Printed: 07/06/2025 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395812	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/15/2023
NAME OF PROVIDER OR SUPPLIER Hilltop Heights Health & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Woodmont Road Johnstown, PA 15905	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0835	Administer the facility in a manner that enables it to use its resources effectively and efficiently.		
Level of Harm - Minimal harm or potential for actual harm	19102		
Residents Affected - Some	Based on review of job descriptions and the deficiencies cited during the current survey, it was determined that the Nursing Home Administrator (NHA) and the Director of Nursing (DON) failed to assume responsibility for effective management of the facility to ensure the provision of a proper 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 such as COVID-19. Findings include: The undated job description for the NHA indicated that the NHA was responsible for planning, organizing, directing, and controlling the activities of the facility and providing leadership, staff development, budgeting, and management of key services in accordance with policies and procedures, and current federal, state, and local standards, guidelines, and regulations that govern long term care facilities to ensure each resident received the necessary nursing, medical, and psycho-social services to attain and maintain the highest possible mental and physical functional status. The undated job description for the DON indicated that the DON was to manage all nursing functions, including planning, organizing, directing and controlling nursing services, and was to coordinate related services to ensure total quality care of geriatric residents and residents of various ages. The DON was to assume responsibility for the development of nursing service objectives, performance standards of nursing practice for each category of nursing personnel, and nursing policies and procedures, and assumed accountability for the development, organization, and implementation of approved policies and procedures.		
	The deficiencies cited under the Code of Federal Regulatory Groups for Long-Term Care, 483.80 Infection Prevention and Control (F880), revealed that the NHA and DON failed to fulfill their essential job duties for ensuring the provision of 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.		
	Refer to F880.		
	28 Pa. Code 201.14(a) Responsibility of licensee.		
	(continued on next page)		

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.

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

TITLE

(X6) DATE

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 395812

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F 0835	28 Pa. Code 201.18(b)(1)(e)(1) Ma	nagement.	
Level of Harm - Minimal harm or potential for actual harm	28 Pa. Code 211.12(d)(1)(5) Nursing services.		
Residents Affected - Some			

			NO. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395812	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/15/2023
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some			

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For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	EFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Johnstown, PA 15905 plan to correct this deficiency, please contact the nursing home or the state survey agency. SUMMARY STATEMENT OF DEFICIENCIES		I that the resident was positive. A D23, revealed that Resident 8 was ID-19 test result for Resident 8, ere was no documented evidence I that the resident was positive. A y 24 and 26, 2023, revealed that test result for Resident 10, dated mation revealed that Residents 9 sult on February 25, 2023, and ing Resident 9's positive test result. In that the resident was positive, ealed that the resident was positive, ealed that the resident was re roommates at the time that is no documented evidence that In that the resident was positive, ealed that the resident was positive, ealed that the resident was re roommates at the time that is no documented evidence that In the tresident was positive, and a the resident was negative. Daily the time that Resident 15 had a ence that either resident was I revealed that because the of their COVID-19 positive tive and the negative residents in ealed that the South wing was I remed that the health and safety of eand negative residents in the set of the positive residents in the set of the positive were not cohorted with the exposed. The facility developed

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