

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  11/13/2025
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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, record review, and interview the facility failed to ensure the hot water temperatures were between 100 and 120 degrees. This deficient practice had the potential to affect 82 of 82 residents living in the facility. Findings include: During an observation, on 11/13/25 at 10:00 a.m., the following hot water temperatures were observed:-room [ROOM NUMBER] hot water temperature in the bathroom was 93.6 degrees F.-room [ROOM NUMBER] had no hot water in the bathroom.- room [ROOM NUMBER] hot water temperature in the bathroom was degrees 88.0 FDuring an interview, on 11/13/25 at 10:00 a.m., the Maintenance Director indicated he had not received any complaints from the residents about the lack of hot water. The facility flushed the system every morning.During an interview, on 11/13/25 at 10:30 a.m., Resident B indicated he had not had hot water since September. He informed management that he did not have any hot water in his bathroom. He indicated they recently informed him the sink needed a valve replacement, but he has not had any hot water since September.During an observation, on 11/13/25 at 10:35 a.m., the Maintenance Director indicated the resident's bathroom did not have any hot water. The Maintenance Director allowed the hot water to run, and the water did not get warm. He indicated a valve needed replaced.During an interview, on 11/13/25 at 10:45 a.m., Resident F indicated there were some days she did not have hot water in her bathroom. Most of the time it would take the hot water a long time to warm up. The hot water would come and go.During an interview, on 11/13/25 at 11:00 a.m., the Maintenance Director indicated the hot water does take a while to warm up, but he thought it was related to the lack of running water for a while especially overnight. The water did take some time to warm up.During an interview, on 11/13/25 at 11:15 a.m., Certified Nursing Aide (CNA) 3 indicated the hot water in the resident rooms and the shower room took 5 to 10 minutes to warm up. The farther away the rooms the longer it took for the water to warm up.During an interview, on 11/13/25 at 11:20 a.m., Resident E indicated the hot water in her bathroom took about 10 minutes to warm up. She would wash her hands in cold water because it took too long to even get warm water.During an interview, on 11/13/ 25 at 12:00 p.m., the Executive Director (ED) indicated a couple of weeks ago a Qualified Medication Aide (QMA) called her and indicated there was no hot water. The Maintenance Director flushed the lines on Monday. The farther the rooms were the less the hot water there was, and she indicated it should not take that long for the water to heat up. The boilers were not centralized in one area. Each unit had their own hot water boiler.This citation relates to Intake 2659155.3. 1-19(f)(e)</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