

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155490	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/21/2015
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NAME OF PROVIDER OR SUPPLIER AMBASSADOR HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 705 E MAIN ST CENTERVILLE, IN 47330
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F000000	<p>This visit was for the Investigation of Complaint IN00162485.</p> <p>Complaint IN00162485 -- Substantiated. Federal/State deficiency related to the allegations ar cited at F309.</p> <p>Survey dates: January 20 and 21, 2015</p> <p>Facility number: 000456 Provider number: 155490 AIM number: 100288750</p> <p>Survey team: Penny Marlatt, RN</p> <p>Census bed type: SNF/NF: 121 Total: 121</p> <p>Census payor type: Medicare: 11 Medicaid: 98 Other: 12 Total: 121</p> <p>Sample: 3</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1.</p>	F000000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.

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F000309 SS=D	<p>Quality review completed on January 26, 2015 by Cheryl Fielden, RN.</p> <p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on interview and record review, the facility failed to ensure notification of the contracted hospice agency for a resident receiving hospice services with an acute onset of pain for 1 of 3 residents reviewed for notification of change in condition in a sample of 3. (Resident #A)</p> <p>Findings include:</p> <p>Resident #A's clinical record was reviewed on 1-20-15 at 1:35 p.m. Her diagnoses included, but were not limited to, Alzheimer's disease, end-stage dementia, pneumonia (1-4-15) and history of pneumonia, history of colon cancer with resection, coronary artery disease (heart disease), hypertension, atrial fibrillation (irregular heart rhythm), osteoarthritis, osteoporosis and weight</p>	F000309	<p>F 309 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>I. Hospicereceiv ed notification of Resident #A transfer to hospital within the shift. Staff was immediately re-educated onnotifying Hospice of transfers immediately.</p> <p>II. Currentresiden ts residing at the facility who receive Hospice have beenidentified. This chart was reviewednoting no transfers outside the facility while he has received Hospice services.</p> <p>III. Asystemic change includes education on notifying Hospice</p>	02/20/2015

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	<p>loss. It indicated Resident #A had received hospice services since 5-17-14 related to end-stage dementia.</p> <p>In an interview with LPN #1 on 1-20-15 at 3:30 p.m., she indicated she was on duty on the night shift for 1-3-15 to 1-4-15. During the first routine care round, a CNA notified her that one of Resident #A's legs did not look right to her and requested for LPN #1 to evaluate the situation. LPN #1 went and evaluated Resident #A's leg. "[Name of Resident #A] rarely says much, but plain as day, she said her foot hurt. Granted, she's very thin, but her hip looked kind of weird to me and she was in pain." LPN #1 then called the resident's family member and POA (designated power of attorney) to notify him of the change in Resident #A's condition. The POA desired for the resident to be transferred out to the local emergency room (ER). The POA asked how this situation occurred and she indicated she told him she had no idea. When she came on duty at 10:00 p.m. on 1-3-15, she was not made aware of anything unusual for this resident. She attempted to reach the attending physician without success, but the day shift staff did contact him later in the morning.</p> <p>LPN #1 indicated, "We are supposed to</p>		<p>immediately oftransfers. Education was provided to allnursing staff regarding notifying Hospice immediately with resident significantchanges, clinical complications that suggest a need toalter the plan of care, and a need to transfer the resident from the facility. Staff was educated on a new form that goes inthe resident chart to alert them of immediate notifications to Hospice.</p> <p>IV. TheDirector of Nurses, and/or designee will audit Hospice transfers. These audits will occur after each transferto ensure they occurred immediately. This audit will continue for the duration of all Hospice residents aslong as the facility has Hospice residents. Any identified concerns from audits will be addressed immediately.</p> <p>The results of these audits will be discussed at the facilityQuality Assurance Committee meeting and frequency and duration of reviews willbe adjusted as</p>				

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	<p>call hospice with any change in condition. To be honest, I forgot to call them because she [Resident #A] was going out to the ER and I had two other patients going bad [having health concerns]." LPN #1 received a call from the hospice nurse later in the shift requesting what was going on with Resident #A. The clinical record indicated the call from the hospice nurse was documented on 1-4-15 at 3:45 a.m.</p> <p>In an interview with the Clinical Services Director (CSD) of the contracted hospice agency on 1-21-15 at 10:49 a.m., she indicated the hospice agency was not made aware of Resident #A being sent to the local ER until the resident had been there for several hours. The CSD of the contracted hospice agency thought the ER staff, not the facility, had contacted the hospice agency. "The nursing home should have called us [the hospice agency] before sending her out [to the emergency room.]"</p> <p>The nurse's notes indicated on 1-4-15 at 12:30 a.m., Resident #A complained of foot pain. Upon assessment by LPN #1, the resident moaned with pain, would not extend or straighten her right leg out or move it in any manner. The right leg had no redness, bruising or swelling from hip to foot. The POA of Resident #A was</p>		<p>needed. V. CompletionDate: February 20, 2015</p>				

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	<p>notified of the change in the resident ' s status at 12:50 a.m. and the POA requested the resident be sent to the ER for evaluation and treatment. No documentation was indicated of the facility notifying the hospice agency of Resident #A ' s change in condition.</p> <p>In an interview with the Director of Nursing Services (DON) on 1-20-15 at 4:35 p.m., she indicated she did not think the facility had a particular policy which indicated the facility must notify the hospice agency of a change in condition of a resident receiving hospice services; however, the facility's contract with the hospice agency might address the issue of notification of change in condition of a resident receiving hospice services.</p> <p>On 1-21-15 at 12:07 p.m., the DON provided a copy of the current contract addendum with the hospice agency utilized by Resident #A. This contract indicated the addendum, dated and signed 9-30-13, is "in accordance with Medicare Requirements for States and Long Term Care Facilities Final Rule on Requirements for Long Term Care Facilities; Hospice Services Published in the Federal Register as a Final Rule (CMS-3140-F). "It indicated, "...the long term care facility must meet the following requirements...e. A provision</p>						

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	<p>that the LTC facility immediately notifies the hospice about the following:</p> <ul style="list-style-type: none"> I. A significant change in the resident ' s physical, mental, social, or emotional status. II. Clinical complications that suggests a need to alter the plan of care. III. A need to transfer the resident from the facility for any condition..." <p>3.1-37(a)</p>				