

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155488	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/29/2024
NAME OF PROVIDER OR SUPPLIER  Rolling Hills Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3625 St Joseph Rd New Albany, IN 47150	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>34231</p> <p>Based on observation, interview and record review, the facility failed to ensure fall interventions were in place for 1 of 3 residents reviewed for accident hazards. (Resident C)</p> <p>Findings include:</p> <p>The clinical record for Resident C was reviewed on 8/28/24 at 12:50 p.m. The resident's diagnoses included, but were not limited to, Parkinson's disease and epilepsy.</p> <p>The care plan, dated 3/4/22, indicated the resident was at risk for falls and to apply non-skid strips to the left side of the bed.</p> <p>During an observation with the DON (Director of Nursing) on 8/28/24 at 2:53 p.m., the care planned intervention of non-skid strips to the left side of Resident C's bed were not in place.</p> <p>During an interview on 8/28/24 at 2:43 p.m., the DON indicated if the intervention was on the resident's plan of care, they should be in place.</p> <p>On 8/29/24 at 10:10 a.m., the Executive Director provided a current, undated copy of the document titled Fall Prevention and Management. It included, but was not limited to, It is the policy of this facility to provide resident centered care that meets the .needs .of the residents. Fall prevention .is the process of identifying risk factors that can minimize the potential for falls and also a process to manage a resident's care if a fall occurs</p> <p>This Citation relates to Complaint IN00440995</p> <p>3.1-45(a)(2)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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