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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 09/21/2022 |
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| NAME OF PROVIDER OR SUPPLIER ROLLING HILLS HEALTHCARE CENTER | STREET ADDRESS, CITY, STATE, ZIP COD 3625 ST JOSEPH RD NEW ALBANY, IN 47150 |
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| F 0000 Bldg. 00 | <p>This visit was for the Investigation of Complaints IN00386136, IN00387569 and IN00390481.</p> <p>Complaint IN00386136 - Substantiated. Federal/State deficiency related to the allegations is cited at F692.</p> <p>Complaint IN00387569 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00390481 - Substantiated. Federal/State deficiency related to the allegations is cited at F842.</p> <p>Survey dates: September 19, 20 and 21, 2022</p> <p>Facility number: 000526 Provider number: 155488 AIM number: 100266970</p> <p>Census Bed Type: SNF/NF: 108 Total: 108</p> <p>Census Payor Type: Medicare: 2 Medicaid: 82 Other: 24 Total: 108</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on September 27, 2022.</p> | F 0000 | <p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. Rolling Hills would like to request a desk review in lieu of a follow up revisit.</i></p> | |
| F 0692 SS=E | 483.25(g)(1)-(3) Nutrition/Hydration Status Maintenance | | | |

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 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 disclosed 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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| Bldg. 00 | <p>§483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident-</p> <p>§483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise;</p> <p>§483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health;</p> <p>§483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. Based on interview and record review, the facility failed to ensure the residents' fluid intake was documented for 4 of 4 residents reviewed for hydration. (Residents C, E, F and H)</p> <p>Findings include:</p> <p>1. The clinical record for Resident C was reviewed on 9/19/22 at 2:34 p.m. The diagnoses included, but were not limited to, dysphasia and hypertension.</p> <p>The care plan, dated 11/24/21, indicated the resident was at risk for nutritional decline and staff were to monitor the resident's meal intake.</p> <p>The resident's June 2022 fluid intake record lacked documentation of the resident's fluid consumed</p> | F 0692 | <p>Corrective action for the residents found to have been affected by the deficient practice: Resident C, E, F and H could not be identified as they were part of a confidential complaint survey.</p> <p>Corrective action taken for those residents having the potential to be affected by the same deficient practice: All residents that consume fluids in the facility have the potential to be affected by alleged deficient practice. An audit was conducted to review fluid intake documentation for</p> | 10/12/2022 |

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| | <p>on 6/3/22, 6/5/22, 6/8/22, 6/10/22, 6/17/22 and 6/23/22.</p> <p>Review of the resident's laboratory results for a BMP (basic metabolic panel), dated 6/23/22, indicated the resident's Chloride was 111 (normal range was 96 to 106) and a BUN (blood urea nitrogen) level was 37 (normal range was 6 to 24).</p> <p>The nurse practitioner note, dated 6/24/22 at 2:36 p.m., indicated staff were to encourage the resident's intake of fluids related to dehydration.</p> <p>The clinical record lacked documentation of additional fluids offered.</p> <p>During an interview on 9/21/22 at 2:43 p.m., CNA (Certified Nursing Aide) 6 indicated all of the resident's fluid intake should have been documented.</p> <p>2. The clinical record for Resident E was reviewed on 9/20/22 at 2:34 p.m. The diagnoses included, but were not limited to, Alzheimer's disease and right femur fracture.</p> <p>Review of the resident's August 2022 and September fluid intake records lacked documentation of the resident's fluids consumed on the following dates: 8/8/22, 8/15/22, 8/19/22, 8/23/22, 8/27/22, 8/28/22, 9/3/22, 9/4/22 and 9/11/22.</p> <p>3. The clinical record for Resident F was reviewed on 9/19/22 at 3:40 p.m. The diagnoses included, but were not limited to, dysphasia, anxiety, and hypertension.</p> <p>The care plan, dated 10/6/20, indicated the resident was at risk for fluid deficit and staff were</p> | | <p>the last 14 days to ensure residents had their fluid intake completed. Any resident found with incomplete documentation had their hydration status assessed, physician and family were notified of any concerns. Measures/systemic changes put into place to ensure the deficient practice does not recur:</p> <p>DON/Designee have educated nursing staff on the facility's policy identified as, "Clinical Documentation Standards" with emphasis on documenting fluid intake. Corrective actions to be monitored to ensure the deficient practice will not recur:</p> <p>The DON and/or Designee will audit 5 resident's daily x's 4 weeks, then 5 resident's weekly x's 4 weeks, then 5 resident's monthly x's 4 months to ensure compliance. Monitoring/auditing of this plan of correction will occur on all shifts.</p> <p>The results of the audit observations will be reported, reviewed and trended for compliance thru the facility Quality Assurance Committee for a minimum of 6 months then randomly thereafter for further recommendation.</p> | |

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

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| F 0842 SS=D Bldg. 00 | <p>to monitor the resident's fluid intake via meal intake.</p> <p>Review of the resident's August 2022 and September 2022 fluid intake record lacked documentation of the resident's fluids consumed on the following dates: 8/6/22, 8/9/22, 8/15/22, 8/18/22 - 8/20/22, 8/22/22, 8/27/22, 8/28/22, 9/3/22, 9/5/22, 9/9/22, 9/12/22 and 9/17/22.</p> <p>4. The clinical record for Resident H was reviewed on 9/20/22 at 3:08 p.m. The diagnoses included, but were not limited to, dysphasia, hypertension and diabetes.</p> <p>Review of the resident's August 2022 and September 2022 fluid intake record lacked documentation of the resident's fluids consumed on the following dates: 8/8/22, 8/12/22, 8/15/22, 8/19/22, 8/23/22, 8/27/22, 8/28/22, 9/3/22, 9/4/22 and 9/11/22.</p> <p>On 9/21/22 at 5:09 p.m., the Regional Director of Clinical Operation provided a current copy of the document titled "Clinical Documentation Standards" dated 8/31/18. It included, but was not limited to, "Policy...It is the policy of this facility to provide resident centered care...Document entries during the work shift...and complete...before leaving the facility for that...shift..."</p> <p>This Federal tag relates to Complaint IN00386136</p> <p>3.1-46</p> <p>483.20(f)(5), 483.70(i)(1)-(5) Resident Records - Identifiable Information §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that</p> | | | |

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| | <p>is resident-identifiable to the public.</p> <p>(ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.</p> <p>§483.70(i) Medical records.</p> <p>§483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-</p> <p>(i) Complete;</p> <p>(ii) Accurately documented;</p> <p>(iii) Readily accessible; and</p> <p>(iv) Systematically organized</p> <p>§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-</p> <p>(i) To the individual, or their resident representative where permitted by applicable law;</p> <p>(ii) Required by Law;</p> <p>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</p> <p>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> | | | |

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| | <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.</p> <p>Based on observation, interview and record review, the facility failed to ensure a resident's (Resident H) medication administration record accurately reflected the administration of as needed narcotic pain medication for 1 of 4 residents reviewed for resident records.</p> <p>Findings include:</p> <p>The clinical record for Resident H was reviewed on 9/20/22 at 3:08 p.m. The diagnoses included, but were not limited to, dysphasia, hypertension and diabetes.</p> | F 0842 | <p>Corrective action for the residents found to have been affected by the deficient practice:</p> <p>Resident H could not be identified as resident was part of a confidential complaint survey.</p> <p>Corrective action taken for those residents having the potential to be affected by the same deficient practice:</p> <p>All residents that receive narcotics have the potential to be affected</p> | 10/12/2022 |

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| | <p>On 9/20/22 at 2:39 p.m., the resident was observed resting in bed, with her call light in reach, without signs or symptoms of pain or discomfort.</p> <p>The physician's order, dated 9/12/22, indicated the resident was to receive Hydrocodone (narcotic pain medication) 10-325 mg (milligrams), one tablet every 8 hours as needed for pain.</p> <p>The September 2022 controlled drug record record indicated the Hydrocodone was administered on the following dates:</p> <p>-9/13/22 at 9:00 a.m. and 4:00 p.m. -9/14/22 at 7:00 a.m. and 2:00 p.m. -9/15/22 at 6:00 a.m., 12:00 p.m. and 6:00 p.m. -9/16/22 at 11:00 a.m., 4:00 p.m., and 10:00 p.m. -9/17/22 at 2:00 p.m. -9/18/22 at 2:30 a.m., 8:00 a.m., 1:00 p.m., and 7:00 p.m. -9/19/22 at 7:30 a.m., 2:00 p.m., 9:00 p.m.</p> <p>The resident's September 2022 medication administration record lacked documentation of the resident's administration of the narcotic pain medication.</p> <p>During an interview on 9/21/22 at 2:47 p.m., LPN (Licensed Practical Nurse) 4 indicated when an as needed pain medication was administered it should have been signed out on the narcotic count sheet and the medication administration record.</p> <p>On 9/21/22 at 5:09 p.m., the Regional Director of Clinical Operations provided a current copy of the document titled "Medication Administration" dated 8/3/2010. It included, but was not limited to, "MAR: Medication Administration Record - legal documentation for medication administration...It is</p> | | <p>by alleged deficient practice. An audit was conducted for the last 14 days on residents who receive narcotics (scheduled or PRN) to ensure accurate documentation was reflected in the medical record. Those residents found to be out of compliance had their family and physician contacted and medical record corrected in appropriate.</p> <p>Measures/systemic changes put into place to ensure the deficient practice does not recur:</p> <p>The DON/designee has educated all licensed staff and qualified medication aids on the facility's policy identified as, "Medication Administration" with emphasis on documentation accuracy.</p> <p>Corrective actions to be monitored to ensure the deficient practice will not recur:</p> <p>The DON and/or Designee will audit 10 resident's daily x's 4 weeks, then 10 resident's weekly x's 4 weeks, then 10 resident's monthly x's 4 months to ensure medication administration record reflects accurate documentation of administered PRN medications.</p> <p>The results of the audit observations will be reported, reviewed and trended for compliance thru the facility Quality Assurance Committee for a minimum of 6 months then</p> | |

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| | the policy of this facility to provide resident centered care...Medications will be charted when given...." This Federal tag relates to Complaint IN00390481 3.1-50(a)(1)(2) | | randomly thereafter for further recommendation. | | |