

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>175348</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/06/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>HILLTOP LODGE HEALTH AND REHABILITATION</b>		STREET ADDRESS, CITY, STATE, ZIP <b>815 N INDEPENDENCE AVENUE, PO BOX 467 BELOIT, KS 67420</b>	
For information on the nursing home's plan to correct this deficiency, please contact 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 0606  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<b>Not hire anyone with a finding of abuse, neglect, exploitation, or theft.</b>  The facility had a census of 65 residents. Based on record review and interview, the facility failed to perform criminal background checks on three of six sampled direct care staff and two of two sampled dietary staff prior to allowing them to work with residents in the facility. Findings included: - The facility's criminal background checks documented the facility hired 31 new employees in the past six months, with the following five background checks not completed prior to the employee working. Dietary Staff (DS) BB, hired 10/30/19, started work 11/05/19, criminal background check completed 12/18/19. DS CC, hired 11/18/19, started work 11/21/19, criminal background check completed 12/02/19. Certified Medication Aide (CMA) R, hired 01/02/2020, started work 01/02/2020, criminal background check completed 02/09/2020. Certified Nurse Aide (CNA) M, hired 01/16/2020, started work 01/18/2020, criminal background check completed 02/10/2020. CNA N, hired 01/14/2020, started work 01/16/2020, criminal background check completed 02/10/2020. On 04/06/2020 at 01:50 PM, Administrative Staff B stated she was responsible for ensuring background checks were completed prior to staff working and could not explain why the background checks were not completed timely. Administrative Staff B verified the five staff members started working with residents prior to the criminal background checks being completed. On 04/06/2020 at 01:58 PM, Administrative Staff A verified the background checks had not been completed prior to the newly hired staff working with residents and expected the background checks to be completed prior to them working the floor. Administrative Staff A stated last week staff started an audit of the background checks and identified the need for more support in the business office due to increased staff needs during the COVID (coronavirus disease- respiratory illness) crisis. Upon request, the facility failed to provide a policy for criminal background checks. The facility failed to perform criminal background checks on three of six sampled direct care staff and two of two sampled dietary staff prior to allowing them to work, placing the residents at risk for potential abuse, neglect, or exploitation.		
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.