

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155488	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 11/21/2022
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NAME OF PROVIDER OR SUPPLIER ROLLING HILLS HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3625 ST JOSEPH RD NEW ALBANY, IN 47150
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F 0695 SS=D Bldg. 00	<p>483.25(i) Respiratory/Tracheostomy Care and Suctioning § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart.</p> <p>Based on observation, interview and record review, the facility failed to ensure a physician's order was in place for a resident (Resident D) with a BiPAP (bi-level positive airway pressure) machine and to ensure physician orders were in place for supplemental oxygen (Resident D, G and H) for 3 of 4 residents reviewed for respiratory therapy.</p> <p>Findings include:</p> <p>1. The clinical record for Resident D was reviewed on 11/18/22 at 11:43 a.m. The diagnoses included, but were not limited to, chronic respiratory failure with hypoxia and chronic obstructive pulmonary disease.</p> <p>The care plan, dated 10/11/22, indicated the resident had chronic respiratory failure and to provide oxygen per physician order.</p> <p>The progress note, dated 10/7/22 at 9:53 p.m., indicated the resident was a new admission, awake with oxygen in place a 3 LPM (liters per minute), and that the he would notify staff when he was ready for bed so staff could assist with placement of his BiPAP.</p>	F 0695	<p>This Plan of Correction is the center's credible allegation of compliance. 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.</p> <p>Corrective action for the residents found to have been affected by the deficient practice: Resident(s) D, G and H could not be identified as they were part of a confidential survey.</p> <p>Corrective action taken for those residents having the potential to be affected by the same deficient practice:</p>	12/16/2022
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Joe Cox	Executive Director	12/15/2022

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 disclosable 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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	<p>The clinical record lacked documentation of a physician's order for the oxygen and the BiPAP.</p> <p>During an interview on 11/18/22 at 3:50 p.m., the interim Director of Nursing indicated the resident did have a BiPAP machine and continuous oxygen, however, she could not find orders for those.</p> <p>2. The clinical record for Resident G was reviewed on 11/18/22 at 3:37 p.m. The diagnoses included, but were not limited to, chronic obstructive pulmonary disease and anxiety.</p> <p>On 11/18/22 at 3:45 p.m., the resident was observed resting in bed with her eyes open. Oxygen was in place at 3 LPM. The resident's oxygen tubing was dated 9/25/22 and verified by LPN (Licensed Practical Nurse) 3. LPN 3 indicated the oxygen tubing should be changed every Sunday on night shift.</p> <p>The care plan, dated 7/22/21, indicated the resident received oxygen therapy due to ineffective gas exchange and was to receive oxygen via nasal cannula at 3 to 4 LPM.</p> <p>The clinical record lacked documentation of any physician orders for the supplemental oxygen.</p> <p>On 11/18/22 at 3:50 p.m., the interim Director of Nursing indicated there was not an order for the supplemental oxygen.</p> <p>3. The clinical record for Resident H was reviewed on 11/18/22 at 4:03 p.m. Diagnoses included, but were not limited to, chronic obstructive pulmonary disease and chronic respiratory failure.</p>		<p>All residents who use bi-level positive airway machines and supplemental oxygen have the potential to be affected by alleged deficient practice. A whole house audit was conducted to review all residents with use of bi-level positive airway machines and supplemental oxygen to ensure orders were in place. Those found without physician orders, had orders initiated per MD immediately and transcribed to the resident's medical record to reflect use of bi-pap or supplemental oxygen.</p> <p>Measures/systemic changes put into place to ensure the deficient practice does not recur: DON/Designee have re-educated licensed nursing staff regarding facilities policies "Supplemental Oxygen, using nasal cannula" and "CPAP/Bipap" Policy with emphasis on ensuring orders are in place for residents and/or patients who have these devices in use.</p> <p>Corrective actions to be monitored to ensure the deficient practice will not recur: The DON and/or Designee will audit 3 resident(s) daily x's 4 weeks to include new admissions or readmissions, then 2 resident(s) weekly x's 4 weeks,</p>	

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	<p>On 11/18/22 at 4:30 p.m., the resident was observed resting in bed with her eyes open. She had oxygen in place at 4 LPM and her oxygen tubing was dated 11/13/22.</p> <p>The care plan, dated 9/20/21, indicated the resident received oxygen therapy due to chronic obstructive pulmonary disease and chronic respiratory failure. Oxygen was to be provided per nasal cannula per physician order.</p> <p>The clinical record lacked a physician's order for supplemental oxygen.</p> <p>During an interview on 11/21/22 at 2:45 p.m., the interim Director of Nursing indicated per their audit on 11/18/22, the resident was found not to have oxygen orders in place.</p> <p>On 11/18/22 at 3:50 p.m., the interim Director of Nursing provided a current copy of the document titled "Supplemental Oxygen using Nasal Cannula" and undated. It included, but was not limited to, "Policy...It is the policy of this facility to provide resident centered care...Supplemental oxygen may be administered to residents via various routes including through the use of a nasal cannula at the order of physician...."</p> <p>On 11/18/22 at 3:30 p.m., the interim Director of Nursing provided a current copy of the document titled "CPAP/BiPAP" and undated. It included, but was not limited to, "Policy...PURPOSE...To improve oxygenation...Procedure...Obtain the physician's order...Verify the correct order of the...BiPAP settings...."</p> <p>This Federal tag relates to Complaint IN00393332</p> <p>3.1-47(a)(6)</p>		<p>then 1 resident(s) monthly x's 4 months to ensure compliance. The DON/Unit Manager/Designee will present the results of these audits monthly to the QAPI committee for no less than 6 months. Any patterns that are identified will have an Action Plan initiated. The QAPI committee will determine when 100% compliance is achieved or if ongoing monitoring is required.</p>	

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F 0757 SS=D Bldg. 00	<p>483.45(d)(1)-(6) Drug Regimen is Free from Unnecessary Drugs</p> <p>§483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used-</p> <p>§483.45(d)(1) In excessive dose (including duplicate drug therapy); or</p> <p>§483.45(d)(2) For excessive duration; or</p> <p>§483.45(d)(3) Without adequate monitoring; or</p> <p>§483.45(d)(4) Without adequate indications for its use; or</p> <p>§483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or</p> <p>§483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section.</p> <p>Based on interview and record review, the facility failed to ensure a physician's order was in place prior to the administration of narcotic medications for 2 of 3 residents reviewed for unnecessary medications. (Resident D and G)</p> <p>Findings include:</p> <p>1. The clinical record for Resident D was reviewed on 11/18/22 at 11:43 a.m. The diagnosis included, but was not limited to, chronic obstructive pulmonary disease.</p> <p>The admission order, dated 10/7/22, indicated the</p>	F 0757	This Plan of Correction is the center's credible allegation of compliance. 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	12/16/2022

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	<p>resident was to receive Lorazepam (narcotic anti-anxiety medication) 0.5 mg (milligrams) every 8 hours as needed for anxiety.</p> <p>The physician's order, dated 10/10/22, indicated to discontinue the Lorazepam 0.5 mg every 8 hours as needed for anxiety.</p> <p>Review of the October 2022 controlled drug administration record indicated the resident was administered the Lorazepam, without a physician's order, on 10/11/22 at 8:00 a.m. and 8:00 p.m., 10/12/22 at 7:00 a.m., 3:00 p.m. and 7:30 p.m., 10/13/22 at 7:30 a.m., 2:30 p.m. and 10:30 a.m., and 10/14/22 at 7:00 a.m.</p> <p>During an interview on 11/18/22 at 3:50 p.m., the interim Director of Nursing indicated Resident D's Lorazepam was discontinued on 10/10/22 and the resident continued to receive the medication until discharge. If a medication was not on the medication administration record, it should not be given.</p> <p>2. The clinical record for Resident G was reviewed on 11/18/22 at 3:37 p.m. The diagnosis included, but was not limited to, rheumatoid arthritis.</p> <p>The physician's order, dated 9/8/22, indicated to discontinue the Hydrocodone-Acetaminophen (narcotic pain medication) 5-325 mg every 6 hours as needed for pain.</p> <p>The physician's order, dated 9/8/22, indicated the resident was to received Hydrocodone-Acetaminophen 5-325 mg, one tablet in the morning and one tablet in the evening.</p> <p>Review of the September 2022 and October 2022</p>		<p>review in lieu of a follow up revisit.</p> <p>Corrective action for the residents found to have been affected by the deficient practice: Resident(s) D and G could not be identified as they were part of a complaint survey.</p> <p>Corrective action taken for those residents having the potential to be affected by the same deficient practice: All resident(s) with current or past orders for narcotic medications have the potential to be affected by alleged deficient practice. An audit was conducted to review narcotic medication administration for last 14 days to ensure all narcotic medications administered were administered per current physician order. Those found to have medication administered without current physician order had concerns reported to physician and responsible party immediately.</p> <p>Measures/systemic changes put into place to ensure the deficient practice does not recur: DON/Designee re-educated licensed staff and QMA's on the facility policy, "Medication Administration" with emphasis on administering narcotic medication per physician order only.</p>	

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	<p>controlled drug record indicated the resident received the narcotic pain medication, without a physician's order, on the following dates and times:</p> <p>-09/10/22 at 2:00 p.m. -09/18/22 at 2:00 p.m. -09/24/22 at 1:00 a.m. and 6:30 a.m. -09/26/22 at 12:30 p.m. and 6:00 p.m. -10/30/22 at 12:00 p.m. -10/31/22 at 12:00 a.m.</p> <p>During an interview on 11/21/22 at 2:45 p.m., the interim Director of Nursing indicated she did not have an answer as to why the resident was given the Hydrocodone other than twice daily as ordered.</p> <p>On 11/18/22 at 4:16 p.m., the Director of Nursing provided a current copy of the document titled "Medication Administration" dated 8/3/2010. 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 of care...Procedure...Administer medication only as prescribed by the provider</p> <p>This Federal tag relates to Complaint IN00393332</p> <p>3.1-48(a)(1)</p>		<p>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 3 resident's weekly x's 4 weeks, then 2 resident's monthly x's 4 months to include residents who have had narcotic medication orders changed or discontinued to ensure narcotic medication is administered as ordered.</p> <p>The DON/Unit Manager/Designee will present the results of these audits monthly to the QAPI committee for no less than 6 months. Any patterns that are identified will have an Action Plan initiated. The QAPI committee will determine when 100% compliance is achieved or if ongoing monitoring is required.</p>	