

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/15/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G352</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/14/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>HILLTOP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2820 KIDD ROAD</b> <b>RALEIGH, NC 27610</b>		
(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	
W 000	INITIAL COMMENTS	W 000			
W 340	<p>A complaint investigation was conducted on 3/14/24 for intake NC00213598. The allegations were substantiated with deficiencies cited.</p> <p><b>NURSING SERVICES</b> CFR(s): 483.460(c)(5)(i)</p> <p>Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure staff were sufficiently trained as needed on appropriate health measures for client #2. This affected 1 of 2 audit clients. The finding is:</p> <p>Review on 3/14/24 of T-Log notes (dated 2/10/24 and 2/19/24) for client #2 revealed on 2/10/24 a direct care staff reported bruising on client #2's face near her temple to the nurse. The note indicated the area was "in healing stage and has scabbed over." Additional review of the notes revealed the Nurse Administrator had explained to client #2's mother that the area was "completely healed and no creams/ointments were required."</p> <p>Review on 3/14/24 of client #2's Individual Program Plan (IPP) dated 11/1/23 revealed she has "sensitive skin and her skin is assessed every shift per Hilltop protocol." The plan identified a health service goal to maintain the client's skin integrity. Additional review of the client's treatment record noted a skin assessment</p>	W 340			

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

TITLE

(X6) DATE

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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W 340	<p>Continued From page 1</p> <p>should be conducted every shift for signs/symptoms of infection. The record noted the skin assessments should be conducted/documented twice between 7:00am to 6:59pm and 7:00pm to 6:59am.</p> <p>Interview on 3/14/24 with the facility nurse indicated skin assessments are completed by direct care staff and would include an overview of the client's entire body. She indicated any bruises, marks, or disruptions in the skin should be reported to the nurse at that time.</p> <p>Interview on 3/14/24 with the Program Manager and Nurse Administrator confirmed the area on client #2's face was not reported to the nurse until 2/10/24, after it had already healed. Additional interview indicated staff should have identified the area with the use of skin assessments and reported it earlier so that necessary treatment could have been provided. The Program Manager acknowledged more training may need to be provided to direct care staff.</p>	W 340			