always able to come and visit with her and she would enjoy being able to go to a restaurant and order her own food, socialize with other people outside of the facility, go bowling or to look at Christmas lights, and shop for her own personal items.</p> <p>b. Resident #17 was admitted to the facility on 8/08/22.</p> <p>An annual Minimum Data Set (MDS) dated 8/14/24 indicated Resident #35 felt that it was very important to have activities that included going outside of the facility and doing things in a group setting. The assessment further indicated Resident #17 was cognitively intact.</p> <p>An interview was conducted with Resident #17 on 1/07/25 at 2:00 PM during Resident Council meeting revealed she had been at the facility for the past couple years and believed their last scheduled group activity outside of the facility was during Christmas 2023. She was observed nodding her head in agreement with the other Resident Council members that they had discussed this during some of their Resident Council meetings, but they only had one van that held only two people. Resident #17 also nodded</p>	F 679	<p>recur by reviewing information collected during audits and reporting to Quality Assurance Performance Improvement Committee. Data will be brought by the Administrator to review in Quality Assurance Performance Improvement meetings and changes will be made to the plan as necessary to maintain compliance.</p> <p>5. Completion Date: 1/22/25</p>		

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F 679	<p>Continued From page 3</p> <p>her head and stated yes in agreement with the other Resident Council members that not being able to leave the facility and participate in group activities made her feel sad and unhappy and she would also enjoy being able to go to a restaurant, socialize with other people outside of the facility, shop for her own personal items, and to look at Christmas lights.</p> <p>c. Resident #26 was admitted to the facility on 9/14/21.</p> <p>An admission Minimum Data Set (MDS) dated 9/23/24 indicated Resident #26 felt that it was very important to have activities that included going outside of the facility and doing things in a group setting. The assessment further indicated Resident #26 was cognitively intact.</p> <p>An interview was conducted during the Resident Council meeting on 01/07/25 at 2:00 PM with Resident #26 who was also the Resident Council President. She revealed during the meeting there had been no scheduled activities outside of the facility since December 2023 when they were able to go and look at Christmas lights. She stated during their resident council meetings they had discussed with the Activities Director about scheduling activities outside of the facility, but the current van only held two people, and it was hard to find transportation that could accommodate everyone. She revealed not having scheduled activities outside of the facility made her feel sad and sometimes depressed and she was in agreement with other Resident Council members that she would also like to have scheduled activities that included going out to eat at a restaurant, looking at Christmas lights, going to</p>	F 679			

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F 679	<p>Continued From page 4</p> <p>the movies or bowling, going shopping, and socializing with other people outside of the facility.</p> <p>d. Resident #29 was admitted to the facility on 8/22/20.</p> <p>An annual Minimum Data Set (MDS) dated 12/12/24 indicated Resident #29 felt that it was very important to have activities that included going outside of the facility and doing things in a group setting. The assessment further indicated Resident #29 was cognitively intact.</p> <p>An interview was conducted with Resident #29 on 1/07/25 at 2:00 PM during the Resident Council meeting revealed since she had been at the facility there had been no scheduled activities outside of the facility since Christmas 2023. She stated they had discussed this with the Activities Director during their Resident Council meetings about scheduling activities outside of the facility and she believed the AD went and spoke with the Administration about it, but they currently only had one van that held two people in wheelchairs, so they didn't have enough transportation to accommodate everyone. Resident #29 stated not having the opportunity to participate in activities outside of the facility made her feel sad and sometimes depressed especially since she didn't have family that visited with her that often, and ordering items online was not the same as shopping for them in-person. She revealed she felt like the facility could do something to assist with them being able to leave the facility on a group activity even once every other month or once a quarter. Resident #29 stated she would like to be able to go to a restaurant and order her own meals and socialize with other people, go to</p>	F 679			

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F 679	<p>Continued From page 5</p> <p>the store shopping, go to a Christmas parade or to look at Christmas lights.</p> <p>e. Resident #37 was admitted to the facility on 4/23/21.</p> <p>An annual Minimum Data Set (MDS) dated 6/06/24 indicated Resident #37 felt that it was very important to have activities that included going outside of the facility and doing things in a group setting. The assessment further indicated Resident #37 was cognitively intact.</p> <p>An interview was conducted with Resident #37 on 1/07/25 at 2:00 PM during Resident Council meeting revealed since she had been at the facility there had been no scheduled activities outside of the facility over the past year. She was observed nodding her head in agreement with the other Resident Council members that they had discussed this during some of their Resident Council meetings, but they only had one van that held only two people. Resident #37 was also in agreement with the other Resident Council members that not being able to leave the facility and participate in group activities made her feel sad and sometimes depressed and she would also enjoy being able to go to a restaurant and order her own food, socialize with other people outside of the facility, watch a Christmas parade, or to look at Christmas lights.</p> <p>f. Resident #39 was admitted to the facility on 7/01/21.</p> <p>An annual Minimum Data Set (MDS) dated</p>	F 679			

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F 679	<p>Continued From page 6</p> <p>6/19/24 indicated Resident #39 felt that it was very important to have activities that included going outside of the facility and doing things in a group setting. The assessment further indicated Resident #39 was cognitively intact.</p> <p>An interview was conducted with Resident #39 on 1/07/25 at 2:00 PM during Resident Council meeting revealed since she had been at the facility there had been no scheduled activities outside of the facility in over a year. She was observed nodding her head in agreement with the other Resident Council members that they had discussed this during some of their Resident Council meetings, but they only had one van that held only two people. Resident #39 also nodded her head in agreement with the other Resident Council members that not being able to leave the facility and participate in group activities made her feel sad and sometimes depressed and she would also enjoy being able to go to a restaurant and order her own food, socialize with other people outside of the facility, go bowling, shop for her own personal items, and to look at Christmas lights.</p> <p>g. Resident #58 was admitted to the facility on 3/19/24.</p> <p>An admission Minimum Data Set (MDS) dated 3/25/24 indicated Resident #58 felt that it was very important to have activities that included going outside of the facility and doing things in a group setting. The assessment further indicated Resident #58 was cognitively intact.</p> <p>An interview was conducted with Resident #58 on</p>	F 679			

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F 679	<p>Continued From page 7</p> <p>1/07/25 at 2:00 PM during Resident Council meeting revealed since she had been to the facility there had been no scheduled activities outside of the facility. She agreed with the other Resident Council members that they had discussed with the Activities Director during Resident Council meetings about scheduling activities outside of the facility, but their current van only held two people, and they didn't have a way to accommodate or transport everyone. Resident #58 stated not having the opportunity to participate in activities outside of the facility made her feel sad and sometimes lonely and she would like the opportunity to go to a restaurant and order her own meal and socialize with other people, go to the store shopping, go bowling or to the movies, and to look at Christmas lights</p> <p>An interview was conducted with the Activity Director (AD) on 1/07/25 at 2:15 PM during the Resident Council meeting revealed she had been working as the AD at the facility for the past 3 years and part of her responsibilities was scheduling and implementing resident activities inside and outside of the facility for each month. She stated since she began working at the facility as the AD, she had not been able to schedule any resident group activities outside of the facility consistently due to transportation issues. She revealed the last scheduled outing was in December 2023 and believed they were able to use their transportation and a contracted transportation company that is no longer available. She stated currently the facility only had one van which could only accommodate two wheelchair residents at a time and was primarily used for medical appointments. The AD revealed</p>	F 679			

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F 679	<p>Continued From page 8</p> <p>she had brought the issue to Administration and believed they were trying to work on a solution with transportation so they could schedule activities outside of the facility and be able to accommodate everyone. She stated she had been doing personal shopping for residents so they could continue to receive their preferences and assisting residents with on0line shopping, but understood that was not the same as residents being able to leave the facility and shop for themselves, eat a meal together at a restaurant, go bowling, or to go on an outing to see the Christmas parade or the lights. She revealed she felt like activities outside of the facility for those residents who could participate were important for their overall well- being and allowed them some independence and socialization outside of the facility.</p> <p>During an interview conducted with the Administrator on 1/09/25 at 12:30 PM revealed he had been employed at the facility as the Administrator since September 2023 and believed the last scheduled activity outside of the facility was probably in December 2023. He stated the facility currently only had one van that was only able to accommodate two residents at a time and was primarily used for medical appointments. He revealed they had looked at non-emergent transportation for scheduled outings, but currently the only transportation offered in their county was either emergency transport or non-emergent transport for medical appointments only. The Administrator stated he agreed that activities outside of the facility were important for residents and allowed them to keep some of their independence and normalcy and he would be speaking with corporate about</p>	F 679			

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F 679	Continued From page 9 purchasing them a second van that could accommodate more residents especially those that were ambulatory and in the meantime would be contacting transport companies to see if they could contract with them for some scheduled outside of the facility activities.	F 679			
F 880 SS=D	<p>Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other</p>	F 880		1/22/25	

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F 880	<p>Continued From page 10</p> <p>persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interviews, the facility failed to implement their infection control policies and procedures when</p>	F 880	<p>1. Based on observations, record review and staff interviews, the facility failed to implement their infection control policies</p>		

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F 880	<p>Continued From page 11</p> <p>Nurse #1 failed to wear gloves while performing a capillary blood glucose test for Resident #36. This deficient practice occurred for 1 of 3 staff members observed for infection control practices.</p> <p>The findings included:</p> <p>The facility policy (undated) entitled "Personal Protective Equipment" read in part: "Personal Protective Equipment", or PPE refers to a variety of barriers used alone or in combination to protect skin, from contact with infection agents. It includes gloves. 1. All staff who have contact with residents must wear PPE as appropriate during resident care activities in which exposure to blood is likely.</p> <p>The facility policy (undated) entitled "Blood Glucose Monitoring" read in part: Procedure: 2. Obtain needed equipment and supplies: Gloves, 3. don gloves. 17. Remove and discard gloves.</p> <p>An observation was completed on 1/7/2025 at 3:33pm of Nurse #1 performing a blood glucose test on Resident #36. After entering Resident #36's room, Nurse #1 located Resident #36's glucometer which was stored in a top drawer. Nurse #1 was observed opening an alcohol pad with her bare hands and wipe Resident #36's finger with the alcohol pad. When asked if she normally wore gloves when she checked residents blood sugars Nurse #1 stated, "I do with some people." Nurse #1 continued to use a lancet to obtain a drop of blood from Resident #36's finger and applied the blood to the test strip inserted into the glucometer without wearing gloves. Once the blood glucose results were obtained, Nurse #1 placed the glucometer into the plastic bag and back into Resident #36 s top</p>	F 880	<p>and procedures when Nurse #1 failed to wear gloves while performing a capillary blood glucose test for Resident #36. This deficient practice occurred for 1 of 3 staff members observed for infection control practices. Upon notification of deficient practice on 1/7/25, Director of Nursing (DON) provided immediate education for Nurse #1 on infection control policies and procedures for capillary blood glucose checks.</p> <p>2. Facility Residents who receive capillary blood glucose tests are at risk of being affected by the deficient practice. On 1/21/25, the DON and Nursing Administration Team audited Residents receiving capillary blood glucose checks to ensure staff were using gloves as indicated during procedure. There were no significant concerns noted during the audit.</p> <p>3. The measures that have been put in place to ensure the deficient practice does not recur are as follows: 100% education completed on 1/21/25 to all licensed nurses and Certified Medication Aides on infection control policies and procedures when performing capillary blood glucose tests. Newly hired licensed nursing staff and certified med aides not educated by 1/21/2025 will be educated prior to working their next shift.</p> <p>4. The DON and Nursing Admin team will complete an audit of 5 Residents receiving capillary blood glucose checks to ensure staff were using gloves as indicated during procedure 3 times weekly for four (4) weeks, then weekly x four (4) weeks, then bi-weekly x four (4) weeks.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345083	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/09/2025
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F 880	<p>Continued From page 12</p> <p>drawer. Nurse #1 collected all trash and used supplies, holding the used test strip and gauze from Resident #36 in a paper towel. Nurse #1 returned to the medication cart, disposed of lancet in the sharps container, threw away trash, cleansed her hands with alcohol-based hand sanitizer.</p> <p>During an interview on 01/07/25 at 4:17pm the Director of Nursing (DON) stated she expected the nurses to follow proper guidelines for performing blood glucose monitoring. The DON expected nurses to perform hand hygiene before putting on gloves, then for the nurses to perform blood glucose monitoring per facility protocol, then to take gloves off and perform hand hygiene.</p> <p>During an interview on 1/9/2025 at 12:25pm the Administrator stated he expected nurses to wear gloves when completing blood sugar checks, and to follow the facility's Personal Protective Equipment and Blood Glucose Monitoring policies.</p>	F 880	<p>The facility will monitor its corrective actions to ensure that the deficient practice is corrected and will not recur by reviewing information collected during audits and reporting to Quality Assurance Performance Improvement Committee. Data will be brought by the Administrator to review in Quality Assurance Performance Improvement meetings and changes will be made to the plan as necessary to maintain compliance.</p> <p>5. Completion Date: 1/22/25</p>	