

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

PRINTED: 06/14/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155464		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 05/14/2018	
NAME OF PROVIDER OR SUPPLIER ROCKVILLE NURSING AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 768 N US HWY 41 ROCKVILLE, IN 47872			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
E 0000 Bldg. --	<p>An Emergency Preparedness Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 05/14/18</p> <p>Facility Number: 000492 Provider Number: 155464 AIM Number: 100291360</p> <p>At this Emergency Preparedness survey, Rockville Nursing and Rehabilitation Center was found in substantial compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73</p> <p>The facility has 38 certified beds. At the time of the survey, the census was 27.</p> <p>The requirement at 42 CFR, Subpart 483.73 is NOT MET as evidenced by:</p> <p>Quality Review by Lex Brashear, Life Safety Code Specialist on 05/22/18.</p>			E 0000	<p>Preparation and/or execution of this plan of correction in general, or any corrective actions set forth herein, in particular, does not constitute an admission or agreement by Rockville Nursing & Rehabilitation of the facts alleged or the conclusions set forth in the statement of deficiencies. The plan of correction and specific corrective actions are prepared and/ or executed solely because of provisions of federal and/ or state laws.</p> <p>Rockville Nursing & Rehabilitation desires this plan of correction to be considered the facilities allegation of compliance effective 6/08/2018.</p> <p>Rockville Nursing & Rehab would like to request a desk review for compliance with these deficiencies as we feel with the new processes adopted we will obtain and maintain continued compliance.</p>		
E 0015 SS=C Bldg. --	<p>Based on record review and interview, the facility failed to ensure emergency preparedness policies and procedures include at a minimum, (1) The provision of subsistence needs for staff and residents, whether they evacuate or shelter in place, include, but are not limited to the following:</p> <p>(i) Food, water, medical, and pharmaceutical</p>			E 0015	<p>E - 0015</p> <p>It is the standard of Rockville Nursing & Rehab to have an Emergency Management Plan that includes plans for the subsistence needs of staff and patients for sewage and waste</p>		06/08/2018

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 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.

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

PRINTED: 06/14/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155464		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 05/14/2018	
NAME OF PROVIDER OR SUPPLIER ROCKVILLE NURSING AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 768 N US HWY 41 ROCKVILLE, IN 47872			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
E 0024 SS=C Bldg. --	<p>supplies. (ii) Alternate sources of energy to maintain - (A) Temperatures to protect resident health and safety and for the safe and sanitary storage of provisions; (B) Emergency lighting; (C) Fire detection, extinguishing, and alarm systems; and (D) Sewage and waste disposal in accordance with 42 CFR 483.73(b)(1). This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on record review on 05/14/18 between 09:20 a.m. and 10:55 a.m., with the facility Administrator, the facility had an emergency preparedness plan, but it was incomplete. The emergency preparedness plan failed to ensure emergency preparedness policies and procedures include at a minimum, (1) The provision of subsistence needs for staff and residents, whether they evacuate or shelter in place, include, but are not limited to the following: (i) Food, water, medical, and pharmaceutical supplies. (ii) Alternate sources of energy to maintain - (A) Temperatures to protect resident health and safety and for the safe and sanitary storage of provisions; (B) Emergency lighting; (C) Fire detection, extinguishing, and alarm systems; and (D) Sewage and waste disposal in accordance with 42 CFR 483.73(b)(1). Based on interview at the time of record review, the facility Administrator acknowledged that the facilities emergency preparedness plan failed to address (D) Sewage and waste disposal in accordance with 42 CFR 483.73(b)(1). During the exit conference, no additional information or evidence could be provided contrary to this deficient finding.</p>				<p>disposal.</p> <p>No residents were affected by this alleged deficient practice.</p> <p>An agreement was created with Dick McCalister & Sons Inc. to provide portable toilet services to Rockville Nursing and Rehab in the case of a sewage emergency. The agreement for provisions of sewage services will be reviewed at the all staff in service on June 8, 2018.</p> <p>Rockville Nursing & Rehab would like to request a desk review for compliance with this deficiency as we feel with the new CMU added to the Emergency Management Plan we will obtain and maintain continued compliance.</p>		

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

PRINTED: 06/14/2018
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155464		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING _____		X3) DATE SURVEY COMPLETED 05/14/2018	
NAME OF PROVIDER OR SUPPLIER ROCKVILLE NURSING AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 768 N US HWY 41 ROCKVILLE, IN 47872			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
K 0000 Bldg. 01	<p>Based on record review and interview, the facility failed to ensure emergency preparedness policies and procedures include the use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State or Federally designated health care professionals to address surge needs during an emergency in accordance with 42 CFR 483.73(b)(6). This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on record review on 05/14/18 between 09:20 a.m. and 10:55 a.m., with the facility Administrator, the facility had an emergency preparedness plan, but it was incomplete. The emergency preparedness plan failed to ensure emergency preparedness policies and procedures include the use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State or Federally designated health care professionals to address surge needs during an emergency. Based on interview at the time of record review, the facility Administrator acknowledged that the facilities emergency preparedness plan failed to ensure emergency preparedness policies and procedures include the use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State or Federally designated health care professionals to address surge needs during an emergency. During the exit conference, no additional information or evidence could be provided contrary to this deficient finding.</p>			E 0024	<p>E - 0024</p> <p>It is the standard of Rockville Nursing & Rehab to have an Emergency Management Plan that includes the use of volunteers in an emergency.</p> <p>No residents were affected by this alleged deficient practice.</p> <p>A policy entitled Guidelines on the Deployment of Healthcare Disaster Volunteers was developed and added to the facility Emergency Management Plan.</p> <p>The policy Guidelines on the Deployment of Healthcare Disaster Volunteers will be reviewed at the all staff in service on June 8, 2018.</p> <p>Rockville Nursing & Rehab would like to request a desk review for compliance with this deficiency as we feel with the policy added to the Emergency Management Plan we will obtain and maintain continued compliance.</p>		06/08/2018

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

PRINTED: 06/14/2018
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155464		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 05/14/2018	
NAME OF PROVIDER OR SUPPLIER ROCKVILLE NURSING AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 768 N US HWY 41 ROCKVILLE, IN 47872			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 05/14/18</p> <p>Facility Number: 000492 Provider Number: 155464 AIM Number: 100291360</p> <p>At this Life Safety Code survey, Rockville Nursing and Rehabilitation Center was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type II (111) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors and spaces open to the corridors, plus battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 38 and had a census of 27 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered, except the smoking building and all areas providing facility services were sprinklered, except two detached wood buildings and one detached metal shed, all used for facility storage.</p> <p>Quality Review by Lex Brashear, Life Safety Code Specialist on 05/22/18.</p>			K 0000	<p>Preparation and/or execution of this plan of correction in general, or any corrective actions set forth herein, in particular, does not constitute an admission or agreement by Rockville Nursing & Rehabilitation of the facts alleged or the conclusions set forth in the statement of deficiencies. The plan of correction and specific corrective actions are prepared and/ or executed solely because of provisions of federal and/ or state laws.</p> <p>Rockville Nursing & Rehabilitation desires this plan of correction to be considered the facilities allegation of compliance effective 6/08/2018.</p> <p>Rockville Nursing & Rehab would like to request a desk review for compliance with these deficiencies as we feel with the new processes adopted we will obtain and maintain continued compliance.</p>		

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

PRINTED: 06/14/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155464		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 05/14/2018	
NAME OF PROVIDER OR SUPPLIER ROCKVILLE NURSING AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 768 N US HWY 41 ROCKVILLE, IN 47872			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
K 0291 SS=F Bldg. 01	<p>NFPA 101 Emergency Lighting Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1 Based on observation and interview, the facility failed to ensure 1 of 1 battery powered emergency lights were maintained in accordance with LSC 7.9. LSC 7.9.2.6 states battery operated emergency lights shall use only reliable types of rechargeable batteries provided with suitable facilities for maintaining them in properly charged condition. Batteries used in such lights or units shall be approved for their intended use and shall comply with NFPA 70 National Electric Code. LSC 7.9.2.7 states the emergency lighting system shall be either continuously in operation or shall be capable of repeated automatic operation without manual intervention. This deficient practice could affect all residents, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director and facility Administrator on 05/14/18 at 12:20 a.m., the battery operated emergency light attached to the outside of the building located at the emergency generator location failed to function when its respective test button was pushed five times. Based on interview at the time of the observations, Maintenance Director acknowledged the aforementioned battery operated emergency light failed to function when its respective test button was pushed and that he noticed there was a lot of condensation under the emergency light cover that may have been the reason the light failed to function.</p>			K 0291	<p>K - 0291 It is the standard of Rockville Nursing & Rehab for emergency lighting to be of at least 1 ½ hr. duration and be provided automatically. No residents were affected by this alleged deficient practice. The non working emergency lighting outback by the emergency generator was removed. The Maintenance Director will check the operation of all other facility emergency lighting weekly and bring any issues to the facility QAPI committee for additional recommendations. Rockville Nursing & Rehab would like to request a desk review for compliance with this deficiency as we feel with the new processes adopted we will obtain and maintain continued compliance.</p>		06/11/2018

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

PRINTED: 06/14/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155464	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 05/14/2018
NAME OF PROVIDER OR SUPPLIER ROCKVILLE NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP COD 768 N US HWY 41 ROCKVILLE, IN 47872		
(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
	3.1-19(b)				