

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065241	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/04/2025
NAME OF PROVIDER OR SUPPLIER Hilltop Park Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 290 S Monaco Pkwy Denver, CO 80224	

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)
<p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to organize and participate in resident/family groups in the facility.</p> <p>(continued on next page)</p>

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
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<p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on record review and interviews, the facility failed to ensure a response, action, and rationale to residents involved in group grievances. Specifically, the facility failed to:-Make prompt efforts to work with residents to resolve their food grievances; and;-Fully investigate and document grievance resolutions and corrective action. Findings include: I. Facility policy and procedure The Grievances/Complaints policy, revised 4/17/25, was provided by the director of nursing (DON) on 10/15/25 around 3:00 p.m. It read in pertinent part, The grievance officer, administrator, and staff will take immediate action to prevent further potential violations of resident rights while the alleged violation is being investigated. All grievances, complaints, or recommendations stemming from resident or family groups concerning issues of resident care in the facility will be considered. Actions on such issues will be responded to in writing, including a rationale for the response. The administrator will review the findings with the grievance officer to determine what corrective actions, if any, need to be taken. II. Resident interviews Resident #6 was interviewed on 10/15/25 at 9:45 a.m. Resident #6 said that she thought the food served at the facility was horrible; so she usually ordered sandwiches for lunch and dinner because they were more palatable than the hot food served by the facility. Resident #7 was interviewed on 10/15/25, at 10:00 a.m. Resident #7 said she did not like the food they served at the facility. Resident #7 said she informed the dietary staff of her food preferences, but that they did not accommodate her. She said she usually chose to eat sandwiches because the other food they served was unappetizing. Resident #3 was interviewed on 10/15/25 at 11:15 a.m. Resident #3 said she had put in verbal grievances about the food quality at the facility. She said that she would request specific food items from the kitchen and that she would not get the items as requested when her food tray arrived. She said that the food usually tastes burnt or freezer-burnt. She said that overall, the food quality was not good. She said that one time she had discussed her concerns with the dietary manager (DM), and he had told her that he had too many residents to feed each meal, so sometimes items would be missed and not everyone would like the meal. She said that since the conversation with the DM, nothing had changed about her meal ticket accuracy or the quality of the food. Resident #8 was interviewed on 10/15/25 at 12:00 p.m. Resident #8 said that he thought the facility's cook had it out for him because his food was either scorched or undercooked. He said that sometimes he was served cold food, and he usually did not get the items he requested. Resident #4 was interviewed on 10/15/25 at 4:00 p.m. Resident #4 said that the topic of the last resident council meeting was primarily about cold food and the facility's poor kitchen service. He said that the meeting did not change anything despite their grievances, and the residents were still being served cold food. He said that they had brought this topic up with the administration before, but that the issue was ongoing. He said the problem was due to the certified nursing assistants (CNA) leaving the food delivery cart doors open while delivering food trays to residents' rooms. He said that meal ticket accuracy had also been an ongoing issue with the kitchen not providing the resident the meals they had ordered and not providing condiments as ordered. He said that most of the problems occur during the morning meal. III. Observations On 10/15/25, at 4:50 p.m., three CNAs were observed passing out dinner trays to residents. The trays were stored in a tall metal, uninsulated dinner cart that was delivered from the kitchen to the unit. The dinner cart did not plug into the wall and had no way of keeping food warm. The doors to the dinner cart were kept open as the CNAs delivered trays to the residents' rooms. IV. Record Review The facility had seven grievances on record from July 2025 to September 2025 relating to food and mealtimes. Common themes across the two-month time frame reviewed were about meal ticket inaccuracy and residents receiving cold food. The facility and DM's response to the grievance reports failed to document efforts to resolve any of the resident concerns. The facility was unable to provide documented proof of any meaningful changes or steps being taken to correct the issues the residents brought forward or to prevent more resident complaints regarding the same issues. -Three grievance forms reviewed were written by residents who said they did not get items that they requested on their meal ticket from the kitchen. These three grievances were filed on 7/15/25, 7/28/25, and 9/15/25. The resolution section of the grievance filed on 7/15/25 documented says the kitchen staff needed to pay closer attention to detail, and the dietary manager (DM) would be notified about ticket inaccuracy. -Two grievance forms written on 7/24/25 and 8/5/25 were written by residents who said they were receiving cold food. The facility food committee meeting minutes from July 2025 and August 2025 documented the residents brought up the meal inaccuracy. The Residents told the DM and kitchen staff their experience was not good due to the meal ticket inaccuracy. The meeting minutes from August 2025 documented that meal</p>		