STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375241	A. Building B. Wing	05/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rolling Hills Care Center	801 North 193 East Avenue Catoosa, OK 74015

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)
F 0569 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death. 20960 Based on record review and interview, the facility failed to close out trust accounts and convey funds within 30 days for three (#115, #116, and #18) of three residents reviewed for open trust accounts and had been discharged from the facility over 30 days. The Business Office Director identified five residents who no longer resided in the facilty and trust accounts were not closed out within 30 days. Findings: 1. Resident #115 discharge summary documented the resident had been discharged from the facility on 10/11/23. Resident #115 trust account ledgers, dated 05/07/23, documented the resident had an open trust account balance of $$3,577.07. 2. Resident #116 discharge summary documented the resident had been discharged from the facility on 08/02/23. Resident #116 trust account ledgers, dated 05/07/23, documented the resident had an open trust account balance of $2,617.85. 3. Resident #118 discharge summary documented the resident had been discharged from the facility on 07/14/23. Resident #118 trust account ledgers, dated 05/07/23, documented the resident had an open trust account balance of $93.41. On 05/09/24 at 9:30 a.m., the businesss office manager stated Resident #115, Resident #116 and Resident #118 were no longer in the facility and had open trust accounts. The business office manager then stated the home office was responsible for making sure the trust accounts were closed out within 30 days. On 05/09/24 at 10:17 a.m., the administrator stated Resident #115, Resident #116 and Resident #118 trust accounts had not been closed within 30 days.

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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F 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. 20960 Based on record review and interview, the facility failed to ensure residents who received medicaid and had money in the trust account were notified of balances within $200 of the social security resource limit of $2, 000 for three (#9, #13 and #45) of three sampled residents reviewed for trust account balances. The business office manager identified 33 residents who had a payer source as medicaid and had money in the resident trust account. Findings: An undated Accounting of Resident Funds policy, read in part, .a representative of the business office informs the resident if the balance in personal funds account reached $200 less than the .resource limit . 1. Resident #9 trust account ledger, documented they had a current balance of $2,063.56 on 05/07/24. The admission summary documented Resident #9 had a payer source of medicaid. 2. Resident #13 trust account ledger,documented they had a current balance of $2,650.20 on 05/07/24. The admission summary documented Resident #13 had a payer source of medicaid. 3. Resident #45 trust account ledger, dated 05/07/24, had a current balance of $4,694.08 on 05/07/24. The admission summary documented Resident #45 had a payer source of medicaid. There was no documentation in the trust account records of the clinical record Resident #9, Resident #13, and Resident #45 had received notices when they were within $200 of the resource limit for medicaid residents in the trust account. On 05/09/24 at 9:30 a.m., the business office manger stated Resident #9, Resident #13, and Resident #45 all had a payer source of medicaid. They further stated their was no documentation the facility had provided notices to Resident #9, Resident #13, and Resident #45 when they were within $200 of the $2,000 resource limit. On 05/09/24 at 10:17 a.m., the administrator stated the facility did not provide notices to Resident #9, Resident #13, and Resident #45 when they were within $200 of the $2,000 resource limit.

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20960 Based on record review and interview, the facility failed to document on a preadmission screening and resident review a mental health illness for one (#51) of one resident reviewed for the need of a level two screening. The director of nursing identified seven residents who had an active diagnosis of bipolar disorder. Findings: Resident #51 was admitted to the facility on [DATE] with an active diagnosis of bipolar disorder, a mental health illness. The admission base line care plan, dated 02/22/24, documented Resident #51 received an antidepressant medication to treat bipolar disorder. An admission assessment, dated 02/28/24, documented the resident had an active diagnosis of bipolar disorder. A level one preadmission screening and resident review, dated 02/27/24, documented the resident had a diagnosis of bipolar. The assessment question two under level was checked as no to indicate Resident #51 did not have a mental health illness. On 05/09/24 at 8:50 a.m., the assistant director of nursing stated Resident #51 did not have a mental health illness. They reviewed Resident #51 diagnosis and stated Resident #51 did have a diagnosis of bipolar which was a mental health illness. The assistant director of nursing then stated they would need to call due to the level one preadmission screening and resident review being filled out wrong.

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F 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20960 Based on record review and interview, the facility failed to ensure summaries of the admission care plan was provided to residents for three (#35, #51 and #114) of three newly admitted residents reviewed for base line care plans. The facility form 802 matrix identified four residents who had been admitted to the facility in the past 30 days. Findings: 1. Resident #35 admission summary documented they were admitted to the facility on [DATE]. Resident #35 base line care plan was completed on 02/22/24. There was no documentation on the base line care plan or in the clinical record to indicate Resident #35 received a summary of their care plan. 2. Resident #51 admission summary documented they were admitted to the facility on [DATE]. Resident #51 base line care plan was completed on 02/21/24 There was no documentation on the base line care plan or in the clinical record to indicate Resident #51 received a summary of their care plan. 3. Resident #114 admission summary documented they were admitted to the facility on [DATE]. Resident #114 base line care plan was completed on 04/24/24. There was no documentation on the base line care plan or in the clinical record to indicate Resident #114 received a summary of their care plan. On 05/06/24 at 10:12 a.m., Resident #114 stated they did not receive a summary or a copy of the care plan completed on admission. On 05/06/24 at 10:42 a.m., Resident #51 stated they had not participated or received a copy or summary of their care plans. On 05/06/24 at 1:56 p.m., Resident #35 stated they did not receive a summary or a copy of the care plan completed on admission. On 05/08/24 at 9:19 a.m., the director of nursing stated the social service director was responsible for providing copies of or the summary of the care plans. (continued on next page)

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F 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 05/08/24 at 10:01 a.m., the social service director stated summaries and copies of the base line care plan was not provided unless the family or resident requested it.