

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  02/13/2014
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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 a Recertification and State Licensure Survey.</p> <p>This visit was done in conjunction with Investigation of Complaint IN00143924.</p> <p>Survey dates: February 6, 7, 10, 11, 12, and 13, 2014</p> <p>Facility number: 000456 Provider number: 155490 AIM number: 100288750</p> <p>Survey team: Barbara Gray RN TC Leslie Parrett RN (February 10, 11, 12, and 13, 2014) Angel Tomlinson RN</p> <p>Census bed type: SNF: 1 SNF/NF: 111 Total: 112</p> <p>Census payor type: Medicare: 15 Medicaid: 81 Other: 16 Total: 112</p> <p>These deficiencies reflect state</p>	F000000	<p>By submitting the enclosed materials was are not admitting the turth or accuracy of any specific findings or allegations as of any proceedings and submit these responses pursuant to our regulatory obligations. We are requesting a desk review.</p>	
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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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F000282 SS=D	<p>findings cited in accordance with 410 IAC 16.2</p> <p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on observation, interview, and record review, the facility failed to follow a physician's order to maintain a resident's oxygen flow, for 1 of 19 resident's reviewed for physician's orders. (Resident #9)</p> <p>Findings include:</p> <p>Resident #9's record was reviewed on 2/11/14 at 3:05 P.M. Diagnoses included, but were not limited to, respiratory failure, congestive heart failure, chronic obstructive pulmonary disease, and chronic lymphedema of the lower extremities.</p> <p>Resident #9's admission Minimum Data Set (MDS) assessment dated 12/11/13, indicated she was</p>	F000282	<p>F 282 SERVICES BY QUALIFIED PERSONS/PER CARE PLAN I. Resident #9 was immediately changed to 4 liters per nasal cannual continuous as ordered by physician. Resident #9 was educated on how much oxygen she was on due to resident telling staff she was on 3 liters. II. Current residents residing at the facility who have oxygen have been reviewed by the nursing staff to ensure that no other residents were on the wrong amount of oxygen per physician orders. III. A systemic change includes adding the amount of oxygen flow to the certified nursing assistant assignment sheet excluding those residents who are under the care of respiratory services. Resident's 02 setting are on the TARs and are checked every shift. The C.N.A.s will check settings during care and report to the nurse if any 02 is not on the correct setting.</p>	03/15/2014	

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	<p>understood and understood others. She scored 11 on her Brief Interview for Mental Status (BIMS) exam, indicating she was moderately impaired in her daily cognitive decision making skills. She required oxygen therapy. She suffered shortness of breath lying flat and with exertion.</p> <p>Resident #9's physician recapitulation order for February 2014, initiated 1/29/14, indicated she would receive oxygen through a nasal cannula at 4 liters per minute (LPM) continuously to keep her oxygen saturation above 90%.</p> <p>On 2/10/14 at 1:45 P.M., Resident #9 was observed lying in bed with the head of her bed elevated. Her oxygen was being delivered from an oxygen tank through a nasal cannula at 3 LPM. She was smiling and friendly with soft clear speech.</p> <p>On 2/11/14 at 9:16 A.M., Resident #9 was observed lying in bed with the head of her bed elevated. Her oxygen was being delivered from an oxygen tank through a nasal cannula at 3 LPM. She was alert and pleasant with soft clear speech. She voiced leg pain and LPN #6 provided Lortab pain reliever to</p>		<p>Education and training will be provided to all licensed staff regarding the use of oxygen and regulation of flow. IV. The Director of Nurses, and/or designee will audit oxygen flow per physician orders by random observation. These audits will be provided at a minimum of 5 per week for 4 weeks and then a minimum of 5 per month for an additional 5 months. 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: March 15, 2014</p>				

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	<p>Resident #9 at that time.</p> <p>On 2/11/14 at 11:25 A.M., Resident #9 was observed seated upright in her wheelchair in her bedroom. Resident #9 indicated she had been to therapy and used the exercise bike. She indicated she felt the therapy was helping. She indicated her legs felt better after receiving her pain reliever. Her oxygen was being delivered from an oxygen tank through a nasal cannula at 3 LPM.</p> <p>On 2/12/14 at 10:44 A.M., Resident #9 was observed seated upright in her wheelchair in the therapy room. She was using an exercise bike. She tolerated the exercise with no complaint. Her oxygen was being delivered from a portable oxygen tank through a nasal cannula at 5 LPM. At that time Physical Therapist Assistant (PTA) #1 indicated a nursing staff had brought Resident #9 to the therapy room and the oxygen flow was set on 5 LPM. He indicated the oxygen flow should be set at 3 LPM. He adjusted the oxygen flow on the portable tank to 3 LPM.</p> <p>On 2/12/14 at 3:11 P.M., LPN #2 indicated Resident #9's oxygen was to be delivered at 4 LPM according</p>						

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	<p>to her most recent order.</p> <p>On 2/13/14 at 10:04 A.M., Resident #9 was observed seated upright in her wheelchair in the therapy room. Her oxygen was being delivered from a portable oxygen tank through a nasal cannula at 5 LPM. PTA # 1 indicated Resident #9's oxygen was flowing at 5 LPM. Certified Occupational Therapist Assistant #3 indicated she had brought Resident #9 to the therapy room and Resident #9 had already been hooked up to the portable tank. PTA #1 indicated every time he had been to Resident #9's bedroom that week, her oxygen tank had been set on 3 LPM.</p> <p>On 2/13/14 at 10:13 A.M., Resident #9's oxygen tank in her bedroom was observed to be set on 5 LPM and running.</p> <p>On 2/13/14 at 10:19 A.M., LPN # 7 indicated Resident #9's oxygen saturation was checked with her breathing treatments every 6 hours. She indicated Resident #6's oxygen saturation was also documented daily on the Skilled Nursing Notes. LPN #7 provided documentation Resident #9's oxygen saturation had remained above 90%.</p>			

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	<p>On 2/13/14 at 10:30 A.M., LPN #4 indicated Resident #9's oxygen flow should always be set to deliver 4 LPM according to her physician's order. At that time she observed Resident #9's oxygen tank in her bedroom and indicated is was set on 5 LMP and running. She indicated she would need to clarify Resident #9's oxygen order with staff.</p> <p>The most recent Oxygen Therapy policy and procedure provided by the Director of Nursing on 2/13/14 at 2:15 P.M., indicated the following. " Purpose: To provide safe administration of oxygen in higher concentration than room air in order to raise O2 levels in blood and body tissue and make respirations easier. Policy: Treatment requires a physician's order which must include the frequency, method of administration, liters of oxygen, and medial reason... Procedure: 1.) Check physicians order for timing flow rate and method of administration... 11.) Turn liter flow on to the prescribed rate... 16). Check flow rate and level of H2O in humidifiers every shift...."</p> <p>3.1-35(g)(2)</p>						

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F000312 SS=D	<p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</p> <p>A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>Based on observation, interview, and record review, the facility failed to provide nail care for 3 of 3 residents reviewed for cleanliness and grooming, of 5 who met the criteria for cleanliness and grooming. (Resident #23, #9, #21)</p> <p>Findings include:</p> <p>1.) Resident #23's Record was reviewed on 2/11/14 at 1:39 P.M. Diagnoses included, but were not limited to, cerebral palsy, profound mental retardation, and schizophrenia.</p> <p>Resident #23's quarterly Minimum Data Set (MDS) assessment dated 1/4/14, indicated he was sometimes understood and sometimes understood others. He was moderately impaired in his cognitive skills for daily decision making. He required extensive assistance of 1 person for personal hygiene. He</p>	F000312	<p>F 312 ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</p> <p>I. Resident #23, #9, and #21 nails were trimmed, cleaned and filed. II. Current residents residing at the facility have been reviewed to ensure cleanliness and grooming of their nails. Nail care was provided to those in need. III. All nursing staff was educated on care of nails. Education included when nail care is to be done and the policy on nail care. IV. Nail care will be documented on weekly shower sheets (done or not done). C.N.A. will notify the nurse for any diabetic resident needing nail care. The Director of Nurses, and/or designee will audit nail care by random observation. These audits will be provided at a minimum of 5 per week per hall (40 residents per week) for 4 weeks and then a minimum of 5 per month per hall (40 residents per month) for an additional 5 months. Any identified concerns from audits will be addressed immediately. The results of these audits will be discussed at the facility Quality Assurance</p>	03/15/2014
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	<p>required physical help of 1 person for bathing.</p> <p>An Activity's of Daily Living (ADL) Care Plan for Resident #23 indicated staff would provide assistance with all his ADL care including, bathing and dressing, oral care, a shower 2 times a week, hair care, and nail care.</p> <p>On Thursday 2/6/14 at 2:30 P.M., Resident #23 was observed seated in a recliner in his bedroom. Some of his fingernails were long and had a dark substance visible underneath the nails.</p> <p>On Monday 2/10/14 at 2:41 P.M., Resident #23 was observed seated in a recliner in his bedroom. His fingernails were clipped short and jagged. He had a dark substance visible underneath his nails. He also had some yellow substance around the fingernails on his left hand.</p> <p>On 2/10/14 at 2:46 P.M., CNA #5 indicated Resident #23's fingernails needed filed and cleaned. CNA #5 indicated CNA's were able to do nail care but could not cut a residents fingernails if the resident was a diabetic.</p>		<p>Committee meeting and frequency and duration of reviews will be adjusted as needed. V. Completion Date: March 15, 2014</p>		

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	<p>On 2/11/14 at 9:42 A.M., Resident #23 was observed seated in his leather recliner in his bedroom watching television. His nails were trimmed and clean.</p> <p>On 2/11/14 at 2:38 P.M., CNA #5 indicated Resident #23's shower days were Wednesday and Saturday.</p> <p>2.) Resident #9's record was reviewed on 2/11/14 at 3:05 P.M. Diagnoses included, but were not limited to, dementia, chronic back pain, respiratory failure, congestive heart failure, chronic obstructive pulmonary disease, and chronic lymphedema of the lower extremities.</p> <p>Resident #9's admission Minimum Data Set (MDS) assessment dated 12/11/13, indicated she was understood and understood others. She scored 11 on her Brief Interview for Mental Status (BIMS) exam, indicating she was moderately impaired in her daily cognitive decision making skills. She required extensive assistance of 2 plus persons for personal hygiene. She was totally dependent on 2 plus persons for bathing.</p>				

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	<p>A Bathing Care Plan for Resident #9 indicated she would receive a shower 2 times weekly and would include hair and nail care.</p> <p>A Diabetic Care Plan for Resident #9 indicated Resident #9 would be referred to a podiatrist or foot care nurse to monitor and document foot care needs and to cut long nails.</p> <p>On Thursday 2/6/14 at 3:01 P.M., Resident #9 was observed lying in bed. Her fingernails were long and she had a dark substance visible underneath the nails. Resident #9 indicated she did not like her fingernails long.</p> <p>On Monday 2/10/14 at 1:45 P.M., Resident #9 was observed lying in bed with the head of her bed elevated. Her fingernails were long and she had a dark substance visible underneath the nails. Resident #9 indicated she did not like her fingernails long. She indicated several staff had informed her they would cut her fingernails but no one had.</p> <p>On 2/10/14 at 2:02 P.M., LPN #4 indicated the CNA's did nail care for the residents with their shower. She indicated activity staff also did nail</p>			

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	<p>care. LPN #4 asked Resident #9 if she liked her nails long and Resident #9 replied "no." LPN #4 indicated Resident #9 should have received nail care with her shower. She indicated Resident #9's shower days were Wednesday and Saturday. She indicated Resident #9's fingernails needed trimmed and cleaned.</p> <p>On 2/11/14 at 9:16 A.M., Resident #9 was observed lying in bed with the head of her bed elevated. Her fingernails were trimmed shorter but a dark substance was still visible underneath the nails. Resident #9 indicated a staff member had clipped her fingernails but no one had cleaned them. At that time LPN #6 indicated Resident #9's fingernails did not look clean to her. She indicated she would get a staff to clean Resident #9's fingernails.</p> <p>3.) Resident #21's record was reviewed on 2/10/14 at 3:07 P.M. Diagnoses included but were not limited to osteoarthritis and insulin dependent diabetes.</p> <p>Resident #21's quarterly Minimum Data Set (MDS) assessment dated 12/23/13, indicated she was understood and was able to</p>			

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	<p>understand others. She scored 11 on her Brief Interview for Mental Status (BIMS) exam, indicating she was moderately impaired in her daily cognitive decision making skills. She required limited assistance of 1 for her personal hygiene. She required physical help in part of her bathing activity.</p> <p>An Activity's of Daily Living (ADL) Care Plan for Resident #21 indicated she would receive 2 showers weekly including hair and nail care.</p> <p>Resident #21's February 2013 physician's recapitulation order indicated her fingernails were to be cut weekly on Thursdays with no white showing.</p> <p>On Thursday 2/6/14 at 2:45 P.M., Resident #21 was observed in her bedroom with jagged fingernails. A dark substance was visible underneath the nails.</p> <p>On Monday 2/10/14 at 1:34 P.M., Resident #21 was observed in her recliner in her bedroom with her feet elevated. Her fingernails were jagged and a dark substance was visible underneath the nails. Resident #21 indicated she needed</p>			

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	<p>her nails trimmed, then stated "they need cleaned to." She indicated she would have the nurse trim and clean her fingernails when they were not busy.</p> <p>On 2/10/14 at 2:32 P.M., CNA #5 indicated Resident #21 needed her fingernails trimmed and cleaned. She indicated CNA's should trim and clean a resident's fingernails anytime they noticed a resident needed nail care and residents should receive nail care with their showers.</p> <p>On 2/10/14 at 2:36 P.M., Resident #21 stopped LPN #2 in the hallway and asked if she would trim her fingernails. LPN #2 indicated Resident #21's shower days were Wednesday and Saturday.</p> <p>On 2/10/14 at 2:46 P.M., CNA #5 indicated CNA's were able to do nail care but could not cut a residents fingernails if the resident was a diabetic.</p> <p>On 2/11/14 at 9:50 A.M., Resident #21 was observed seated in her recliner in her bedroom having her hair braided by CNA #5. Resident #21's fingernails were no longer jagged and were clean. Resident</p>			

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	<p>#21 indicated CNA #5 had cleaned and filed her fingernails the day before.</p> <p>The most recent Nail Care policy and procedure provided by the Director of Nursing on 2/13/14 at 2:15 P.M., indicated the following: "Purpose: To provide cleanliness, manicure, stimulation, and exercise while preventing self-injury and infections. Policy: Nails are cleaned daily as part of a.m. or p.m. care and are trimmed weekly on a set schedule...."</p> <p>3.1-38(a)(3)(E)</p>				