

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365559	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2024
NAME OF PROVIDER OR SUPPLIER Rolling Hills Rehab and Care Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 68222 Commercial Drive Bridgeport, OH 43912	

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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33019</p> <p>Based on closed record review, review of email correspondence and interview the facility failed to ensure all requirements were met in issuing a discharge notice to Resident #51. This affected one resident (#51) of three residents reviewed for discharge.</p> <p>Findings include:</p> <p>Review of Resident #51's closed medical record revealed an admitted [DATE] with diagnoses including morbid obesity, bipolar disorder, borderline personality disorder, muscle wasting and atrophy, and hypertension.</p> <p>Record review revealed on 04/17/24 the resident was transferred and admitted to an in-patient behavioral health unit for evaluation and treatment of suicidal ideations.</p> <p>Review of Resident #51's Minimum Data Set (MDS) 3.0 discharge assessment, dated 04/17/24, revealed the resident was cognitively intact. The MDS reflected the resident had an unplanned discharge to a short-term general hospital and no return was anticipated.</p> <p>On 05/13/24 an onsite investigation by the State agency revealed the facility was refusing to allow Resident #51 to return following her hospital course of treatment. Information obtained at the time of the survey revealed the resident had been cleared and was ready for discharge, however the facility had refused to allow her to return.</p> <p>Review of an email communication, dated 05/14/24 at 6:56 P.M., from Ombudsman Program Director #506 to Corporate RN #400 and the Administrator revealed, The psychiatric facility treated her and reported she was safe to return to her home, the facility.</p> <p>Review of an email communication, dated 05/14/24 at 7:11 P.M., from Ombudsman Program Director #506 to Corporate RN #400 and the Administrator revealed, Also -just checking if I missed it or not, was she provided a discharge notice? We did not receive one here. For our records, I wanted to verify that was correct that she also did not receive a discharge notice that every resident would be entitled to with appeal rights.</p> <p>Review of an email communication, dated 05/15/24 at 9:35 P.M., from Corporate RN #400 to Ombudsman Program Director #506 revealed, Yes, it went out on 04/17.</p> <p>(continued on next page)</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365559	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2024
NAME OF PROVIDER OR SUPPLIER Rolling Hills Rehab and Care Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 68222 Commercial Drive Bridgeport, OH 43912	
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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of an email communication, dated 05/16/24 at 2:05 P.M., from Ombudsman Program Director #506 to Corporate RN #400 and Administrator revealed, can you forward me the discharge letter that was sent via email and documentation of it being sent to the resident too. Thanks.</p> <p>Review of a Notice of Transfer or Discharge document, dated 04/17/24 revealed Resident #51 was being transferred on 04/17/24 to another health care facility/hospital (name of hospital included). The reason documented on the notice indicated an emergency arose in which the resident's urgent medical needs necessitated a more immediate transfer or discharge and noted the resident was a risk to self. Review of the transfer/discharge document revealed the section on the form to document who the notice was issued to was blank. Record review revealed no documented evidence this notice was actually provided to the resident.</p> <p>The facility provided a second letter, dated 05/16/24 which included only the following information:</p> <p>To Whom it may concern,</p> <p>Please advise, the following discharge notice is to supplement the previous discharge notice provided on 04/17/24. The resident is to be discharged for the following reasons.</p> <ol style="list-style-type: none"> 1. An emergency exists in which the resident's urgent medical needs necessitate a more immediate transfer or discharge. 2. The welfare and needs of the resident cannot be met in the facility. 3. The safety of individuals in the home is endangered. <p>Record review revealed this letter was dated 05/16/24, almost 30 days after the resident had been transferred from the facility, during which time she had not been afforded the right to return to facility. Review of this letter revealed no evidence of who it was issued to, information related to where the proposed discharge location for the resident was or evidence the facility provided any information related to appeal rights associated with the discharge.</p> <p>On 06/12/24 at 11:25 A.M. the DON confirmed Resident #51's medical record did not include any updates or information following her discharge. The DON stated, the resident was discharged , we would not document in a closed medical record.</p> <p>During the onsite visit for the post-survey revisit completed on 06/14/24, interviews with the Ombudsman revealed as a result of communication between the Ombudsman and the facility after 05/13/24, the Ombudsman was in the process of working with Resident #51 to request an appeal of the resident's discharge. As of 06/14/24, a hearing had not been held.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365559	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2024
NAME OF PROVIDER OR SUPPLIER Rolling Hills Rehab and Care Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 68222 Commercial Drive Bridgeport, OH 43912	

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 0626</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Permit a resident to return to the nursing home after hospitalization or therapeutic leave that exceeds bed-hold policy.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28701</p> <p>Based on medical record review, policy review and interview the facility failed to ensure Resident #51 was permitted to return to the facility following a hospitalization . This affected one resident (#51) of three residents reviewed for hospitalization . The facility census was 50.</p> <p>Findings include:</p> <p>Review of Resident #51's closed medical record revealed an admitted [DATE] with diagnoses including morbid obesity, bipolar disorder and borderline personality disorder.</p> <p>Review of Resident #51's care conference records revealed an admission/initial care conference was held on 11/16/23 with both Resident #51 and her grandmother attending and the resident was determined to be long term care placement at this time.</p> <p>On 03/12/24 a quarterly care conference was held with both Resident #51 and her grandmother attending. At this time, discharge planning had changed to discharging to the grandmother's home with the assistance of the Home Choice program (outside entity which assist residents in obtaining items in effort to return home safely). The care conference notes indicated a Home Choice assessment scheduled for 04/12/24 at 10:00 A. M.</p> <p>Record review revealed no evidence of any additional progress notes related to discharge plans were found.</p> <p>Review of the medical record revealed on 04/15/24 the resident was voicing suicidal ideations and sent to the local emergency room for evaluation. Resident #51 returned from the emergency room and was placed on suicide watch.</p> <p>On 04/17/24 psychiatric placement was found at an in-patient behavioral health unit and Resident #51 was transported to that facility.</p> <p>Review of Resident #51's Minimum Data Set (MDS) 3.0 discharge assessment with a reference date of 04/17/24 revealed the resident was cognitively intact. The MDS reflected the resident had an unplanned discharge to a short term general hospital and no return was anticipated.</p> <p>On 05/13/24 at 8:20 A.M. telephone interview with the Ombudsman revealed she was aware the facility was refusing to allow Resident #51 to return from the hospital. Information from the Ombudsman revealed she had received a call from Resident #51 (around 04/30/24) with concerns the facility was refusing to allow the resident to return from the hospital. The Ombudsman indicated the facility had been educated on the resident right to return after hospitalization and she was aware the hospital had also previously reached out to the facility to attempt to coordinate the resident's return to the facility. However, the facility continued to refuse to accept the resident back.</p> <p>On 05/13/24 at 9:20 A.M. interview with the Director of Nursing (DON) verified Resident #51 was not readmitted to the facility after hospitalization .</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365559	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2024
NAME OF PROVIDER OR SUPPLIER Rolling Hills Rehab and Care Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 68222 Commercial Drive Bridgeport, OH 43912	
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 0626</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 05/13/24 at 9:30 A.M. interview with the Administrator verified Resident #51 was not readmitted to the facility following her hospitalization . The Administrator indicated the resident had discharge plans in place through the facility to return to her grandmother's home and only required a bariatric bed. An additional interview with the Administrator on 05/13/24 at 11:15 A.M. indicated the hospital was informed of the resident's discharge plans to the grandmother's home and a bariatric bed was needed. The Administrator indicated he believed hospitals were able to obtain bariatric beds faster than nursing facilities utilizing the Home Choice program. The Administrator verified the MDS completed for the resident upon discharge (04/17/24) for Resident #51 indicated return not anticipated.</p> <p>On 05/13/24 at 10:29 A.M. interview with Social Services Designee (SSD) #105 verified there were no progress notes related to discharge planning for Resident #51 (or to indicate the plan was for the resident to discharge home from the hospital). SSD #105 indicated discharge planning notes were kept in a paper file related to care conferences. SSD #105 indicated a quarterly care conference on 03/12/24 was held with both Resident #51 and the resident's grandmother and they agreed to a discharge plan of returning to the grandmother's home and utilizing Home Choice to obtain a bariatric bed. A Home Choice assessment was scheduled for 04/12/24. The Home Choice assessor was contacted the following week to obtain information, but was on vacation that week. Home Choice assessor was contacted again after his week long vacation and was advised the application for a bariatric bed was submitted.</p> <p>On 05/13/24 at 10:48 A.M. telephone interview with the hospital discharge coordinator revealed the facility was currently refusing to allow Resident #51 to return to their facility. The hospital discharge coordinator revealed the resident had been admitted on [DATE] and had been at the facility for over five days and was to be discharged back to the nursing home on 04/26/24. However, when she called the facility regarding the discharge, the facility informed her the corporate team had made a decision that they were not willing to accept the resident back. The hospital discharge coordinator indicated she tried to talk to the facility but the social worker said it was a corporate decision.</p> <p>On 05/13/24 at 11:01 A.M. a telephone interview with Resident #51 revealed she was currently hospitalized and the facility was not permitting her to return. During the interview, the resident revealed she was unsure of her discharge plans. The resident indicated when she was transferred to the hospital on 04/17/24 she had been told by the facility social worker that she would be in the hospital for five to seven days and then she would return to the facility. All of her belongings were at the facility when she left and there was no plan to have them removed. The resident revealed after her hospital admission she learned the facility was refusing to allow her to return, had boxed up all of her belongings and was saying she was to go home (instead of returning to the nursing home). However, the resident indicated prior to her nursing home admission (approximately six months ago) she lived with her grandmother who was disabled and unable to care for her. She stated she required assistance with personal care, ensuring medication prescriptions were filled and medications were available to take and transportation. The resident indicated the nursing home was her home and she was comfortable living there receiving the necessary care she required. She indicated while there was some discussion about her potentially returning home with grandmother once she could get a bariatric bed, nothing had been confirmed or finalized and she felt her safest and most optimal outcome would be to remain in the nursing home to ensure her nursing care needs were met at least for the time being. When asked if the resident desired to return to the nursing home, she stated yes and again stated it was her home.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365559	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2024
NAME OF PROVIDER OR SUPPLIER Rolling Hills Rehab and Care Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 68222 Commercial Drive Bridgeport, OH 43912	

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 0626</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the undated facility policy titled Bed-Holds and Returns indicated resident may return to and resume residence in the facility after hospitalization .</p> <p>This deficiency represents non-compliance investigated under Master Complaint Number OH00153459 and Complaint Number OH00153338.</p>