STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395614	A. Building B. Wing	09/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rolling Hills Healthcare and Rehabilitation Center	17350 Old Turnpike Road Millmont, PA 17845

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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, review of facility investigation documentation, and staff interview, it was determined that the facility failed to ensure resident privacy for one of four residents reviewed (Resident 3).Findings include: Clinical record review for Resident 3 revealed a quarterly MDS assessment dated [DATE], that assessed Resident 3 as having a memory problem and that he had severe cognitive impairment (never or rarely made decisions). Review of an incident investigation dated September 5, 2025, revealed that Employee 3 (nurse aide) reported to the Director of Nursing that Employee 5 (nurse aide) sent an electronic private message with a picture attachment of Resident 3. Resident 3's face was obscured by a filtering program; however, Employee 3 was able to identify that it was a facility resident. Statements obtained by the facility during the investigation determined that Employee 5 sent the same photo to Employee 4 (nurse aide). The facility substantiated that Employee 5 took and disseminated a photo of Resident 3 who was incapable of giving consent to be photographed. Interview with the Nursing Home Administrator on September 16, 2025, at 3:15 PM confirmed the above findings. 28 Pa. Code 201.18(b)(2)(e)(1) Management 28 Pa. Code 201.29(a) Resident rights

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. Based on clinical record review and staff interview, it was determined that the facility failed to provide treatment and services for an indwelling urinary catheter as ordered by the physician for one of one resident reviewed for urinary catheter concerns (Resident 1).Findings include: Clinical record review for Resident 1 revealed physician orders to maintain a coude foley catheter (flexible tubing inserted into the bladder to drain urine; a coude catheter is equipped with a bent tip to allow passage beyond obstructions such as the prostate gland) for obstructive uropathy (blockage in the urinary system that hinders urine flow; commonly an enlarged prostate) as follows: 24 French (scale where one French unit corresponds to approximately 0.33 millimeters in diameter) coude foley with 10 cc (cubic centimeters, one cc equals one milliliter) balloon changed monthly every 30 days and as needed for blockage or obstruction. This may only be changed by the registered nurse (dated May 31, 2025, to August 29, 2025). 24 French coude foley with 30 cc balloon changed monthly every 30 days and as needed for blockage or obstruction. This may only be changed by the registered nurse (dated August 29, 2025). Review of Resident 1's treatment administration record dated July 2025 revealed that Employee 1 (licensed practical nurse) documented that he changed Resident 1's coude catheter on July 30, 2025 (although Resident 1's physician order stipulated that the registered nurse complete the treatment). Review of Resident 1's treatment administration record dated August 2025 revealed that Employee 6 (registered nurse) changed Resident 1's coude catheter on August 8, 2025. Nursing documentation by Employee 6 dated August 8, 2025, at 10:02 PM indicated that changing Resident 1's coude catheter was effective for blockage/obstruction. Nursing documentation dated August 29, 2025, at 9:59 AM revealed that the Director of Nursing changed Resident 1's catheter for monthly change. Resident 1's clinical record did not contain evidence of a complication (e.g., blockage or obstruction) that warranted changing the indwelling catheter sooner than 30 days from the previous change (that occurred on August 8, 2025). Nursing documentation by Employee 2 (licensed practical nurse) dated April 30, 2025, at 2:03 PM reiterated that a registered nurse changed Resident 1's coude catheter on August 29, 2025. The facility failed to ensure that Resident 1's physician ordered treatment for his indwelling urinary catheter was completed by the appropriate licensed staff at the appropriate schedule. Interview with the Nursing Home Administrator on September 16, 2025, at 3:15 PM confirmed the above findings. 28 Pa. Code 211.12(d)(1)(5) Nursing services