

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/18/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315302	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/08/2019
--	---	--	---

NAME OF PROVIDER OR SUPPLIER ROLLING HILLS CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 16 CRATETOWN ROAD LEBANON, NJ 08833
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
--------------------	--	---------------	---	----------------------

F 000	INITIAL COMMENTS	F 000		
F 600 SS=D	<p>COMPLAINT #: NJ128962</p> <p>CENSUS: 65</p> <p>SAMPLE SIZE: 11</p> <p>Free from Abuse and Neglect CFR(s): 483.12(a)(1)</p> <p>§483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.</p> <p>§483.12(a) The facility must-</p> <p>§483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: C# NJ 128962</p> <p>Based on interviews, record review, and review of other pertinent documentation, it was determined that the facility failed to ensure that 3 of 12 sampled residents (Resident #2, Resident #7, Resident #11) was free from abuse. This deficient practice is evidenced by the following;</p> <p>1. According to the facility "Admission Record" (AR) Resident #2 was admitted on [REDACTED] with diagnoses which included but were not limited to:</p>	F 600	<p>POC – Complaint Survey 10-8-19 F Tag - F600 Scope and Severity – Level D</p> <p>1. Corrective Actions accomplished for Resident Affected:</p> <p>The identified staff # [REDACTED] was terminated. An investigation was conducted. No abuse was substantiated and there was no evidence of physical harm, pain or mental anguish to residents #2 and</p>	12/7/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 12/09/2019
--	-------	--------------------------------

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315302	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/08/2019
NAME OF PROVIDER OR SUPPLIER ROLLING HILLS CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 16 CRATETOWN ROAD LEBANON, NJ 08833	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 600	<p>Continued From page 1</p> <p>██████████.</p> <p>A Minimum Data Set (MDS), an assessment tool, dated ██████████, revealed a "Brief Interview of Mental Status" (BIMS) score of ██████████ which indicated that Resident #2 was ██████████ intact. In addition, the resident required assistance with Activities of Daily Living (ADL's).</p> <p>Review of Resident #2's Care Plan (CP) dated ██████████ contained a "Focus" that Resident #2 was prescribed psychiatric medications for ██████████. Interventions to manage the Residents' symptoms included but were not limited to "...offer ██████████ to ██████████ with ██████████ and ██████████ and dysfunction as they occur..."</p> <p>According to the New Jersey Department of Health (NJDOH) "Reportable Event Record/ Report", dated ██████████ the facility reported a staff to resident abuse incident involving Certified Nurse's Aide (CNA) that occurred on ██████████ at 3:30 p.m. This report revealed the following; "... [Resident #2] ... On ██████████ at approximately 3:30 p.m. a CNA [CNA #1] reported to the DON that while she was taking care of [Resident #2], a porter in the housekeeping department ██████████ #1] knocked on the door and entered the room to visit [Resident #2]...[CNA #1] stated that [Resident #2] told [CNA #1] that a ... man always comes into ██████████ room telling ██████████ that he is ██████████. In addition, [CNA #1] stated that she [CNA #1] asked if the... man ever touched ██████████ and ██████████ responded "Yes, and he kissed me." [CNA #1] suspected the... man was ██████████ #1] and immediately upon hearing this information informed the DON [Director of Nursing] for follow up...The social worker [SW #1] was involved and</p>	F 600	<p>resident # 7. The social worker continues to make visits to resident #2 to provide reassurance if needed and to monitor for any changes to ██████████ status. Resident #7 expired on ██████████. Resident #11 had expired on ██████████ prior to the report of this incident. We were unaware #HK had visited resident #11 prior to the report of this incident.</p> <p>2. Resident Identify having the potential to be affected and corrective actions(s) taken</p> <p>All residents had the potential to be visited by #██████████. #██████████ was suspended during the initial investigation of an allegation by a resident who stated she had been touched and kissed by #██████████. No abuse was substantiated but prior to #██████████ returning to work, the entire staff was reeducated on reporting unusual events and abuse. The social worker provided support and reassurance to resident #2. Resident # 7 was added to this process once identified but has since expired Weekly auditing visits were conducted by the Social Worker are in place to check on resident # 2 as well as other residents. ██████████ was in-serviced by the contracted housekeeping service on resident rights, abuse and customer service. ██████████ was instructed not to enter resident rooms at any time and his assignments did not include being in resident rooms. When further statements from #██████████ were obtained, it was noted that ██████████ had visited resident #11 which the administrator and DON were unaware of</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315302	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/08/2019
NAME OF PROVIDER OR SUPPLIER ROLLING HILLS CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 16 CRATETOWN ROAD LEBANON, NJ 08833		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 600	<p>Continued From page 2</p> <p>an interview was conducted with Resident [#2]. Two female nurses performed a complete body assessment of [Resident #2] with no signs of injury or abuse noted. [Resident #2] did not complain of any pain during this assessment. [REDACTED] #1] was immediately suspended pending investigation..."</p> <p>The facility investigation included the following; Review of a written statement by CNA #1 included the following statement, dated [REDACTED] "Today, [Resident #2] called me and complained to me that a... male person is always coming to [REDACTED] room telling [REDACTED] that he is [REDACTED]. I asked if he ever touched [REDACTED] [REDACTED] responded yes and [REDACTED] #1] kissed [REDACTED]..."</p> <p>An undated written statement provided by SW #1 during the facility investigation revealed the following; "SW [#1] was called into the conference room by the DON on Monday [REDACTED] afternoon to meet with [the DON]... and stated that the housekeeping guy [REDACTED] #1] is always going into [Resident #2's] room often and then afterwards [Resident #2] seems more confused and agitated..."</p> <p>A second undated written statement provided by SW #1 during the facility investigation revealed the following; "SW [#1] met with resident [#2] in [REDACTED] room today 9/30/19 regarding a potential allegation regarding a staff member in facility. SW [#1] asked [Resident #2] if anything has been happening with [REDACTED] and any of the staff here at [the facility]. [Resident#2] stated that there is a... man who works here [REDACTED] is not exactly sure what he does) that comes to [REDACTED] room at least 3 times a day and kisses [REDACTED] on the mouth and touches [REDACTED] arm. She stated that he [HK#1] has</p>	F 600	<p>from our initial interviews with # [REDACTED]. It was further noted that [REDACTED] visits to resident #11 also did not substantiate abuse. It was then decided to terminate # [REDACTED] as he did not disclose his visits to resident #11. The additional statement indicated visits were before the initial investigation. All other residents interviewed had expressed appreciation for visits by [REDACTED]</p> <p>3. Measures would be put in place that the deficient practice would not reoccur</p> <p>All staff were promptly re-educated on resident rights and abuse. All staff were in-serviced to report any unusual event(s). The social worker will continue to randomly conduct verbal interviews to check on the wellbeing of our residents in our care and to immediately report any negative findings. She will complete this task weekly X 4 weeks and then monthly X 2. She will interview 5 residents during each review.</p> <p>4. Corrective actions will be monitored to ensure the deficient practice will not recur</p> <p>The Social worker will submit her findings to the DON and administrator. Any negative findings will be reported immediately. The DON/Designee will analyze the results of the audits and outcomes will be reported during the quarterly QAPI committee meeting along with any recommendations as appropriate.</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/18/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315302	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/08/2019
NAME OF PROVIDER OR SUPPLIER ROLLING HILLS CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 16 CRATETOWN ROAD LEBANON, NJ 08833		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 600	<p>Continued From page 3</p> <p>told her he is [REDACTED]...SW [#1] asked does [REDACTED] want him to stop doing what he's been doing, and [REDACTED] said 'yes.' While SW [#1] was talking to [Resident #2], [REDACTED] #1 entered the room without knocking and preceeded [proceeded] to touch [Resident #2] on the [REDACTED] of [REDACTED] [,] which were covered with the blanket and stated 'Ok [Resident #2] I'll see you tomorrow.'" After [REDACTED] #1] left [Resident #2] looked shocked/surprised said to SW [#1] "That was him."</p> <p>During an interview with the surveyor on 10/8/19 at 12:00 p.m., Resident #2 explained that a man would come into [REDACTED] room and "cuddle [REDACTED] face and kiss [REDACTED] lips". When the surveyor asked how that made [REDACTED] feel, Resident #2 responded "strange". [REDACTED] stated that the encounter felt [REDACTED] like a [REDACTED] to a [REDACTED] or if they were [REDACTED] friends. Resident #2 stated [REDACTED] #1 did not refer to himself as [REDACTED], but [REDACTED] heard him use that word with "someone else" but could not elaborate further to identify said person. Resident #2 did say that he would visit [REDACTED] three times a day. Resident #2 stated that the man had not been in [REDACTED] room lately.</p> <p>An undated written statement provided by [REDACTED] #1 during the facility investigation, dated [REDACTED] revealed the following; "I have a strong passion for the residents. I have a habit of stopping by and checking on some residents. I usually kiss them on their foreheads or their cheeks and shake their hands. I usually do that at least 3 times a day. I like to lift their spirits and let them know that there is hope for them and to trust in the Lord. Below please note the residents I normally visit: [Resident #1, Resident #2, Resident #3, Resident #4, Resident #5, Resident #6, Resident #10, and Resident #7]."</p>	F 600			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/18/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315302	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/08/2019
NAME OF PROVIDER OR SUPPLIER ROLLING HILLS CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 16 CRATETOWN ROAD LEBANON, NJ 08833		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 600	<p>Continued From page 4</p> <p>A written statement signed by the DON, dated [REDACTED], revealed the following "Conclusion"; "It is my professional opinion that the results of our investigation that a willingness to cause harm or commit abuse was not substantiated in this instance based on resident's interviews with the Social Worker and our interview with [REDACTED] #1]. Therefore, [REDACTED] #1] will be retained. He will be required to receive in services from the Dir [Director] of Environmental Service related to resident's rights and abuse as well as appropriate interactions with residents in our care. Moving forward, [REDACTED] #1] will not be permitted to enter Resident [#2's] room. The Environmental Director [Housekeeping Supervisor] will meet with [REDACTED] #1] once a month x 3 [for three months] to discuss his progress and ensure his ongoing compliance related to the areas outlined above."</p> <p>During the survey on 10/08/19 at 9:15 a.m., [REDACTED] #1 was interviewed by the surveyor who indicated that he has "a lot of love and concern for the residents." [REDACTED] #1 said that he visited Resident #2. In addition, [REDACTED] #1 revealed that he visited "8-10" people a day. According to [REDACTED] #1, he was instructed by the DON and SW #1 not to touch the residents, however, prior to this [REDACTED] #1 was not aware that he was not allowed to touch the residents. [REDACTED] #1 stated that he is no longer allowed in Resident #2's room and that he "probably did" touch Resident #2's [REDACTED]. [REDACTED] #1 described the encounter as "patting to say goodbye." [REDACTED] #1 stated that he was re-educated regarding touching residents and was now aware to not to touch residents.</p> <p>During an interview with the surveyor on 10/8/19 at 12:20 p.m., the Housekeeping Supervisor (HS</p>	F 600			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/18/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315302	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/08/2019
NAME OF PROVIDER OR SUPPLIER ROLLING HILLS CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 16 CRATETOWN ROAD LEBANON, NJ 08833		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 600	<p>Continued From page 5</p> <p>#1) stated that █ #1 stated that he kissed Resident #2 and held █ HS #1 stated that █ #1 told him that that the residents need love. █ #1 explained that Resident #2 reminds █ of his grandmother. HS #1 was not aware of HK #1 kissing or touching additional residents. In addition, HS #1 stated that █ #1 was instructed not to go in resident's rooms.</p> <p>During an interview with the surveyor on 10/8/2019, at 10:50 a.m., the DON stated that CNA #1 brought her concerns to his attention, who in turn assigned SW #1 to interview Resident #2. SW #1 reported what she observed to the DON, and █ #1 was suspended 9/30/2019 pending the results of the investigation. The DON explained that a full body assessment was done, and no physical issues were identified. On 10/1/19 █ #1 was called back in for a meeting, when █ #1 explained he kissed residents on their foreheads and cheeks to "lift their spirits." The DON explained that █ #1 gave the names of other residents he kissed. The DON stated that the facility investigated and found no issues. The DON stated that he felt that the behavior was in "good faith." The DON stated that █ #1 was in-serviced and would be monitored by the Housekeeping Supervisor (HS #1). In addition, the DON elaborated that SW #1 would be randomly checking on residents asking them about this behavior once a week and would be ongoing, however, this had not started as of 10/08/19. The DON stated that █ #1 was not to enter Resident #2's room. The DON stated that the facility has cameras to monitor his behavior. The DON would remind him of his restrictions in the facility. █ #1 is no longer employed at the facility.</p>	F 600			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315302	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/08/2019
NAME OF PROVIDER OR SUPPLIER ROLLING HILLS CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 16 CRATETOWN ROAD LEBANON, NJ 08833		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 600	<p>Continued From page 6</p> <p>2. According to a facility AR, Resident #7 was admitted to the facility on [REDACTED] with diagnoses which included but were not limited to: [REDACTED]</p> <p>An [REDACTED] MDS revealed that Resident #7 had a BIMS score of [REDACTED], which would indicate that Resident #7 was [REDACTED]. In addition, the resident required assistance with ADL's.</p> <p>Review of Resident #7's CP revealed the following "Focus", initiated [REDACTED]; "[Resident #7] is utilizing [REDACTED] Medications for: [REDACTED]...Goal:...will have limited moments of [REDACTED] and no noted [REDACTED] s/s [signs and symptoms] ...Interventions: Encourage [Resident #7] to verbalize feelings of [REDACTED]. Offer [REDACTED] to [REDACTED] with [REDACTED] or [REDACTED] distress of dysfunction..."</p> <p>During an interview with the surveyor at 12:20 p.m. Resident #7 stated [REDACTED] #1 visited [REDACTED]. In addition, Resident #7 stated that [REDACTED] #1 kissed [REDACTED] on the cheek, as if to "say goodbye." Resident #7 denies being touched by [REDACTED] #1. Resident #7 stated that the encounter did not bother [REDACTED].</p> <p>During an interview with the surveyor at 12:20 p.m., HS #1 stated he was not aware that [REDACTED] #1 kissed Resident #7.</p> <p>During an interview with the surveyor at 1:21 p.m., the DON stated that he was not aware that [REDACTED] #1 kissed Resident #7.</p> <p>3. According to the facility AR, Resident #11 was admitted to the facility on [REDACTED] with</p>	F 600		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315302	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/08/2019
NAME OF PROVIDER OR SUPPLIER ROLLING HILLS CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 16 CRATETOWN ROAD LEBANON, NJ 08833		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 600	<p>Continued From page 7</p> <p>diagnoses which included but were not limited to: [REDACTED]</p> <p>A [REDACTED] MDS revealed that Resident #11 had a BIMS score of [REDACTED] which would indicate that Resident #11 was [REDACTED] intact. In addition, the resident required extensive assistance with ADL's.</p> <p>Review of Resident #11's CP revealed the following "Focus", initiated [REDACTED], "[Resident #11] has potential for adverse effects r/t [related to] [REDACTED] med [medication] use r/t dx [diagnosis] [of] [REDACTED] ... Interventions... Monitor for s/s [signs and symptoms] of [REDACTED] ..Intervene as indicated with least restrictive measure that is effective...identify triggers to [REDACTED], educate staff to avoid these areas..."</p> <p>During an interview with the surveyor on [REDACTED] at 9:15 a.m., [REDACTED] #1 stated that he used to kiss Resident #11 on the forehead. [REDACTED] #1 also stated that he no longer kisses her because she is no longer at the facility.</p> <p>During an interview with the surveyor at 12:20 p.m. HS #1 stated he was not aware that [REDACTED] #1 kissed Resident #11.</p> <p>During an interview with the surveyor at 1:21 p.m., the DON stated that he was not aware of [REDACTED] kissed Resident #11.</p> <p>A facility policy titled "Abuse/Neglect Policy and Procedure", dated 8/2017, indicated the following; "All residents have the right to be free from mental, physical, sexual and verbal abuse,</p>	F 600			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/18/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315302	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/08/2019
NAME OF PROVIDER OR SUPPLIER ROLLING HILLS CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 16 CRATETOWN ROAD LEBANON, NJ 08833		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 600	Continued From page 8 neglect, mistreatment, misappropriation of property and exploitation and to be treated with dignity and respect...The facility will not condone the abuse/neglect of any resident by anyone including, but not limited to, staff members...Abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish...Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain [,] or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse...Willful, as used in this definition of abuse, means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm..." N.J.A.C. 8:39- 4.1 (a) 5	F 600			