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

PRINTED: 02/07/2024 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER STREET AGRESS, CITY, STATE, ZIP CODE 3929 ST JOSEPH RO NEW ALBAMY, IN 47150 PAI-ID PAI-ID PAI-ID PROVIDERS PLAN OF CORRECTION AND THE PROCEDED BY PLUL REQUIATORY OR LSC (IBENTEYING INFORMATION) F 000 INITIAL COMMENTS F 000 This visit was for the Investigation of Complaint IN00425796. Complaint IN00425796 - No deficiencies related to the allegations are cited. Survey dates: February 2 and 5, 2024 Facility number: 100266970 Census Bed Type: SNF.MF: 101 Total: 101 Census Payor Type: Medicare: 56 Medicare: 56 Medicare: 56 Medicare: 56 Medicare: 57 Medicare: 58 Medicare: 58 Medicare: 59 Medicare: 50 Med	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
ROLLING HILLS HEALTHCARE CENTER ROLLING HILLS HEALTHCARE CENTER ROLLING HILLS HEALTHCARE CENTER SUMMARY SIZEMENT OF DEFICIONES (EACH DETICIENCY MIST BE PRECEDED BY FULL REGULATORY OR USE DEFINITING INFORMATION) F 000 INITIAL COMMENTS This visit was for the Investigation of Complaint IND0425796. Complaint IND0425796. No deficiencies related to the allegations are cited. Survey dates: February 2 and 5, 2024 Facility number: 100266970 Census Bed Type: SNF-RF: 101 Total: 101 Census Payor Type: Medicare: 5 Medicare: 6 Medi			155488 B. WING					
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PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) FOOD INITIAL COMMENTS This visit was for the Investigation of Complaint IN00425796. Complaint IN00425796 - No deficiencies related to the allegations are cited. Survey dates: February 2 and 5, 2024 Facility number: 000526 Provider number: 15488 AIM number: 100266970 Census Bed Type: SNF/NF: 101 Total: 101 Census Payor Type: Medicare: 5 Medicadi: 86 Other: 10 Total: 101 Rolling Hills Healthcare Center was found to be in compilance with 42 CFR Part 483, Subpart 8 and 410 IAC 162-31 in regard to the Investigation of Complaint IN00425796. Quality review completed on February 6, 2024.	ROLLING HILLS HEALTHCARE GENTER				NEW ALBANY, IN 47150			
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APORATORY DIRECTOR'S OR REQUIRED FEDESENTATIVE'S SIGNATURE		Quality review comple	eted on February 6, 2024.					
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ADDUNTODY DIDECTORS OF DOMAINED STIPLED REDESCRIPTIVES STANDED.						777.5		(10) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 14 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.