

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 07/09/2014
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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 the Investigation of Complaint IN00151605.</p> <p>Complaint IN00151605 - Substantiated. Federal/state deficiencies related to the allegations are cited at F-309, and F-318.</p> <p>Survey dates: July 7, 8, and 9, 2014</p> <p>Facility number: 000456 Provider number: 155490 AIM number: 100288750</p> <p>Survey team: Angel Tomlinson, RN-TC Barbara Gray, RN</p> <p>Census bed type: SNF: 6 SNF/NF: 113 Total: 119</p> <p>Census payor type: Medicare: 10 Medicaid: 88 Other: 21 Total: 119</p> <p>Sample: 3</p>	F000000	By submitting the enclosed materials we are not admitting the truth 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 of this survey	

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>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on 7/15/14 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 observation, interview and record review the facility failed to turn and reposition a resident in bed who required extensive assistance for bed mobility every two hours resulting in the resident to be sore and uncomfortable for 1 of 3 residents reviewed for quality of care in a total sample of 3 (Resident #C).</p> <p>Finding include:</p> <p>During observation on 7/8/14 at 9:30 a.m., Resident #C was laying in bed on her back at a 45 degree angle.</p>	F000309	<p>F 309 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>1.Resident#C was immediately turned and repositioned. Staff was immediately re-educated on turning and repositioning.</p> <p>2.Currentresidents residing at the facility who require extensive assistance for bedmobility and assistance for turning and repositioninghave been identified. Nurse aideassignment sheets were updated. Nurse administration began randomobservation of nurse aides to ensure residents are being turned andrepositioned.</p> <p>3.Asystemic change includes</p>	08/08/2014

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	<p>During observation on 7/8/14 at 11:40 a.m., Resident #C was laying on her back in bed at a 45 degree angle. Resident #C was being fed by CNA #1. When queried how long Resident #C had been laying on her back, CNA #1 indicated she was unsure because she had been working at the other end of the hallway. Resident #C indicated her bottom was sore from laying on her back to long. CNA #1 indicated after she fed the resident her lunch she would reposition her.</p> <p>During observation on 7/8/14 at 11:48 a.m., Resident #C had a pillow under her right side and was positioned on her left side.</p> <p>During observation on 7/8/14 at 2:30 p.m., Resident #C remained on her left side with a pillow under her right side. Resident #C indicated she was uncomfortable being on her left side and was attempting to reposition herself in bed with no success. The resident's call light was pushed and the Administrator came in the resident's room and indicated she would get someone to turn the resident.</p> <p>During observation on 7/8/14 at 2:37 p.m., LPN #3 came in Resident #C's bedroom and removed the pillow from under the resident's right side. Resident</p>		<p>education on turning and repositioning of residents who require extensive assistance for bed mobility to be included in an annual in-service calendar. Education was provided to all nursing staff regarding proper turning and repositioning every 2 hours.</p> <p>4. The Director of Nurses, and/or designee will audit turning and repositioning 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 12 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.</p> <p>1. Completion Date: August 8, 2014</p>	

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	<p>#C was then laying on her back. Requested LPN #3 to observe the resident's left side as she had been laying on her left side for two hours and 49 minutes. Resident C's left hip, buttocks and back had indentations and was pink from the brief and pad under the resident. LPN #3 agreed the resident had indentations on her left side. Resident #C indicated it felt better to be off her left side. LPN #3 indicated she was going to get some cna's to clean the resident up and reposition her in bed.</p> <p>During observation on 7/8/14 at 3:03 p.m., Resident #C was laying on her left side with a pillow under her right side. Resident #C indicated she did not know why staff repositioned her back on her left side and that she was uncomfortable.</p> <p>Interview with LPN #5 on 7/8/14 at 3:05 p.m., indicated CNA #6 was caring for Resident #C and she was unsure why he positioned the resident on her left side. LPN #5 removed the pillow from the resident's right side. Resident #C was then laying on her back. LPN #5 indicated indicated in two hours she would reposition the resident to the right side.</p> <p>Interview with CNA #6 on 7/8/14 at 3:10 p.m., indicated LPN #3 told him that</p>			

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	<p>Resident #C needed turned and repositioned in bed, when he went into the resident's room she was laying on her back so he positioned her onto her left side. CNA #6 indicated he was not aware the resident had been laying on her left side. CNA #6 indicated CNA #4 had told him in shift report that Resident #C was on her side but did not say which side the resident was laying on. CNA #6 indicated when he went to reposition Resident #C, the resident was on her back so he thought CNA #4 had told him wrong in report that the resident was on her side.</p> <p>Review of the record of Resident #C on 7/9/14 at 10:00 a.m., indicated the resident's diagnoses included, but were not limited to, chronic pain, depression, Alzheimer's disease, history of pressure ulcers, diabetes, peripheral vascular disease, left below the knee amputation, osteoarthritis and anxiety.</p> <p>The Quarterly Minimum Data Set (MDS) assessment for Resident #C dated 4/26/14, indicated the following: makes self understood- usually understood, ability to understand others- usually understands, cognitive skills for daily decision making- independent decisions consistent/reasonable, bed mobility- extensive assistance of two people, transfer- extensive assistance of two</p>						

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	<p>people, walk in room- did not occur, dressing- extensive assistance of two people, eating- extensive assistance of one person, personal hygiene- extensive assistance of two people, and functional limitation in range of motion- no impairment.</p> <p>The Braden scale for predicting pressure sore risk for Resident #C dated 4/26/14, indicated the resident's score was 12 indicating she was at high risk to develop pressure ulcers.</p> <p>The careplan for Resident #C dated 5/20/14, indicated the resident was at risk for skin breakdown related to decreased mobility and frequent incontinence. The interventions included, but were not limited to, staff to assist with turning and repositioning every two hours and as needed.</p> <p>The Physician recapitulation (recap) for Resident #C dated July 2014, indicated the resident had an physician order to reposition the resident every two hours.</p> <p>This Federal tag relates to Complaint IN00151605.</p> <p>3.1-37(a)</p>						

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F000318 SS=D	<p>483.25(e)(2) INCREASE/PREVENT DECREASE IN RANGE OF MOTION</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. Based on observation, interview and record review the facility failed to provide a restorative nursing program for Passive Range Of Motion (PROM) and Active Range Of Motion (AROM) to the upper and lower extremities as recommended by therapy for a resident with right and left hand contractures and right foot and ankle contracture for 1 of 3 residents reviewed for range of motion in a total sample of 3 (Resident #C).</p> <p>Finding include:</p> <p>During observation on 7/8/14 at 11:40 a.m., Resident #C was sitting at a 45 degree angle in bed, Resident #C was being fed lunch by CNA #1.</p>	F000318	<p>F 318 INCREASE/PREVENT DECREASE IN RANGE OF MOTION</p> <p>1. Resident #C received an order and was evaluated by physical therapy and occupational therapy. Physical therapy placed Resident #C on a restorative program for the lower extremities. Resident #C will receive range of motion and wear an off loading boot to the right foot every day. Occupational therapy continues to have Resident #C on caseload. Once occupational therapy is complete, restorative nursing program will be started for passive range of motion per therapy recommendations.</p> <p>2. Current residents residing in the facility with contractures were reviewed. These identified residents will receive orders for therapy to develop a plan for</p>	08/08/2014

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	<p>During observation and interview with Resident #C on 7/9/14 at 9:43 a.m., the resident's right foot and ankle was in a downward position (footdrop), the resident's right and left hands were clinched in a fist. Resident #C indicated she could not stretch her fingers out all the way, the resident attempted to and had limited range of motion in both hands. The resident indicated she was unable to move her right foot or ankle, the resident attempted but the right foot and ankle remained in the downward position. Resident #C indicated the facility staff did not do range of motion exercises for her. Resident #C indicated she would like to have range of motion exercises done.</p> <p>Review of the record of Resident #C on 7/9/14 at 10:00 a.m., indicated the resident's diagnoses included, but were not limited to, chronic pain, depression, Alzheimer's disease, history of pressure ulcers, diabetes, peripheral vascular disease, left below the knee amputation, osteoarthritis and anxiety.</p> <p>The Quarterly Minimum Data Set (MDS) assessment for Resident #C dated 1/28/14, indicated the following: makes self understood- usually understood, ability to understand others- usually understand, Brief Interview for Mental</p>		<p>restorative nursing to provide passive and active range of motion as recommended by the therapist.</p> <p>3. A systemic change includes that all residents will be reviewed quarterly (Attachment 1) for restorative program to ensure the program is appropriate and to capture those who refuse to be given another opportunity for restorative nursing. Education will be provided to all nursing staff regarding passive and active range of motion, notification in declining range of motion, and refusal of range of motion.</p> <p>4. The Director of Nurses and/or designee will audit active and passive range of motion by random observation of nurse's aides on those residents with contractures. 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 12 months. Any identified concerns from audits will be addressed immediately.</p> <p>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.</p> <p>1. Completion Date: August 8, 2014</p>				

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	<p>Status (BIMS) score was 11, moderately impaired, bed mobility- extensive assistance of two people, transfer- extensive assistance of two people, walk in room- did not occur, dressing- extensive assistance of two people, eating- limited assistance of one person, personal hygiene- extensive assistance of one person and functional limitation in range of motion- no impairment of the upper or lower extremities.</p> <p>The Quarterly MDS assessment for Resident #C dated 4/26/14, indicated the following: makes self understood- usually understood, ability to understand others- usually understands, cognitive skills for daily decision making- independent decisions consistent/reasonable, bed mobility- extensive assistance of two people, transfer- extensive assistance of two people, walk in room- did not occur, dressing- extensive assistance of two people, eating- extensive assistance of one person, personal hygiene- extensive assistance of two people, and functional limitation in range of motion- no impairment.</p> <p>Interview with the MDS coordinator on 7/9/14 at 3:40 p.m., indicated the MDS for Resident #C dated 4/26/14, was marked incorrectly for functional</p>			

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	<p>limitation in range of motion. The MDS coordinator indicated it should have been marked impairment on both sides of the lower and upper extremities.</p> <p>The therapy discharge summary for Resident #C dated 11/1/13 indicated the prognosis to maintain current level of functioning was good with consistent staff follow-through. The recommendation was to facilitate patient maintaining current level of performance and in order to prevent decline, development of and instruction in the following: Restorative Nursing Program (RNP) had been completed with the Interdisciplinary Team (IDT) for dressing, PROM, AROM and bed mobility.</p> <p>The Restorative Nursing Progress Note for Resident #C dated 11/7/13, indicated the resident had refused the restorative nursing program for three days. The resident attempts to hit the staff and cusses at them to get out of her room. The program will be discontinued at this time. The documentation indicated no investigation for the reason of the resident's refusals or interventions/tools used to encourage the resident's participation in the program.</p> <p>Interview with the MDS coordinator on</p>			

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	<p>7/8/14 at 3:35 p.m., indicated the facility did not do joint assessments on residents. When queried how a decline in joint mobility was identified the MDS coordinator indicated the staff were good to report any limitation in range of motion. The MDS coordinator indicated if a decline occurred the Medical Doctor or nursing staff would request therapy to do a screen and then therapy would set up a restorative nursing program.</p> <p>Interview with the Director Of Nursing (DON) on 7/9/14 at 11:10 a.m., indicated Resident #C was not on a restorative nursing program due to the resident was noncompliant and refused.</p> <p>Interview with Restorative Aide #2 on 7/9/14 at 11:21 a.m., indicated Resident #C was not on a restorative range of motion program.</p> <p>Interview with Resident #C's family member on 7/9/14 at 12:55 p.m., indicated it would beneficial for the resident to be in a restorative program for range of motion. The family member indicated the resident had lost some ability in her hands within the past few months. The family member indicated the resident was able to feed herself and now depended on staff to feed her most things. The family member indicated the resident</p>			

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	<p>would need to be on a range of motion program in the later morning or afternoon as the resident had never been an early morning person.</p> <p>Interview with the MDS coordinator on 7/9/14 at 2:10 p.m., indicated there was not a policy and procedure to retry a restorative program. The MDS coordinator indicated the policy was if a resident refuses 3-7 days of restorative nursing they are discharged from the program.</p> <p>Interview with the Lead Therapist on 7/9/14 at 2:25 p.m., indicated therapy had not been notified of Resident #C's decline in eating or the resident's refusal to participate in the restorative nursing program. The Lead Therapist indicated Resident #C's ability to feed herself varied day by day. The Lead Therapist indicated there were days the resident experienced fatigue and was not as alert.</p> <p>The Restorative Nursing Program policy provided by the MDS coordinator on 7/9/14 at 3:15 p.m., indicated the facility will provide restorative nursing programs to all residents assessed and deemed to need restorative nursing services. If a resident refuses restorative nursing nursing for at least a minimum of three days, the program will be discontinued.</p>			

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

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	This Federal tag relates to Complaint IN00151605. 3.1-42(a)(2)				