

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155490	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 01/22/2016
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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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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00189259.</p> <p>Complaint IN00189259- Substantiated. Federal/State deficiencies related to the allegations are cited at F157 & F309.</p> <p>Survey dates: January 20, 21, & 22, 2016</p> <p>Facility number: 000456 Provider number: 155490 AIM number: 100288750</p> <p>Census bed type: SNF/NF: 120 Total: 120</p> <p>Census payor type: Medicare: 5 Medicaid: 100 Other: 15 Total: 120</p> <p>Sample: 4</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by 30576 on January 24, 2016.</p>	F 0000		
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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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F 0157 SS=D Bldg. 00	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on interview and record review the facility failed to notify the physician of a</p>	F 0157	F 157 NOTIFY OF CHANGES (INJURY/DECLINE/ROOM,	02/21/2016

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	<p>resident who was experiencing lethargy for 1 of 3 residents reviewed for notification in a total sample of 4 (Resident #A).</p> <p>Finding include:</p> <p>Review of the record of Resident #A on 1/20/16 at 2:30 p.m., indicated the resident's diagnoses included, but were not limited to, dementia, urinary tract infection, muscle weakness, hypertension, depression and neurogenic bladder.</p> <p>The Quarterly Minimum Data Set (MDS) assessment for Resident #A, dated 11/18/15 indicated the resident was able to make herself understood and understands others with clear comprehension. The resident required extensive assistance of two people with transfers and dressing.</p> <p>The nursing note for Resident #A, dated 12/10/15 at 12:20 p.m., indicated the resident's blood pressure was 122/80, pulse-100, temperature-97.3. The resident "appears lethargic, awake can follow simple instructions." The resident's bilateral upper extremities were equal in strength. Pupils dilated and reactive to light. The daughter of the resident was notified of the resident's condition.</p>		<p>ETC.) I. Resident #A received an order for BMP and stool sample on 12/11/15. Physician was notified of BMP and C-diff results on 12/15/15 with no new orders. Acute visit from physician on 12/16/15 with new orders. Physician notified of resident condition on 12/21/15 and received new orders. II. Current residents residing in the facility exhibiting any signs and symptoms of lethargy were reviewed. This review was to identify that the physician was notified of any resident with lethargy and that new orders were received. Notification and actions taken as needed. III. A systemic change includes that residents with lethargy or signs and symptoms of lethargy will be recorded on the 24-hour report. The 24-hour report will be reviewed daily (Monday through Friday) by the Director of Nurses or an administrative nurse to determine that appropriate physician notification occurred. The 24-hour report will be reviewed by the weekend manager Saturday and Sunday to determine that appropriate physician notification occurred. Education will be provided to all licensed staff on appropriate notification of physician for change of condition to include residents with lethargy or signs and symptoms of lethargy. This education will also include recording resident lethargy and</p>	

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	<p>Interview with Resident #A's family member on 1/20/16 at 10:45 a.m., indicated the resident had been very sick in December 2015 and when she had talked to the physician he was unaware of the resident's condition. The family member indicated the facility had not notified the physician of her condition.</p> <p>Interview with the Director Of Nursing (DON) on 1/22/16 at 3:50 p.m., indicated she was unable to find documentation that the physician was notified of Resident #A's condition of lethargy on 12/10/15.</p> <p>The change in condition notification policy provided by the DON on 1/21/16 at 5:15 p.m., indicated it was the facility policy to notify the resident, resident's physician, resident's legal representative or interested family member when there was a change in the resident's condition. "The resident's physician must be informed of any change in the resident's condition." The areas that require notification of the physician included, but were not limited to, "lethargic".</p> <p>This Federal tag relates to Complaint IN00189259.</p> <p>16.2-3.1-5(a)(2)</p>		<p>change of condition on the 24-hour report. IV. The Director of Nurses and/or designee will review 24-hour reports and provide a clinical record review of residents with lethargy requiring physician notification. This audit will occur for the minimum of 5 times a week for 6 months. This audit will continue thereafter with each episode of lethargy and change of condition. Any identified concerns from audits will be addressed immediately. The results of these audits will be discussed at the facility Quality Assurance Committee meeting and frequency and duration of reviews will be adjusted as needed. V. Completion Date: February 21, 2016</p>				

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F 0309 SS=D Bldg. 00	<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 on interview and record review the facility failed to do a follow up assessment on a resident who experienced lethargy for 1 of 3 residents reviewed for quality of care in a total sample of 4 (Resident #A).</p> <p>Finding include:</p> <p>Review of the record of Resident #A on 1/20/16 at 2:30 p.m., indicated the resident's diagnoses included, but were not limited to, dementia, urinary tract infection, muscle weakness, hypertension, depression and neurogenic bladder.</p> <p>The Quarterly Minimum Data Set (MDS) assessment for Resident #A, dated 11/18/15 indicated the resident was able to make herself understood and understands others with clear comprehension. The resident required</p>	F 0309	<p>F 309 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING I. Resident #A received an order for BMP and stool sample on 12/11/15. Physician was notified of BMP and C-diff results on 12/15/15 with no new orders. Acute visit from physician on 12/16/15 with new orders. Physician notified of resident condition on 12/21/15 and received new orders. II. Current residents residing in the facility exhibiting any signs and symptoms of lethargy were reviewed. This review was to identify that any resident with lethargy have follow-up assessment every shift for the minimum of 24-hours or until the change of condition has improved. This review will also include that the physician was notified of any resident with lethargy and that new order were received. Notification and actions taken as needed. III. A</p>	02/21/2016

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	<p>extensive assistance of two people with transfers and dressing.</p> <p>The nursing note for Resident #A, dated 12/10/15 at 12:20 p.m., indicated the resident's blood pressure was 122/80, pulse-100, temperature-97.3. The resident "appears lethargic, awake can follow simple instructions." The resident's bilateral upper extremities were equal in strength. Pupils dilated and reactive to light. The daughter of the resident was notified of the resident's condition. The record indicated no follow up assessments were completed.</p> <p>The nurses note dated 12/16/15 at 7:00 p.m., indicated the physician did an "acute visit at the request of daughter". The physician ordered to start intravenous therapy (IV) to run 1 liter of normal saline due to "dehydration".</p> <p>Interview with Resident #A's family member on 1/20/16 at 10:45 a.m., indicated the resident had been very sick in December 2015 and when she had talked to the physician he was unaware of the resident's condition. The family member indicated the facility had not notified the physician of her condition. The family member indicated when the physician did see the resident he started an IV.</p>		<p>systemic change includes that residents with lethargy or signs and symptoms of lethargy will be recorded on the 24-hour report. The 24-hour report will be reviewed daily (Monday through Friday) by the Director of Nurses or an administrative nurse to determine that appropriate documentation and physician notification occurred. The weekend manager will review the 24-hour reports Saturday and Sunday to determine that appropriate documentation and physician notification occurred. Education will be provided to all licensed staff on appropriate documentation, continued follow-up documentation, and notification of physician for change of condition to include residents with lethargy or signs and symptoms of lethargy. This education will also include recording resident lethargy and change of condition on the 24-hour report. IV. The Director of Nurses and/or designee will review 24-hour reports and provide a clinical record review of residents with lethargy requiring continued follow-up documentation and physician notification. Each resident with lethargy will have daily audits of documentation until the lethargy is resolved or deemed so by the Director of Nurses. This audit will occur for the minimum of 5 times a week for 6 months. This audit will continue thereafter with each</p>	

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	<p>Interview with Resident #A on 1/21/16 at 12:10 p.m., indicated she had been very sick for awhile. The resident indicated her physician was nice, but "as sick I have been it doesn't matter what doctor you have".</p> <p>Interview with the Director Of Nursing (DON) on 1/22/16 at 3:50 p.m., indicated she was unable to find a follow up assessment for Resident #A on 12/10/15 when the resident was experiencing lethargy.</p> <p>This Federal tag relates to Complaint IN00189259.</p> <p>3.1-37(a)</p>		<p>episode of lethargy and change of condition. Any identified concerns from audits will be addressed immediately. The results of these audits will be discussed at the facility Quality Assurance Committee meeting and frequency and duration of reviews will be adjusted as needed. V. Completion Date: February 21, 2016</p>		