

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

PRINTED: 03/09/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185307	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/17/2011
NAME OF PROVIDER OR SUPPLIER HILLTOP LODGE			STREET ADDRESS, CITY, STATE, ZIP CODE 821 EAST HIGH STREET, P O BOX 559 OWINGSVILLE, KY 40360		
(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)	(X6) COMPLETION DATE	
F 000	INITIAL COMMENTS A Recertification Survey was conducted on 02/15/11 through 02/17/11; and, a Life Safety Code Survey was conducted on 02/16/11. Deficiencies were cited with the highest Scope and Severity of an "F".	F 000	Hilltop Lodge does not believe nor does the facility admit that any deficiencies exist.		
F 157 SS=D	483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a). The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section. The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.	F 157	Hilltop Lodge reserves all rights to contest the survey findings through informal dispute resolution, legal appeal proceedings or any administrative or legal proceedings. This plan of correction does not constitute an admission regarding any facts or circumstances surrounding any alleged deficiencies to which it responds; nor is it meant to establish any standard care, contract, obligation or position. Hilltop Lodge reserves all rights to raise all possible contentions and defenses in any type of civil or criminal claim, action or proceeding. Nothing contained in this plan of correction should be considered as a waiver of any type of civil or criminal claim, action or proceeding. Nothing contained in this plan of correction should be considered as a waiver of any potentially applicable peer review, quality assurance or self critical examination privileges which Hilltop Lodge does not waive, and reserves the right to assert in any administrative, civil, or criminal claim, action, or proceeding.		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Heather O'Banion
TITLE
Executive Director
(X6) DATE
3/31/11

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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NAME OF PROVIDER OR SUPPLIER HILLTOP LODGE	STREET ADDRESS, CITY, STATE, ZIP CODE 521 EAST HIGH STREET, P O BOX 559 OWINGSVILLE, KY 40360
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F 157	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review it was determined the facility failed to ensure the physician was notified of a change in medical condition for one (1) of ten (10) sampled residents (Resident #7). Resident #7 complained of cough and congestion to the nurse on 02/14/11. The nurse faxed this information to the Physician, however failed to follow up. On 02/17/11, Resident #7's cough and congestion had not been addressed.</p> <p>The findings include:</p> <p>Record review revealed Resident #7 was admitted to the facility on 08/05/10. Review of the Quarterly Minimum Data Set Assessment (MDS) dated 01/24/11, revealed the facility assessed the resident as being alert, oriented, independent in cognitive skills, and able to make his/her needs known.</p> <p>Interview with Resident #7 on 02/16/11 at 4:45 PM revealed he/she had reported cough and congestion to the nurse a couple of days ago. The resident stated he/she had asked the nurse if the Physician had been called about the cough and congestion on 02/16/11, at the 3:30 PM medication pass. Further interview revealed the nurse told the resident that a fax had been sent to the Physician's office. Observation during the interview revealed Resident #7 coughed multiple times throughout the interview.</p> <p>Interview with Licensed Practical Nurse (LPN) #2 on 02/17/11 at 10:30 AM revealed Resident #7</p>	F 157	<p>Hilltop Lodge offers its responses, credible allegations of compliance and plan of correction as part of its ongoing effort to provide quality care to residents.</p> <p>Hilltop Lodge strives to provide the highest quality care while assuring the rights and safety of all residents.</p> <hr/> <p>F157 It is and was on the day of survey the policy of Hilltop Lodge to notify the physician of changes in a resident's medical condition.</p> <ol style="list-style-type: none"> 1. Resident #7 is still at the facility, with no ill effects. The physician visited on 02/17/11, and ordered a check x-ray and cough syrup at this time. 2. All residents' medical conditions were assessed on 03/09/11 by the Director of Nursing, as it relates to examining all residents and interviewing residents' for any changes in their conditions. The physician has been notified on any residents with a current change in condition. 	03/10/11

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F 157	<p>Continued From page 2</p> <p>complained of cough and congestion a couple of days ago and she faxed the information to the Physician. Further interview revealed she had not followed up with the Physician for orders.</p> <p>Interview with the Director of Nursing (DON) on 02/17/11 at 10:35 AM, revealed the procedure for notifying the Physician was to fax a report and if no response was received the nurses were to follow up with a phone call. Further interview revealed the nurse should have follow up the next day with a call to the Physician.</p> <p>Review of the "Change in Resident's Condition or Status" Policy revealed Nursing Services were responsible for notifying the resident's Physician when deemed necessary and appropriate in the best interest of the resident or when there was a change in the resident's condition.</p> <p>483.20(k)(3)(I) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</p> <p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review it was determined the facility failed to follow physician orders for one (1) of ten (10) sampled residents (Resident #4). The facility failed to provide a "comfort pillow" for positioning, heel protectors while in bed and weekly weights for Resident #4.</p> <p>The findings include: Review of Resident #4's medical record revealed</p>	F 157	<p>3. Any concern faxed to a physician will be recorded on the "daily communication/report sheet". The oncoming shift will review any concerns faxed to the MD and follow-up that shift. The Director of Nursing will review the "daily communication/report sheet", Monday through Friday, as a secondary QA check to ensure follow-up has occurred.</p> <p>4. As part of the facility's ongoing quality assurance program the Director of Nursing will review physician notifications on a weekly basis for six months, and report all findings to the Executive Director. These findings will be reviewed by the CQI Committee for the next six months to ensure compliance.</p>	03/11/11
F 281 SS=D		F 281	<p>F281 It is and was on the day of survey the policy of Hilltop Lodge for the services provided to meet professional standards of quality.</p> <p>1. Resident #4 has not been affected by this deficient practice. The resident's weight is stable and the order for weekly weights has been discontinued; monthly weights will now be obtained on this resident. A</p>	

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F 281	<p>Continued From page 3</p> <p>diagnoses which included Cerebral Palsy, Mental Retardation and paralysis of legs.</p> <p>Further record review revealed a Physician's order dated 02/14/11 for a comfort pillow for head and right arm elbow protector on when up in wheel chair. Review of Physician orders revealed an order for heel protectors while in bed and weekly weights, both dated 12/05/08.</p> <p>Review of the resident's weight record revealed the resident had been weighed monthly not weekly per the Physician's orders.</p> <p>Observation on 02/15/11 at 2:50 PM revealed Resident #4 was lying in bed with a pillow under the left side of his/her back with no heel protectors noted.</p> <p>Observation on 02/15/11 at 3:36 PM revealed Resident #4 was up in his/her wheel chair in the hallway, it was noted that the "comfort pillow" which was ordered for the resident's neck was laying on the foot of the resident's bed and no pillow was noted to be under the resident's right elbow.</p> <p>Observation on 02/15/11 at 4:16 PM revealed the Resident was in his/her wheel chair in the television area. No pillow was noted under the Resident's neck or right arm.</p> <p>Observation on 02/16/11 at 8:40 AM revealed the Resident was in his/her wheel chair in the television area and no pillow was noted under the Resident's neck.</p> <p>Observation on 02/16/11 at 9:10 AM revealed Resident #4 was not in the room, however the</p>	F 281	<p>skin assessment has been performed on Resident #4 with no issues noted. Staff has been re-educated by the Director of Nursing about the use of the comfort pillow and skin protectors.</p> <p>2. All residents' physician orders were cross referenced to care being provided on 03/10/11 by the Director of Nursing; no issues were noted.</p> <p>3. An inservice was conducted by the Executive Director on 03/04/11 with all staff, including but not limited to nursing and dietary, on following the nurse aide care plan and physician orders. Weekly the Director of Nursing will audit 10% of the residents MD orders and cross reference the care provided to the physician orders. This will continue for the next six months.</p> <p>4. The Director of Nursing will report these audits to the Executive Director to ensure compliance. As part of the facility's ongoing quality assurance program, these audits will also be reviewed with the CQI Committee for the next six (6) months.</p>	

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F 281	<p>Continued From page 4</p> <p>"comfort pillow" was observed to be lying at the end of the resident's bed.</p> <p>Observation on 02/16/11 at 10:10 AM revealed the resident was lying in bed and no heel protectors were noted.</p> <p>Observation on 02/16/11 at 10:42 AM revealed resident #4 was lying in bed and no heel protectors were noted.</p> <p>Observation on 02/16/11 at 12:50 PM revealed the resident was in his/her wheel chair in the dining room; no pillow was noted under the resident's neck or right elbow.</p> <p>Observation on 02/16/11 at 1:40 PM revealed the resident was lying in bed and no heel protectors were noted.</p> <p>Observation on 02/16/11 at 3:10 PM revealed the resident was lying in bed and no heel protectors were noted.</p> <p>Observation on 02/16/11 at 5:00 PM and 5:55 PM, revealed the resident was in his/her wheel chair in the dining room and there was no pillow noted under the resident's neck or right arm.</p> <p>Observations on 02/17/11 at 9:20 AM revealed the resident was sitting in his/her wheel chair in the television area and no pillow was noted under the resident's neck.</p> <p>Interview with Licensed Practical Nurse #1 on 02/16/11 at 2:10 PM, in the resident's room, revealed the resident did not have heel protectors. She further indicated the resident was wearing non-skid socks.</p>	F 281		

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F 281	Continued From page 5 Interview with the Director of Nursing on 02/17/11 at 10:55 AM, revealed the resident should have the pillow under his/her neck because the resident was "trying to develop a curvature" and this was to help prevent the curvature. She further indicated the resident should have an elbow protector in place for his/her right arm and heel protectors when in bed. She indicated the resident's weight had been stable and there was no need for weekly weights.	F 281		
F 309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined the facility failed to provide necessary care and services to attain and maintain the highest physical well being for one (1) of ten (10) sampled residents (Resident #7). Resident #7 reported cough and congestion to the nurse on 02/14/11; however, there was no evidence the facility had consulted with the Physician or completed any follow up assessment. On 02/17/11, Resident #7 still complained of cough and congestion and had a temperature of 99.6 degrees Fahrenheit.</p>	F 309	<p>F309 It is and was on the day of survey the policy of Hilltop Lodge to provide care and services for the highest well being of all residents.</p> <p>1. Resident #7 is still at the facility, with no ill effects. The physician visited on 02/18/11, and ordered a check x-ray and cough syrup at this time.</p> <p>2. All residents' medical conditions were assessed on 03/09/11 by the Director of Nursing, as it relates to examining all residents and interviewing residents' for any changes in their conditions. The physician has been notified on any residents with a current change in condition.</p>	03/10/11

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F 309	<p>Continued From page 6</p> <p>The findings include:</p> <p>Record review revealed Resident #7 was admitted to the facility on 08/05/10. Review of the Quarterly Minimum Data Set Assessment (MDS) dated 01/24/11, revealed the facility assessed the resident as being alert, oriented, independent in cognitive skills, and able to make his/her needs known.</p> <p>Interview with Resident #7 on 02/16/11 at 4:45 PM revealed he/she had reported cough and congestion to the nurse a couple of days ago. The resident stated he/she had asked the nurse if the Physician had been called about the cough and congestion on 02/16/11 at the 3:30 PM medication pass and the nurse told the resident that a fax had been sent to the Physician's office. Observation during the interview revealed Resident #7 coughed multiple times throughout the interview. Further interview with Resident #7 on 02/17/11, revealed the cold and congestion was about to get him/her down and that he/she did not sleep well the previous night and had to raise the head of the bed due to the cough.</p> <p>Interview with Licensed Practical Nurse (LPN) #2 on 02/17/11 at 10:30 AM, revealed Resident #7 complained of cough and congestion a couple of days ago and she faxed the information to the Physician. Further interview revealed she had not followed up with the Physician for orders. She further stated she had not assessed Resident #7 related to the cough and congestion.</p> <p>Observation on 02/17/11 at 10:15 AM revealed LPN #3 took the vital signs of Resident #7 and the resident's temperature was 99.6 degrees Fahrenheit.</p>	F 309	<p>3. Any concern faxed to a physician will be recorded on the "daily communication/report sheet". The oncoming shift will review any concerns faxed to the MD and follow-up that shift. The Director of Nursing will review the "daily communication/report sheet" on a Monday through Friday as a secondary QA check to ensure follow-up has occurred.</p> <p>4. As part of the facility's ongoing quality assurance program the Director of Nursing will review physician notifications on a weekly basis for six months, and report all findings to the Executive Director. These findings will be reviewed by the CQI Committee for the next six months to ensure compliance</p>	

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F 309	Continued From page 7 Interview with the Director of Nursing (DON) on 02/17/11 at 10:35 AM revealed the procedure for notifying the Physician was to fax a report and if no response was received the nurses were to follow up with a phone call. Further interview revealed the nurse should have followed up the next day with a call to the Physician. Review of the "Change in Resident's Condition or Status" Policy revealed Nursing Services were responsible for notifying the resident's Physician when deemed necessary and appropriate in the best interest of the resident, or when there was a change in the resident's condition.	F 309		
F 313 SS=D	483.25(b) TREATMENT/DEVICES TO MAINTAIN HEARING/VISION To ensure that residents receive proper treatment and assistive devices to maintain vision and hearing abilities, the facility must, if necessary, assist the resident in making appointments, and by arranging for transportation to and from the office of a practitioner specializing in the treatment of vision or hearing impairment or the office of a professional specializing in the provision of vision or hearing assistive devices. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review it was determined the facility failed to ensure on (1) of ten (10) sampled residents (Resident #2) was assisted with the use of his/her glasses to enhance the resident's vision. The findings include:	F 313	F313 It is and was on the day of the survey the policy of Hilltop Lodge to ensure that residents receive proper treatment and assistive devices to maintain vision and hearing abilities. 1. Resident #2 has been affected by this deficient practice. Resident #2 often removes his eye glasses himself. An eye glass lanyard was provided to the resident that glasses are more easily assessable and providing the resident with a choice to wear his eye glasses. This is also noted in the nurse and C.N.A. care plan. 2. All residents who require hearing/vision devices have been assessed, by the Director of Nursing,	03/11/11

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F 313	Continued From page 8 Record review revealed Resident #2 was admitted to the facility on 07/31/10. Review of the Admission Minimum Data Set Assessment (MDS) dated 08/06/10, revealed the facility assessed the resident as requiring glasses. Review of the Nurse Aide Care Plan revealed the resident required glasses for vision. Observation of Resident #2 throughout the survey on 02/15/11 and 02/16/11 revealed the resident was not wearing glasses. Interview with Resident #2's daughter on 02/16/11 at 7:20 PM, revealed she would like the facility to put Resident #2's glasses on while feeding or providing care to enhance his/her vision. She further stated the facility had misplaced one pair of glasses and she replaced them. Interview with State Registered Nurse Aide (SRNA) #1 on 02/17/11 at 10:00 AM, revealed she was aware Resident #2 had glasses, but she was not sure where they were at this time. Interview with Licensed Practical Nurse (LPN) #3 on 02/17/11 at 10:10 AM, revealed the glasses for Resident #2 were in a basket at the nurses' station. Interview with the Director of Nursing (DON) on 02/17/11 at 10:15 AM, revealed staff should put Resident #2's glasses on when they were feeding him/her and providing care.	F 313	to maintain quality of life. The nurse aide care plans were audited on 03/09/11 by the Director of Nursing to ensure all residents requiring these devices were noted. 3. An inservice was held on 03/04/11, by the Executive Director, reviewing the importance of following nurse and C.N.A. care plan, as well as the importance of ensuring all residents are properly using hearing/vision devices. For ongoing compliance the Director of Nursing or assessment nurse will perform audits weekly for the next six months to ensure hearing/vision devices are being used correctly. 4. As part of the facility's quality assurance program these audits will be reported to the monthly CQI meeting by the Director of Nursing. The CQI committee will review audits at this time.	
F 367 SS=D	483.35(e) THERAPEUTIC DIET PRESCRIBED BY PHYSICIAN Therapeutic diets must be prescribed by the attending physician.	F 367	F367 It is and was on the day of the survey the policy of Hilltop Lodge that therapeutic diets must be prescribed by the attending physician.	03/09/11

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F 367	<p>Continued From page 9</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review it was determined the facility failed to ensure one (1) of ten (10) sampled residents (Resident #1) received the therapeutic diet as ordered by the Physician. Resident #1 was ordered a mechanical soft diet with ground meat. However, observation of the evening meal on 02/16/11, revealed Resident #1 received sour kraut and hot dogs. The hot dogs were out in one inch pieces and were not chopped or ground as ordered.</p> <p>The findings include:</p> <p>Record review revealed Resident #1 was admitted to the facility on 08/24/10. Review of the Significant Change Minimum Data Set (MDS) assessment dated 02/13/11, revealed the facility assessed the resident as requiring a mechanically altered diet.</p> <p>Review of the Physician's Orders dated 02/2011, revealed an order for mechanical soft diet and pureed meats. Further review revealed an order dated 02/03/11, to discontinue pureed meats and give ground meats, per family request. Review of the re-admission orders dated 02/09/11, revealed an order for a mechanical soft diet.</p> <p>Observation of the evening meal on 02/16/10 at 5:40 PM, revealed Resident #1 received sour kraut and hot dogs. Observation revealed the hot dogs were out into one inch sections.</p> <p>Review of the diet card on Resident #1's tray revealed the resident was to receive pureed</p>	F 367	<ol style="list-style-type: none"> 1. Resident #1 was not affected by the practice. All of the therapeutic diets of Resident #1 were reviewed for accuracy; and the tray card was updated to include the correct diet. 2. All residents' diet orders were reviewed by the Dietary Manager on 03/08/11 and cross referenced with tray cards, no changes were noted. All tray cards have been reviewed and updated at this time. 3. At the weekly quality of care meeting all therapeutic diet order changes are reviewed. The Dietary Manager will make necessary changes to tray cards when there is change in the therapeutic diet order. 4. Monthly the Dietary Manager will cross reference all diet orders to tray cards for six months. All findings will be reported to the Executive Director and reviewed at the QA committee monthly. This will continue for the next six (6) months. 	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185307	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/17/2011
NAME OF PROVIDER OR SUPPLIER HILLTOP LODGE			STREET ADDRESS, CITY, STATE, ZIP CODE 821 EAST HIGH STREET, P O BOX 559 OWINGSVILLE, KY 40360	
(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
F 367	Continued From page 10 meats.	F 367		
F 371 SS=F	<p>Interview with the Dietary Manager on 02/16/11 at 5:45 PM, revealed the hot dogs cut into one inch sections did not constitute a mechanical soft diet. She stated the hot dog should have been chopped up or ground up for the mechanical soft consistency. She further stated the dietary staff was to check the meal served against the tray card to ensure accuracy.</p> <p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review it was determined the facility failed to store, prepare, distribute and serve food under sanitary conditions as evidenced by failure to monitor temperatures on trayline, improper wearing of hair nets, meat slicer stored dirty, improper hand sanitation and glove changing, failure to date items stored in the refrigerator and eggs stored in an unsanitary manner.</p> <p>The findings include: Observation on 02/15/11 at 9:40 AM, revealed</p>	F 371	<p>F371 It is and was on the day of the survey the policy of Hilltop Lodge to procure food from sources approved by Federal, State, or local authorities; and to store, prepare, distribute and serve food under sanitary conditions.</p> <p>1. The items that were not labeled or dated were immediately removed from the refrigerator. Food temperature logs have been re-implemented. This is being monitored daily by the Dietary Manager.</p> <p>2. All dietary staff were inserviced on 03/04/11 by the Executive Director on proper sanitary conditions, including but not limited to the use of hair nets, proper storage/handling of food, and glove changing.</p>	03/08/11

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165307	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/17/2011	
NAME OF PROVIDER OR SUPPLIER HILLTOP LODGE		STREET ADDRESS, CITY, STATE, ZIP CODE 521 EAST HIGH STREET, P O BOX 559 OWINGSVILLE, KY 40360		
(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
F 371	<p>Continued From page 11</p> <p>four (4) individual serving size bowls which were not dated or labeled stored in the refrigerator nearest to the dishwasher. Further observation of this refrigerator revealed a nylon zip-up lunch box, which was red and black, which contained a container of yogurt and was not labeled with a date or name. Also noted was a pan in which the cracked liquid eggs were stored in their original plastic bag in a plastic container which was noted to have a yellow colored substance covering the bottom approximately one quarter inch in depth.</p> <p>Interview with Dietary Aide #6 on 02/15/11 at 11:50 AM, revealed the lunch container was hers, it had been in the refrigerator because she forgot to take it home. She further indicated there was nothing in it except for a yogurt which was several days old and needed to be thrown away.</p> <p>Interview with the Dietary Manager on 02/15/11 at 9:40 AM, revealed she was not sure what the substance was in the container. She indicated it could be condensation from the eggs thawing in the container.</p> <p>Observation during initial tour at 9:50 AM on 02/15/11, revealed two (2) thirty-two (32) ounce containers of vanilla extract, one was dated 05/21/08, and the other which was dated 01/14/09.</p> <p>Interview with the Dietary Manager on 02/15/11 at 9:50 AM revealed she did not know if there was an expiration date or how long the vanilla extract should be kept before discarding.</p> <p>Observation on 02/15/11 at 10:15 AM, revealed the three (3) day emergency menu posted on the dry food storage door. Peanut butter sandwiches</p>	F 371	<p>3. The Dietary Manager will daily (Monday through Friday) and the cook (Saturday and Sunday) will check food storage, cleanliness of equipment, compliance of temperature logs, and sanitary conditions of food handling and storage in the dietary department.</p> <p>4. As part of the facility's ongoing quality assurance program dietary sanitation will be monitored monthly for the next six months by the Dietary Manager.</p> <p>The Dietary Manager will audit trays weekly at varying times to ensure proper temperatures of food.</p> <p>The Dietary Manager is auditing key areas for sanitation as a secondary check. Included in this report is equipment sanitation, storage of food and utensils, etc.</p> <p>These audits are reported to the Executive Director to be reviewed to ensure compliance.</p>	

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NAME OF PROVIDER OR SUPPLIER HILLTOP LODGE		STREET ADDRESS, CITY, STATE, ZIP CODE 821 EAST HIGH STREET, P O BOX 559 OWINGSVILLE, KY 40360		
(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
F 371	<p>Continued From page 12</p> <p>were noted to be listed on the menu for the evening meals on the second and third days. Further observation revealed one (1) eighty (80) ounce container of peanut butter which was approximately half full.</p> <p>Interview with the Dietary Manager on 02/15/11 at 10:15 AM revealed this was enough peanut butter to last for one of the meals, however it would not be enough to last for both of the meals.</p> <p>Observation on 02/15/11 at 11:25 AM, revealed temperatures were not taken on the gravy, pureed macaroni and cheese, greens, fish or the milk. The temperatures which were taken, were observed as follows: macaroni and cheese 150 degrees Fahrenheit, greens 160 degrees Fahrenheit, fish 158 degrees Fahrenheit and ice cream 18 degrees Fahrenheit.</p> <p>Review of the facility's temperature logs revealed temperatures were documented as follows; meat entree 180 degrees Fahrenheit, vegetable entree 190 degrees Fahrenheit, soup/gravy 180 degrees Fahrenheit, mechanical soft 180 degrees Fahrenheit, puree meat 180 degrees Fahrenheit, juice/milk 36 degrees Fahrenheit and dessert 35 degrees Fahrenheit. It was noted none of these temperatures coincided with temperatures which were observed on trayline.</p> <p>Interview with the Dietary Manager on 02/17/11 at 1:56 PM revealed the food temperatures documented should be the same as observed on the tray line. She further indicated Resident #1 received soup on most days and every once in a while other residents would request soup. She further indicated all temperatures should be documented exactly as they were observed to be</p>	F 371		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(K1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185307	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/17/2011
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NAME OF PROVIDER OR SUPPLIER HILLTOP LODGE	STREET ADDRESS, CITY, STATE, ZIP CODE 521 EAST HIGH STREET, P O BOX 559 OWINGSVILLE, KY 40360
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(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)	(X6) COMPLETION DATE
F 371	<p>Continued From page 13 for food items.</p> <p>Interview with Cook #5 on 02/15/11 at 1:56 PM revealed for the column labeled soup/gravy she normally documented the temperature for one or the other. She stated she did not normally check the temperature for single serve soup heated in the microwave.</p> <p>Interview with Cook #5 on 02/15/11 at 12:30 PM revealed all temperatures usually were taken before the trayline started.</p> <p>Observation during the lunch time meal service on 02/18/11 at 11:55 AM revealed an Unsampled Resident had a diet order for double portions per his/her diet card. Further observation revealed the resident received one (1) serving of ice cream and two (2) servings of everything else.</p> <p>Observation during the lunch time meal service on 02/15/11 at 11:55 AM, revealed Dietary Aide #6's hair net did not fully cover her hair. The Dietary Aide was assisting with preparation of residents' trays.</p> <p>Interview with Dietary Aide #6 revealed her hair should be covered fully with the hair net.</p> <p>Interview with the Registered Dietitian on 02/17/11 at 11:00 AM, revealed double portions to her meant the resident should receive two (2) servings of everything on a tray. She further indicated the resident should have received two (2) servings of ice cream.</p> <p>Observation at 11:55 AM on 02/15/11, revealed Cook #5 warmed up a bowl of chicken noodle soup in the microwave and did not check the</p>	F 371		

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NAME OF PROVIDER OR SUPPLIER HILLTOP LODGE	STREET ADDRESS, CITY, STATE, ZIP CODE 621 EAST HIGH STREET, P O BOX 559 OWINGSVILLE, KY 40360
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F 371	<p>Continued From page 14</p> <p>temperature of the soup before sending it out to Resident #1.</p> <p>Observation on 02/15/11 at 12:05 PM revealed Dietary Aide #6 revealed she put dirty dishes into the dishwasher and did not change gloves and wash hands prior to removing the clean dishes from the dish washer. Further observation revealed Dietary Aide #6 poured a glass of water with out changing gloves or washing hands before. She was noted to obtain a sandwich from the refrigerator and an ice cream from the freezer with out having washed her hands and changed gloves.</p> <p>Observation on 02/15/11 at 12:10 PM, revealed no temperatures were taken of the chicken salad and pimento cheese sandwiches.</p> <p>Observation on 02/15/11 at 12:30 PM revealed Cook #5 revealed she opened a drawer and closed it and touched the fish with her hand to cut it up for a mechanical soft diet. Further observation revealed Cook #5 did not wash her hands or change her glove prior to touching the fish and after touching the fish and the drawer before continuing on trayline.</p> <p>Interview on 02/15/11 at 11:00 AM, with Cook #5 revealed temperatures were usually taken and should always be taken for all foods before they were served. Further interview revealed the temperature of the chicken noodle soup should have taken before it was served. She further stated she should have changed her gloves and washed her hands before touching the fish and after touching the fish before returning to the trayline.</p>	F 371		

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NAME OF PROVIDER OR SUPPLIER HILLTOP LODGE			STREET ADDRESS, CITY, STATE, ZIP CODE 521 EAST HIGH STREET, P O BOX 559 OWINGSVILLE, KY 40360		
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F 371	Continued From page 15 Interview on 02/16/11 at 7:55 PM, with Resident #1's Power of Attorney revealed she had noticed the temperature of the soup was not checked before it was fed to residents in the dining room. She further indicated she had observed an aide feeding Resident #1 hot soup and noticed the resident grimaced on the first bite and she felt the soup had been too hot for the resident to consume.	F 371			

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NAME OF PROVIDER OR SUPPLIER HILLTOP LODGE	STREET ADDRESS, CITY, STATE, ZIP CODE 821 EAST HIGH STREET, P O BOX 559 OWINGSVILLE, KY 40360
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K 000 K 064 SS=E	<p>INITIAL COMMENTS</p> <p>A Life Safety Code Survey was initiated and concluded on 02/15/2011 for compliance with Title 42, Code of Federal Regulations, 483.70 and found the facility not in compliance with NFPA 101 Life Safety Code, 2000 Edition. Deficiencies were cited with the highest deficiency identified at an "E".</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, it was determined the facility failed to ensure fire extinguishers were maintained according to NFPA standards.</p> <p>The findings include: Review of the yearly fire extinguisher maintenance record on 02/16/2011 at 10:54 AM, revealed five (5) fire extinguishers located in the facility were in need of a hydrostatic test. The observation was confirmed with the Maintenance Director.</p> <p>Interview on 02/16/2011 at 10:54 AM, with the Maintenance Director, revealed the facility had no documented evidence the five (5) fire extinguishers had hydrostatic testing performed.</p> <p>Reference: NFPA 10 (1998 edition)</p>	K 000 K 064	<p>K064. It is and was on the day of survey the policy of Hilltop Lodge for portable fire extinguishers provided to be in accordance with NFPA standards.</p> <ol style="list-style-type: none"> The five fire extinguishers noted have been replaced and hydrostatic testing is up to date. The service was done by Sentry Fire on 02/17/11. All fire extinguishers were checked by Sentry Fire on 02/17/11 to ensure proper working condition. Sentry Fire will inspect for needed hydrostatic testing on a yearly basis. Fire extinguishers are serviced annually. The Director of Maintenance will maintain a log to ensure service dates, safety tag, and the need of hydrostatic testing on all fire extinguishers. 	02/18/11
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BY: _____

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Heather O'Brien</i>	TITLE Executive Director	(X6) DATE 3/31/11
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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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NAME OF PROVIDER OR SUPPLIER HILLTOP LODGE			STREET ADDRESS, CITY, STATE, ZIP CODE 521 EAST HIGH STREET, P O BOX 559 OWINGSVILLE, KY 40360	
(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)	(X6) COMPLETION DATE
K 064	Continued From page 1 5-2 Frequency. At intervals not exceeding those specified In Table 5-2, fire extinguishers shall be hydrostatically retested. The hydrostatic retest shall be conducted within the calendar year of the specified test interval. In no case shall an extinguisher be recharged if it is beyond its specified retest date. (For nonrechargeable fire extinguishers, see the exception to 4-4.3.	K 064	4. To ensure quality assurance the Director of Maintenance will check fire extinguisher tags to verify the extinguisher has been properly serviced and report all findings to the Executive Director on a monthly basis.	
K 069 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: Based on interview and record review it was determined the facility failed to perform hydrostatic tests for the kitchen hood system as required. The findings include: Review of the semi-annual kitchen hood system maintenance records on 02/16/2011 at 10:52 AM, revealed the last hydrostatic test for the kitchen hood system was performed in 1998. The observation was confirmed with the Maintenance Director. Interview on 02/16/2011 at 10:52 AM, with the Maintenance Director, revealed the facility had no documented evidence that the kitchen hood system had a hydrostatic test since 1998. Reference: NFPA 96 (1998 edition) 7-2.2.1 Automatic fire-extinguishing systems shall	K 069	K069 It is and was on the day of survey the policy of Hilltop Lodge for cooking facilities to be in accordance with NFPA standards. 1. The kitchen hood was hydrostatic tested and is up to date. The service was provided by Sentry Fire on 02/17/11. 2. The hood was checked by Sentry Fire to ensure proper working condition. Sentry Fire will inspect the hood for hydrostatic testing on a yearly basis. 3. The Director of Maintenance will maintain a log to ensure the hood is checked and hydrostatic tested when needed.	02/18/11

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NAME OF PROVIDER OR SUPPLIER HILLTOP LODGE	STREET ADDRESS, CITY, STATE, ZIP CODE 521 EAST HIGH STREET, P O BOX 559 OWINGSVILLE, KY 40360
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K 069	Continued From page 2 be in-stalled in accordance with the terms of their listing, the manufacturer's instructions, and the following standards where applicable. (a) NFPA 12, Standard on Carbon Dioxide Extinguishing Systems (c) NFPA 17, Standard for Dry Chemical Extinguishing Systems (d) NFPA 17A, Standard for Wet Chemical Extinguishing Systems	K 069	4. To ensure quality assurance the Director of Maintenance will check the hood to verify it has been serviced properly and report findings to the Executive Director. This will be reported to the QA meeting annually.	