

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 09/08/2025
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>Based on record review and interview, the facility failed to document medication administration for 1 of 5 residents reviewed for pharmacy services. (Resident B) Findings include: The clinical record for Resident B was reviewed on 09/08/25 at 11:36 AM. A Quarterly Minimum Data Set (MDS) assessment, dated 07/09/25, indicated the resident was moderately cognitively impaired . The resident's diagnoses included, but were not limited to, diabetes, hypertension, non-Alzheimer's dementia, anxiety, and depression.A current, open-ended physician's order, with a start date of 03/24/25, indicated the staff were to administer the resident's Lantus (insulin), 30 units, twice a day , in the morning and at bedtime. The August and September 2025, Electronic Medication Administration Record (EMAR) lacked documentation that the resident had received the Lantus medication on the following dates and times: 08/02/25 in the morning; 08/03/25 in the morning; 08/09/25 in the morning; 08/10/25 in the morning, 08/23/25 in the morning; 08/30/25 in the morning; 08/31/25 in the morning; and 09/07/25 in the morning.The clinical record lacked documentation that the resident was out of the building when the resident's medication administration was not documented. During an interview, on 09/08/25 at 2:56 P.M., RN 2 indicated all medications should be initialed in the EMAR. If the medication was not administered there should have been a progress note as to why it wasn't administered. During an interview, on 09/08/25 at 3:05 P.M., Clinical Support Nurse indicated a blank in the EMAR could mean that the medication was not signed out or the medication order had changed. The current facility policy titled, Medication Administration, was provided by the Clinical Support Nurse on 09/08/25 at 3:41 P.M. The policy indicated, .Medications will be charted when given .Medications that are refused or withheld or not given will be documented .Documentation of medication will be current for medication administration .Documentation of medications will follow accepted standards of nursing practice .This citation related to Intake 2609439.3. 1-25(b)(3)</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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