

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155488	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  09/17/2021
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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 Investigation of Complaint IN00362711 and a COVID-19 Focused Infection Control Survey.</p> <p>Complaint IN00362711 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: September 17, 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: 9 Medicaid: 88 Other: 10 Total: 107</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on September 21, 2021.</p>	F 0000	<p>On September 19th a complaint surveyor from ISDH completed a Complaint Survey at 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 as October 15, 2021</p> <p>Respectfully,</p> <p>Chris Chalman, Interim Executive Director</p>	
F 0886 SS=D Bldg. 00	<p>483.80 (h)(1)-(6) COVID-19 Testing-Residents &amp; Staff §483.80 (h) COVID-19 Testing. The LTC facility must test residents and facility staff, including individuals providing services under arrangement and volunteers, for COVID-19. At a minimum, for all residents and facility staff, including</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>individuals providing services under arrangement and volunteers, the LTC facility must:</p> <p>§483.80 (h)((1) Conduct testing based on parameters set forth by the Secretary, including but not limited to:</p> <ul style="list-style-type: none"> <li>(i) Testing frequency;</li> <li>(ii) The identification of any individual specified in this paragraph diagnosed with COVID-19 in the facility;</li> <li>(iii) The identification of any individual specified in this paragraph with symptoms consistent with COVID-19 or with known or suspected exposure to COVID-19;</li> <li>(iv) The criteria for conducting testing of asymptomatic individuals specified in this paragraph, such as the positivity rate of COVID-19 in a county;</li> <li>(v) The response time for test results; and</li> <li>(vi) Other factors specified by the Secretary that help identify and prevent the transmission of COVID-19.</li> </ul> <p>§483.80 (h)((2) Conduct testing in a manner that is consistent with current standards of practice for conducting COVID-19 tests;</p> <p>§483.80 (h)((3) For each instance of testing:</p> <ul style="list-style-type: none"> <li>(i) Document that testing was completed and the results of each staff test; and</li> <li>(ii) Document in the resident records that testing was offered, completed (as appropriate to the resident's testing status), and the results of each test.</li> </ul> <p>§483.80 (h)((4) Upon the identification of an</p>			

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	<p>individual specified in this paragraph with symptoms consistent with COVID-19, or who tests positive for COVID-19, take actions to prevent the transmission of COVID-19.</p> <p>§483.80 (h)(5) Have procedures for addressing residents and staff, including individuals providing services under arrangement and volunteers, who refuse testing or are unable to be tested.</p> <p>§483.80 (h)(6) When necessary, such as in emergencies due to testing supply shortages, contact state and local health departments to assist in testing efforts, such as obtaining testing supplies or processing test results.</p> <p>Based on record review and interview, the facility failed to ensure appropriate infection control practices were followed during the COVID-19 pandemic, related to testing of a symptomatic resident for 1 of 3 residents reviewed for infection control. (Resident 2)</p> <p>Findings include:</p> <p>The clinical record for Resident 2 was reviewed on 9/17/21 at 11:00 a.m. Diagnoses included, but were not limited to, metabolic encephalopathy, acute cystitis, bipolar, repeated falls, type 2 diabetes, dementia, and schizophrenia.</p> <p>The physician's order, dated 8/30/21, indicated to monitor the resident every shift for signs and symptoms of COVID-19 including symptoms evaluation, temperature, and O2 sats. The resident was to be placed in droplet precautions.</p>	F 0886	<p><b>1. What corrective action will be accomplished for those residents found to have been affected by the deficient practice.</b></p> <p>On 9/14/21, Resident # 2 was taken to the hospital by EMS and was admitted for COVID 19 and hypoxia.</p> <p><b>2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken.</b></p>	10/12/2021

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	<p>The nursing note, dated 9/9/21 at 12:45 p.m., indicated the resident received new orders for tessalon pearls three times daily for 7 days and a chest x-ray related to a cough.</p> <p>The nursing note, dated 9/9/21 at 2:28 p.m., indicated the resident had a temperature of 99.4 degrees Fahrenheit</p> <p>The nursing note, dated 9/9/21 at 2:44 p.m., indicated the resident was coughing and had congested lung sounds with a temperature of 99.4. A rapid COVID test was performed and was negative. A chest x-ray was ordered.</p> <p>The nursing note, dated 9/10/21 at 3:35 p.m., indicated the resident continued with a cough and congested lung sounds.</p> <p>The nursing note, dated 9/12/21 at 9:35 a.m., indicated the resident the resident had a fall in the bathroom, and it was very hard to obtain her blood oxygen level. It was initially 85%, and came up to 91% after 2 liters of oxygen was added.</p> <p>The nursing note, dated 9/13/21 at 4:59 a.m., indicated the resident continued to have a cough present.</p> <p>The clinical record lacked documentation of any further testing for COVID-19, including any use of a PCR (Polymerase Chain Reaction) test.</p> <p>The nursing note, dated 9/14/21 at 1:15 a.m., indicated the resident had been found lethargic and became unresponsive. Her oxygen saturation was 84 to 86 % (percent). She was placed on oxygen and 911 was called. The resident was taken to a local emergency department where she</p>		<p><b>All other residents that have symptoms of Covid-19 have the potential to be affected. An audit was conducted for Covid-19 symptoms of all residents for the last 48 hours any resident identified with Covid-19 symptoms had a POC completed and if negative a PCR was collected.</b></p> <p>3. What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur.</p> <p><b>The DON/Designee will educate all licensed nurses on the facilities current Covid-19 policy to collect a POC and a PCR if indicated for any resident exhibiting Covid-19 symptoms. The licensed nursing staff has been educated on notifying the DON of anyone with symptoms of Covid-19 to ensure appropriate guidance is implemented.</b></p>	

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	<p>was admitted for COVID-19 and hypoxia.</p> <p>During an interview, on 9/17/21 at 2:31 p.m., the Director of Nursing indicated when a resident was negative on a rapid or POC (point of care) test, but were symptomatic, a PCR test would be performed. She was not aware that the resident had a PCR test done and she should have had one.</p> <p>During an interview on 9/17/21 at 2:44 p.m., LPN (licensed practical nurse) 3 indicated the nurse practitioner did not order a PCR test because they didn't think she had COVID-19.</p> <p>The Indiana Department of Health COVID-19 Toolkit, last revised 9/7/21, included, but was not limited to, "... Considerations for interpretation of antigen tests in long term care facilities... symptomatic... antigen negative... perform a confirmatory NAAT test... NAAT: nucleic acid amplification test, including reverse-transcriptase polymerase chain reaction..."</p> <p>3.1-18(b)</p>		<p><b>4. The DON/IP/Designee will audit 5x weekly to ensure a PCR was conducted on any resident exhibiting Covid-19 symptoms and appropriate follow-up is completed. This will be an on-going facility practice.</b></p> <p><b>The DON/designee will track and trend audits; all findings will be reported to the QA committee monthly and the QA committee will determine what further monitoring is required.</b></p>	