

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  02/23/2026
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on interview and record review, the facility failed to ensure blood pressure parameters for a resident (Resident B) were followed, as ordered by the physician, for 1 of 3 residents reviewed for quality of care. Findings Include: The clinical record for Resident B was reviewed on 2/23/26 at 10:45 a.m. The resident's diagnosis included, but was not limited to, hypotension (low blood pressure) The physician's order, dated 2/6/26, indicated the resident was to receive Midodrine HCl (hydrochloride) 2.5 mg (milligrams) three times a day at 8:00 a.m., 12:00 p.m., and 4:00 p.m. for hypotension. The medication was to be held if the resident's systolic blood pressure (top number measuring the pressure in arteries when the heart contracts) was above 130. The February 2026 Medication Administration Record (MAR) indicated the resident received his Midodrine, when his systolic blood pressure was over 130, out of parameters on the following dates and times: -On 2/07/26 at 4:00 p.m., the resident received the Midodrine when his systolic blood pressure was 132. -On 2/17/26 at 8:00 a.m., the resident received the Midodrine when his systolic blood pressure was 138. -On 2/17/26 at 12:00 p.m., the resident received the Midodrine when his systolic blood pressure was 138. -On 2/17/26 at 4:00 p.m., the resident received the Midodrine when his systolic blood pressure was 138. During an interview, on 2/23/26 at 2:16 p.m., Registered Nurse (RN) 5 indicated a resident's blood pressure medication should not have been administered when the resident's blood pressure was out of the parameters set by the physician. On 2/23/26 at 2:27 p.m., the Regional Director of Clinical Operations provided a current, undated copy of the document titled Medication Administration. It included, but was not limited to, Definition. Medication Administration Record - the legal documentation for medication administration. Policy. It is the policy of this facility to provide resident centered care. Safety of residents is a top priority of care. Procedure. Administer medication only as prescribed by the provider. This Citation relates to Intake 2726703 3.1-37</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 155488
		If continuation sheet Page 1 of 2

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  02/23/2026
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>Based on observation, interview and record review, the facility failed to ensure respiratory assessments and respiratory care equipment were in place for a resident (Resident B) who received breathing treatments for 1 of 3 residents reviewed for respiratory care. Findings include: The clinical record for Resident B was reviewed on 2/23/26 at 10:45 a.m. The resident's diagnoses included, but were not limited to, chronic obstructive pulmonary disease (COPD-obstructive lung disease) and emphysema (a chronic, progressive lung disease). During an observation, on 2/23/26 at 10:26 a.m., Resident B was observed with a nebulizer machine (a machine that turns liquid medicine into a mist to be inhaled directly into the lungs) at bedside. The physician's order, dated 2/6/26, indicated the resident was to receive Yupelri (used to treat COPD and emphysema), 175 mcg (micrograms), 3 ml (milliliters) once daily, per nebulizer at 9:00 a.m. for 20 days. Review of the February 2026 Medication Administration Record (MAR) indicated, between 2/6/26 and 2/23/26, the resident received a total of 16 doses of Yupri. The clinical record lacked documentation of the resident having a pre (before)/post (after) respiratory assessment and cleaning of the equipment after each administration. During an interview, on 2/23/26 at 2:16 p.m., Registered Nurse (RN) 5 indicated a respiratory assessment should be completed before and after each nebulizer treatment. On 2/23/26 at 2:27 p.m., the Regional Director of Clinical Operations provided a current, undated copy of the document titled Nebulizer Treatments. It included, but was not limited to, Definition.Nebulizer.A medication delivery system that creates a fine mist or aerosol that is directly inhaled for delivery of the medication to the bronchial tree.Policy.It is the policy of this facility to provide resident centered care.Procedure.Preparation to provide treatment.Collect data for respirations, pulse, oxygen saturation and lung sounds pre-treatment.Administering treatment.Repeat collection of data for respirations, pulse, oxygen saturation and lung sounds post treatment.Rinse the nebulizer with sterile water and allow it to air dry. 3.1-47(a)(6)</p>