

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  11/23/2021
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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 Complaint IN00366888.</p> <p>Complaint IN00366888 - Substantiated. Federal/State deficiencies related to the allegations are cited at F656 and F698.</p> <p>Survey dates: November 22 and 23, 2021</p> <p>Facility number: 000526 Provider number: 155488 AIM number: 100266970</p> <p>Census Bed Type: SNF/NF: 107 Total: 107</p> <p>Census Payor Type: Medicare: 5 Medicaid: 88 Other: 14 Total: 107</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on November 29, 2021.</p>	F 0000	<p><b>A complaint surveyor from ISDH completed a Complaint Survey at</b></p> <p><b>Rolling Hills Healthcare. Enclosed please find the stated list of deficiencies with the facility's plan of correction for these alleged deficiencies. Please consider this letter and plan of correction to be the facility's credible allegation of compliance. This letter is our request for a desk review/paper compliance to verify the facility has achieved substantial compliance with the applicable requirements as of the date set forth in the plan of correction.</b></p>	
F 0656 SS=D Bldg. 00	<p>483.21(b)(1) Develop/Implement Comprehensive Care Plan §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a</p>			

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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	<p>resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -</p> <p>(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and</p> <p>(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c) (6).</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>Based on interview and record review, the facility failed to ensure a comprehensive care plan was implemented for a resident (Resident B) who received dialysis three days a week for 1 of 3</p>	F 0656	1. Resident that was identified in survey no longer resides at the facility.	12/17/2021

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F 0698 SS=D	<p>residents reviewed for care plans.</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 11/22/21 at 11:56 a.m. Diagnosis included, but was not limited to, dependence on renal dialysis.</p> <p>The July 2021 medication administration record indicated the resident was to receive dialysis on Tuesday, Thursday, and Saturday.</p> <p>The clinical record lacked documentation of a comprehensive care plan for the resident's dialysis.</p> <p>During an interview on 11/23/21 at 10:40 a.m., the Director of Nursing indicated she could not find a plan of care related to the dialysis.</p> <p>On 11/23/21 at 10:53 a.m., the Executive Director provided a current copy of the document titled "Plan of Care Overview" dated 7/26/18. It included, but was not limited to, "PoC...for the purpose of this policy the Plan of Care is the written treatment provided for a resident that is resident-focused and provides for optimal personalized care...It is the policy of this facility to provide resident centered care that meets the...physical...needs and concerns of the residents...."</p> <p>This Federal tag relates to Complaint IN00366888</p> <p>3.1-35(a) 3.1-35(b)(1) 3.1-35(c)(1)</p> <p>483.25(l) Dialysis</p>		<p>2. All residents receiving dialysis could be affected by this alleged deficient practice. All current residents that are receiving dialysis services will have care plans reviewed and updated as needed.</p> <p>3. DON/Designee will complete in service training with all licensed staff on the facilities policy identified as, "Care Plan Overview".</p> <p>4. DON/Designee will conduct audits of residents receiving dialysis care plans to ensure compliance weekly x 8 weeks, monthly x 1 month and quarterly x 1 quarter. Results of audits will be reviewed by QAPI team until 90 % compliance is achieved.</p>	

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Bldg. 00	<p>§483.25(l) Dialysis.</p> <p>The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.</p> <p>Based on interview and record review, the facility failed to ensure a resident's (Resident B) dialysis assessments were completed and failed to ensure monitoring was in place for 1 of 1 resident reviewed for dialysis.</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 11/22/21 at 11:56 a.m. Diagnosis included, but was not limited to, dependence on renal dialysis.</p> <p>The hospital records indicated, on 6/15/21, a hemodialysis catheter was placed to the right upper chest.</p> <p>Review of the Pre-Dialysis Evaluation indicated the residents temperature, weight, blood pressure, pulse, respirations, and any significant changes documented prior to dialysis.</p> <p>Review of the Post Dialysis Evaluation indicated the residents' weight, temperature, blood pressure, pulse, and respirations was to be assessed as well as an assessment of the dialysis access site.</p> <p>Review of the clinical record indicated the following assessments of the resident were not completed prior to and/or upon return from dialysis on the following dates: -7/10/21 - post dialysis evaluation -7/13/21 - post dialysis evaluation -7/15/21 - pre and post dialysis evaluation</p>	F 0698	<ol style="list-style-type: none"> <li>Resident that was identified in survey no longer resides at the facility.</li> <li>All residents receiving dialysis could be affected by this alleged deficient practice. All current residents that are receiving dialysis services will be audited to ensure assessments and monitoring is in place, those found without monitoring will be immediately corrected and the physician notified. The care plan will be reviewed and updated as needed.</li> <li>DON/Designee will complete in service training with all licensed staff regarding the facilities policy on "Hemodialysis" with emphasis on pre and post dialysis assessments.</li> <li>DON/Designee will conduct audits of residents receiving dialysis care pre and post assessments to ensure compliance weekly x 8 weeks, monthly x 1 month and quarterly x 1 quarter. Results of audits will be reviewed by QAPI team till 90% compliance achieved.</li> </ol>	12/17/2021	

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	<p>-7/17/21 - pre and post dialysis evaluation -7/22/21 - pre and post dialysis evaluation -7/27/21 - pre and post dialysis evaluation -7/29/21 - pre and post dialysis evaluation -7/31/21 - post dialysis evaluation -8/07/21 - post dialysis evaluation -8/10/21 - pre and post dialysis evaluation -8/12/21 - pre and post dialysis evaluation -8/24/21 - pre and post dialysis evaluation</p> <p>During an interview on 11/23/21 at 11:17 a.m., LPN (Licensed Practical Nurse) 2 indicated a resident who received dialysis should have had a pre-dialysis form completed prior to leaving and a post-dialysis form completed upon return. The dialysis access site needed to be monitored daily for any bleeding and signs of infection.</p> <p>The current policy titled "Hemodialysis Care and Monitoring" and dated 11/1/13, included, but was not limited to, "Hemodialysis...the use of a dialysis filtering machine that connects to the resident by way of a vascular access device that removes the blood from the resident, filters the blood through an artificial kidney filtration process to remove toxic wastes...and returns the newly filtered blood back to the resident by way of the vascular access device...It is the policy of this facility to provide resident centered care that meets the...physical...needs and concerns of the residents...Safety is a primary concern for our residents...Signs and Symptoms to monitor...Nausea...Fatigue...Pain...Pruritus...Reduced cognitive or mental clarity...Infection signs/symptoms...Thrombosis...Bleeding...The nurse will assess signs/symptoms...Catheters...Monitor for signs/symptoms of infection...."</p> <p>This Federal tag relates to Complaint IN00366888</p>			

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

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	3.1-37(a)				