

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

PRINTED: 05/23/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155488	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 04/24/2023
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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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(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
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K 0000 Bldg. 01	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 03/14/23 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 04/24/23</p> <p>Facility Number: 000526 Provider Number: 155488 AIM Number: 100266970</p> <p>At this PSR survey, Rolling Hills Healthcare 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 V (000) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detection in the corridors, spaces open to the corridors, and nine resident sleeping rooms in the 100B hall. All other resident rooms are equipped with battery operated smoke alarms. The facility has a capacity of 115 and had a census of 110 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>Quality Review completed on 04/25/23</p>	K 0000	This document was prepared at the direction of QA committee and was reviewed by it as part of a privileged investigation.	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE James Thompson	TITLE Interim Executive Director	(X6) DATE 05/09/2023
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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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K 0374 SS=F Bldg. 01	<p>NFPA 101 Subdivision of Building Spaces - Smoke Barrie Subdivision of Building Spaces - Smoke Barrier Doors 2012 EXISTING Doors in smoke barriers are 1-3/4-inch thick solid bonded wood-core doors or of construction that resists fire for 20 minutes. Nonrated protective plates of unlimited height are permitted. Doors are permitted to have fixed fire window assemblies per 8.5. Doors are self-closing or automatic-closing, do not require latching, and are not required to swing in the direction of egress travel. Door opening provides a minimum clear width of 32 inches for swinging or horizontal doors. 19.3.7.6, 19.3.7.8, 19.3.7.9 Based on observation and interview, the facility failed to ensure 2 of 6 sets of smoke barrier doors would close to form a smoke resistant barrier. LSC, Section 19.3.7.8 requires that doors in smoke barriers shall comply with LSC, Section 8.5.4. LSC, Section 8.5.4.1 requires doors in smoke barriers to close the opening leaving only the minimum clearance necessary for proper operation which is defined as 1/8 inch to restrict the movement of smoke. This deficient practice could affect all residents, as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on observations on 04/24/23 between 9:00 a.m. and 10:45 a.m. during a tour of the facility with the Maintenance Director and Maintenance Director from a sister facility, the following was noted:</p> <p>a. One door of the set of smoke barrier doors leading into the 400 hall would not close on its own when released from the magnetic holder</p>	K 0374	<p>K0374 1. There were no negative outcome as a result of this deficient practice. 2. The smoke barrier door leading into the 200 hall and into the 400 hall doors were fixed 4/28/23 and 5/2/23 respectively. 3. Maintenance Director and assistant will be educated on the expectation of inspecting smoke doors to ensure proper operation. Education will be completed by 5/8/23 4. Maintenance Director or assistant will inspect corridors 4 times a week for 4 weeks, then 2 times a week, then random there after. 5. All findings will be reported to the QAPI committee for further recommendations.</p>	05/10/2023
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K 0741 SS=E Bldg. 01	<p>because it was dragging on the floor.</p> <p>b. One door of the set of smoke barrier doors leading into the Center hall and main dining room area would not close on its own when released from the magnetic holder because it was dragging on the floor.</p> <p>Based on interview at the time of each observation, the facility Maintenance Director agreed both sets of smoke barrier doors observed dragged on the floor and did not close completely when tested.</p> <p>This finding was reviewed with the Executive Director and both Maintenance Director's during the exit conference.</p> <p>This deficient practice was cited on 03/14/23. The facility failed to implement a systemic plan of correction to prevent reoccurrences.</p> <p>3.1-19(b)</p> <p>NFPA 101 Smoking Regulations Smoking Regulations Smoking regulations shall be adopted and shall include not less than the following provisions: (1) Smoking shall be prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area shall be posted with signs that read NO SMOKING or shall be posted with the international symbol for no smoking. (2) In health care occupancies where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs with language that prohibits</p>			

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	<p>smoking shall not be required.</p> <p>(3) Smoking by patients classified as not responsible shall be prohibited.</p> <p>(4) The requirement of 18.7.4(3) shall not apply where the patient is under direct supervision.</p> <p>(5) Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted.</p> <p>(6) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted.</p> <p>18.7.4, 19.7.4</p> <p>Based on observation and interview, the facility failed to ensure cigarette butts were properly disposed of at 1 of 1 area where cigarettes were allowed to be smoked by residents. This deficient practice could affect at least 5 residents and staff.</p> <p>Findings include:</p> <p>Based on observations on 04/24/23 between 9:00 a.m. and 10:45 a.m. during a tour of the facility with the Maintenance Director and Maintenance Director from a sister facility, the resident smoking area in the courtyard gazebo had several cigarette disposal towers and a cigarette butt can, however, there were thousands of cigarette butts on the floor of the gazebo and on the ground in a large area around the gazebo. Based on interview at the time of observation, the Maintenance Director agreed there were thousands of cigarette butts on the ground in and around the gazebo.</p> <p>This finding was reviewed with the Executive Director and both Maintenance Director's during the exit conference.</p> <p>This deficient practice was cited on 03/14/23. The</p>	K 0741	<p>K-0741</p> <p>1 There were no negative outcome as a result of this deficient practice.</p> <p>2 Cigarette butts were cleaned on 4/28/23 see attached photo</p> <p>3 Employees in-serviced on keeping the resident gazebo clean of cigarette butts. In-services completed 4/27/23.</p> <p>4 Maintenance director or his assistant will inspect this area 5 days a week for 4 weeks, then 2 days a week and randomly there after.</p> <p>5 All findings will be reported to the QAPI committee further recommendation.</p>	05/10/2023

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