

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

PRINTED: 02/19/2025
FORM APPROVED
OMB NO. 0938-039

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|---|--|---|--|---|--|--|----------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155488 | | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING | | X3) DATE SURVEY COMPLETED 01/28/2025 | |
| NAME OF PROVIDER OR SUPPLIER ROLLING HILLS HEALTHCARE CENTER | | | | STREET ADDRESS, CITY, STATE, ZIP COD 3625 ST JOSEPH RD NEW ALBANY, IN 47150 | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIE (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 0000 Bldg. 00 | <p>This visit was for the Investigation of Complaint IN00450462.</p> <p>This visit was in conjunction with the Post Survey Revisit for Complaint IN00448446 completed on 12/20/24.</p> <p>Complaint IN00450462 - Federal/State deficiencies related to the allegations are cited at F761 and F842.</p> <p>Complaint IN00448446 - Not corrected.</p> <p>An unrelated deficiency cited.</p> <p>Survey dates: January 25, 27 and 28, 2025</p> <p>Facility number: 000526 Provider number: 155488 AIM number: 100266970</p> <p>Census Bed Type: SNF/NF: 92 Total: 92</p> <p>Census Payor Type: Medicare: 3 Medicaid: 34 Other: 55 Total: 92</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on January 30, 2025.</p> | | | F 0000 | | | |

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

TITLE

(X6) DATE

Cheryl Fagundo

RNDON

02/12/2025

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 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 30 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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| F 0690 SS=D Bldg. 00 | <p>483.25(e)(1)-(3) Bowel/Bladder Incontinence, Catheter, UTI</p> <p>Based on observation, interview and record review, the facility failed to ensure Indwelling catheter care orders were implemented for 1 of 3 residents reviewed for Indwelling catheters. (Resident M)</p> <p>Findings include:</p> <p>On 1/28/25 at 11:29 a.m., the resident was observed sitting in a chair in her room with an Indwelling catheter in place.</p> <p>The clinical record for Resident M was reviewed on 1/28/25 at 11:04 a.m. The resident's diagnosis included, but was not limited to, stage 4 sacral pressure ulcer (wound that extends through all layers of the skin, reaching the underlying muscle, tendon or bone).</p> <p>The care plan, dated 1/13/25, indicated the resident had an Indwelling catheter and to provide catheter care every shift.</p> <p>The clinical record lacked documentation of any Indwelling catheter care for Resident M.</p> <p>During an interview on 1/28/25 at 9:55 a.m., Staff Member 11 indicated Indwelling catheter care orders should be implemented upon admission.</p> <p>On 1/28/25 at 2:44 p.m., the Regional Director of Clinical Operations provided a current, undated copy of the document titled "Catheter Care". It included, but was not limited to, "Policy...It is the policy of this facility to provide resident centered care...Catheter care is performed twice daily on residents that have indwelling catheters, for as</p> | | | F 0690 | <p>Preparation and execution of this plan of correction does not constitute admission or agreement by this provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The plan of correction is prepared and executed solely because it is required by the provisions of federal and state law. The facility cordially requests paper compliance regarding alleged deficient practices.</p> <p>1) Due to confidentiality of the complaint survey Resident M can't be identified.</p> <p>2) All residents with a catheter are at risk to be affected. All residents with a catheter to be reviewed to assure residents have catheter care orders in place. Any discrepancies will be addressed immediately with resident assessments and NP/MD notifications.</p> <p>3) DON/Designee will educate the licensed nurses on companies Catheter Care Policy, emphasizing on assuring catheter care orders are in place for residents with catheters.</p> <p>4) DON/Designee will audit all residents with a catheter weekly for 3 months to validate residents with a catheter have catheter care orders in place.</p> | | 02/18/2025 |

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| F 0761 SS=E Bldg. 00 | <p>long as the catheter is in place...."</p> <p>3.1-41(a)(2)</p> <p>483.45(g)(h)(1)(2) Label/Store Drugs and Biologicals</p> <p>Based on observation, interview and record review, the facility failed to ensure narcotic medications were not signed out prior to administration times for 7 of 11 residents reviewed for medication storage. (Resident E, Resident M, Resident N, Resident R, Resident S, Resident T and Resident U)</p> <p>Findings include:</p> <p>On 1/27/25 at 11:24 a.m., during an observation of the 400 hall controlled drug administration records with LPN (Licensed Practical Nurse) 6, the following narcotic medications had been signed out but not administered:</p> <ul style="list-style-type: none"> -Resident E - Hydrocodone-APAP 5-325 mg (milligrams) signed out on 1/27/25 at 1:00 p.m. -Resident M - Oxycodone IR 5 mg (2 tabs to equal 10 mg) signed out on 1/27/25 at 2:00 p.m. -Resident N - Oxycodone IR 10 mg signed out on 1/27/25 at 2:00 p.m. -Resident R - Oxycodone IR 10 mg signed out on 1/27/25 at 1:00 p.m. -Resident S - Hydrocodone-APAP 5-325 mg signed out on 1/27/25 at 1:00 p.m. -Resident T - Oxycodone-APAP 5-325 mg signed out on 1/27/25 at 1:00 p.m. | F 0761 | <p>DON/Designee will report on audits monthly to the interdisciplinary team for 3 months during the QAPI Meeting. The IDT will determine if the audits are necessary to continue after 3 months with 100% compliance</p> <p>Preparation and execution of this plan of correction does not constitute admission or agreement by this provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The plan of correction is prepared and executed solely because it is required by the provisions of federal and state law.</p> <p>The facility cordially requests paper compliance regarding alleged deficient practices.</p> <p>1) Due to confidentiality of the complaint survey Resident E, M, N, R, S, T and U can't be identified.</p> <p>2) All residents that have a controlled substance order are at risk to be affected. All controlled substance count sheets to be reviewed and assure no medications are documented as administered before they are administered per MD orders, any discrepancies will be addressed immediately.</p> | 02/18/2025 | |

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| | <p>-Resident U - Hydrocodone-APAP 10-325 mg signed out on 1/27/25 at 1:00 p.m.</p> <p>During an interview on 1/27/25 at 11:24 p.m., LPN 6 indicated she had already signed out her 1:00 p.m. and 2:00 p.m. medications but had not given them yet. She was aware that she should not sign the medications out ahead of time.</p> <p>1. The clinical record for Resident E was reviewed on 1/27/25 at 12:09 p.m. The diagnoses included, but were not limited to, major depressive disorder, right above the knee amputation and left hand contracture.</p> <p>The physician's order, dated 1/7/25, indicated the resident was to receive Hydrocodone-Acetaminophen 5-325 mg three times a day for pain.</p> <p>During an interview on 1/28/25 at 9:55 a.m., Staff Member 11 indicated the controlled drug administration record should be signed when pulled from the card to administer.</p> <p>On 1/28/25 at 12:30 p.m., the Regional Director of Clinical Operations provided a current, undated copy of the document titled "Chain of Custody for Controlled Substances". It included, but was not limited to, "Policy...It is the policy of this facility to provide resident centered care...Safety of residents...is a top priority...Nurses will sign both the MAR (medication administration record) and the Drug Count sheet when administering a controlled substance to a resident..."</p> <p>On 1/28/25 at 12:30 p.m., the Regional Director of Clinical Operations provided a current, undated copy of the document titled "Medication Administration". It included, but was not limited</p> | | | | <p>3) DON/Designee will educate the licensed nurses and qualified medication aides on Medication Administration and Chain of Custody for controlled substances Policies, emphasizing on documenting medications administered the time of administration on the controlled count sheet and in the EMAR.</p> <p>4) DON/Designee will audit controlled substance count sheets 3xweek x 4 weeks, 2xweek x 4 weeks, then 1xweek x 4 weeks to verify medications are documented at time of administration, not prior. DON/Designee will report on audits monthly to the interdisciplinary team for 3 months during the QAPI Meeting. The IDT will determine if the audits are necessary to continue after 3 months with 100% compliance</p> | | |

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| | <p>to, "MAR: Medication Administration Record - the legal documentation for medication administration...Policy...It is the policy of this facility to provide resident centered care...Procedure...Narcotic will be signed out when given...."</p> <p>2. The clinical record for Resident M was reviewed on 1/28/25 at 11:04 a.m. The diagnosis included, but was not limited to, stage 4 sacral pressure ulcer (wound that extends through all layers of the skin, reaching the underlying muscle, tendon or bone).</p> <p>The physician's order, dated 1/14/25 indicated the resident was to receive Oxycodone HCl 10 mg every 4 hours as needed for pain.</p> <p>3. The clinical record for Resident N was reviewed on 1/28/25 at 11:24 a.m. The diagnoses included, but were not limited to, diabetes with neuropathy and rheumatoid arthritis.</p> <p>The physician's order, dated 1/22/25, indicated the resident was to receive Oxycodone HCl 10 mg every 8 hours as needed for pain.</p> <p>4. The clinical record for Resident R was reviewed on 1/28/25 at 2:01 p.m. The diagnoses included, but were not limited to, malignant neoplasm of the laryngeal cartilage and recurrent depressive disorder.</p> <p>The physician's order, dated 1/2/25, indicated the resident was to receive Oxycodone HCl 10 mg three times a day for pain.</p> <p>5. The clinical record for Resident S was reviewed on 1/28/25 at 1:40 p.m. The diagnosis included, but was not limited to, depression.</p> | | | | | | |

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| F 0842 SS=E Bldg. 00 | <p>The physician's order, dated 1/15/25, indicated the resident was to receive Hydrocodone-Acetaminophen 5-325 mg three times a day for pain.</p> <p>6. The clinical record for Resident T was reviewed on 1/28/25 at 2:10 p.m. The diagnoses included, but were not limited to, depression, anxiety and congestive heart failure.</p> <p>The physician's order, dated 12/30/24, indicated the resident was to receive Oxycodone-Acetaminophen 7.5-325 mg three times a day for pain.</p> <p>7. The clinical record for Resident U was reviewed on 1/28/25 at 2:17 p.m. The diagnoses included, but were not limited to, peripheral vascular disease, diabetes and depression.</p> <p>The physician's order, dated 1/1/25, indicated the resident was to receive Hydrocodone-Acetaminophen 10-325 mg three times a day for pain.</p> <p>This Citation relates to Complaint IN00450462</p> <p>3.1-25(a)</p> <p>483.20(f)(5), 483.70(i)(1)-(5) Resident Records - Identifiable Information</p> <p>Based on interview and record review, the facility failed to ensure medication administration records reflected the administration of narcotic medications for 4 of 11 residents reviewed for medical records. (Resident M, Resident N, Resident O and Resident V)</p> | | | F 0842 | Preparation and execution of this plan of correction does not constitute admission or agreement by this provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The plan of | | 02/18/2025 |

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| | <p>Findings include:</p> <p>1. The clinical record for Resident M was reviewed on 1/28/25 at 11:04 a.m. The diagnosis included, but was not limited to, stage 4 sacral pressure ulcer (wound that extends through all layers of the skin, reaching the underlying muscle, tendon or bone).</p> <p>The physician's order, dated 1/14/25, indicated the resident was to receive Oxycodone (narcotic pain medication) HCl (hydrochloride) 10 mg (milligrams) every 4 hours as needed for pain.</p> <p>The January 2025 controlled drug administration record indicated the resident received the medication on the following dates and times:</p> <ul style="list-style-type: none"> - 1/20/25 at 6:00 a.m., 10:00 a.m. and 2:00 p.m. - 1/21/25 at 6:00 a.m., 10:00 a.m., 2:00 p.m. and 8:00 p.m. - 1/22/25 at 6:00 a.m., 10:00 a.m., 3:00 p.m. and 8:00 p.m. - 1/23/25 at 1:00 a.m., 6:00 a.m., 10:00 a.m. and 2:00 p.m. - 1/24/25 at 8:00 a.m. and 5:00 p.m. <p>The January 2025 medication administration record (MAR) lacked documentation of the administration of the medication.</p> <p>During an interview on 1/28/25 at 9:55 a.m., Staff Member 11 indicated when as needed medications are administered, the MAR should be signed to show the medication was administered.</p> <p>2. The clinical record Resident N was reviewed on 1/28/25 at 11:24 a.m. The diagnoses included, but were not limited to, diabetes with neuropathy,</p> | | | | <p>correction is prepared and executed solely because it is required by the provisions of federal and state law.</p> <p>The facility cordially requests paper compliance regarding alleged deficient practices.</p> <p>1) Due to confidentiality of the complaint survey Resident M, N, O and V can't be identified.</p> <p>2) All residents that receive controlled substance are at risk to be affected. All MARS and controlled substance count sheets to be reviewed for last 14 days to assure medications administered were documented on the controlled substance count sheet and EMAR per MD orders, any discrepancies will be addressed.</p> <p>3) DON/Designee will educate the licensed nurses and qualified medication aides on Medication Administration Policy, emphasizing on documenting medication in the EMAR and the controlled substance count sheet at the time of administration.</p> <p>4) DON/Designee will audit EMAR and controlled substance count sheets 2xweek x 8 weeks, then 1xweek x 4 weeks to verify controlled medications administered have been documented in the EMAR and on the controlled substance count sheets. DON/Designee will report on audits monthly to the interdisciplinary team for 3 months</p> | | |

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| | <p>osteoarthritis and rheumatoid arthritis.</p> <p>The physician's order, dated 1/22/25, indicated the resident was to receive Oxycodone HCl 10 mg every 8 hours as needed for pain.</p> <p>The January 2025 controlled drug administration record indicated the resident received the medication on the following dates and times: - 1/22/25 at 9:00 p.m. - 1/23/25 at 6:00 a.m. and 2:00 p.m. - 1/25/25 at 8:00 a.m.</p> <p>The January 2025 MAR lacked documentation of the administration of the medication.</p> <p>3. The clinical record for Resident O was reviewed on 1/28/25 at 11:44 a.m. The diagnosis included, but was not limited to, depression.</p> <p>The physician's order, dated 1/20/25, indicated the resident was to receive Morphine Sulfate (narcotic pain medication) 0.25 ml (milliliters) every 4 hours as needed for pain or shortness of air.</p> <p>The January 2025 controlled drug administration record indicated the resident received the medication on the following dates and times: - 1/22/25 at 8:45 a.m. and 12:45 p.m. - 1/23/25 at 6:00 a.m., 11:00 a.m. and 3:00 p.m. - 1/26/25 at 12:00 p.m.</p> <p>The January 2025 MAR lacked documentation of the administration of the medication.</p> <p>4. The clinical record for Resident V was reviewed on 1/28/25 at 2:28 p.m. The diagnoses included, but were not limited to, left femur fracture, diabetes and depression.</p> | | | | <p>during the QAPI Meeting. The IDT will determine if the audits are necessary to continue after 3 months with 100% compliance</p> | | |

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| | <p>The physician's order, dated 12/19/24, indicated the resident was to receive Norco (narcotic pain medication) 7.5-325 mg every 6 hours as needed for pain.</p> <p>The January 2025 controlled drug administration record indicated the resident received the medication on the following dates and times: - 1/20/25 at 7:00 a.m., 1:00 p.m. and 8:00 p.m. - 1/21/25 at 7:00 a.m., 1:00 p.m. and 8:00 p.m. - 1/22/25 at 7:00 a.m., 1:00 p.m. and 8:00 p.m. - 1/23/25 at 7:00 a.m., 1:00 p.m. and 8:00 p.m. - 1/26/25 at 5:00 p.m.</p> <p>The January 2025 MAR lacked documentation of the administration of the medication.</p> <p>On 1/28/25 at 12:30 p.m., the Regional Director of Clinical Operations provided a current, undated copy of the document titled "Medication Administration". It included, but was not limited to, "MAR: Medication Administration Record - the legal documentation for medication administration...Policy...It is the policy of this facility to provide resident centered care...Procedure...Medications will be charted when given...."</p> <p>This Citation relates to Complaint IN00450462</p> <p>3.1-50(a)(2)</p> | | | | | | |