

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 09/04/2013
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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 IN00135024 and Complaint IN00135028.</p> <p>Complaint IN00135024 -- Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00135028 -- Unsubstantiated due to lack of evidence.</p> <p>Unrelated deficiencies are cited.</p> <p>Survey dates: September 3 and 4, 2013</p> <p>Facility number: 000456 Provider number: 155490 AIM number: 100288750</p> <p>Survey team: Penny Marlatt, RN</p> <p>Census bed type: SNF: 3 SNF/NF: 102 Total: 105</p> <p>Census payor type: Medicare: 15 Medicaid: 76 Other: 14</p>	F000000	By submitting this enclosed materials we are not admitting the turth or accuracy of any specific findings or allegations as of any proceedingsand submitt these redsponses pursuantto our regulary obligations. We are asking that you consider a desk review fir this 2567.	
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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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	<p>Total: 105</p> <p>Sample: 5</p> <p>These deficiencies reflect state finding in accordance with 410 IAC 16.2.</p> <p>Quality review completed on September 10, 2013, by Janelyn Kulik, RN.</p>				

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F000309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>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 ensure the passive range of motion (PROM) exercises provided to the resident were conducted in a safe manner and as indicated by the attending physician for 1 of 3 residents reviewed for plan of care. (Resident #B)</p> <p>Findings include:</p> <p>Resident #B's clinical record was reviewed on 9-3-13 at 3:05 p.m. His diagnoses included, but were not limited to, quadriplegia, muscle spasms, neurogenic bladder, chronic pain, high blood pressure and convulsions. Review of his most recent Minimum Data Set (MDS) assessment, dated 7-3-13, indicated he was cognitively intact, was dependent of 2 or more persons for transfers, bed mobility, dressing, toileting, bathing and hygiene, was unable to walk, reposition himself, or move himself from one surface to</p>	F000309	<p>F 309 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING I. Resident #B has a physical therapy evaluation scheduled on 9-20-2013 from an outside therapy company. Resident #B refuses to have physical therapy evaluation or passive range of motion from facility therapist. Once therapy evaluation is complete from outside therapist, physician order will be obtained for order for passive range of motion per therapy recommendations.II. Current residents residing in the facility receiving passive range of motion were reviewed. This review was to identify that the current passive range of motion is conducted in a safe manner and as indicated by the attending physician.III. A systemic change includes that education on proper passive range of motion are now included in annual in-service calendar. Education and training will be provided to all nursing staff regarding proper passive range of</p>	10/04/2013			

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	<p>another. He was able to make his needs known and had clear speech.</p> <p>During a care observation on 9-4-13 at 8:35 a.m., the resident was observed to be lying in a supine position in his bed. PROM exercises were begun with his hands, wrists, fingers and elbows with 2 of the 4 CNA's present, with one at each side. After this, PROM exercises were conducted with his shoulders, with each arm being held straight out from each shoulder and appears to be pulled slightly at the shoulder joint. This appears to be consistent with a recommendation from an area shoulder specialist's letter, dated 12-21-09. This letter indicated, "The key to the success of his therapy is to maintain a gentle traction at all times. the shoulder is then placed through a stretching consisting of internal rotation, external rotation, elevation and cross arm abduction. Again, gentle traction is crucial during all phases of this range of motion."</p> <p>Following the arm and shoulder exercises, the staff were observed to move to the lower extremities. Two of the 4 CNA's performed heel massage, then foot and ankle PROM exercises. After this, one of the CNA's was observed to then place a</p>		<p>motion technique.IV. The Director of Nurses and/or designee will audit proper passive range of motion by random observation of nurse's aides. 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: October 4, 2013</p>				

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	<p>weighted mat on the left leg and then sat on the left leg. Then two CNA's were observed to begin to work with the right leg to perform knee bends and straight lifts, to a nearly 90 degree angle. This required great effort on the part of the 2 CNA's. When the staff switched to the other leg, they were observed to place a weighted mat on the right leg and two staff sat on the right leg, while the other two CNA's performed knee bends and straight lifts, to a nearly 90 degree angle.</p> <p>An interview with the Director of Nursing (DON) on 9-4-13 at 1:50 p.m., indicated she was not aware the resident was having 2 staff persons sit on his right leg during his range of motion exercises. She indicated this was something new. She indicated she was aware that the leg not being exercised tends to spasm, "but it was a shock to me." She indicated he used to only use the weighted mat to keep the leg in position. She indicated the resident continues to request the staff to perform "more and more intense range of motion. Frankly, I think it borders on self-harm...My concern is for his safety. Doesn't safety trump resident rights?" She indicated Resident #B had requested several changes</p>						

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	<p>recently, including insisting on two staff persons sit on his right leg during exercises on the left leg.</p> <p>The DON indicated the resident came to the facility approximately 3 years ago with several pages of hand-written instructions from his previous therapist at another nursing facility, but was unable to locate this information when requested to do so. She indicated the facility does not currently have any physician orders for the resident's passive range of motion exercises as the exercises are conducted under Restorative Nursing. She indicated all staff who work with Resident #B and his exercise regimen are trained personally by herself. She indicated, "I would say nearly everyone of them has had bruising or strains of some type while performing his range of motion exercises because of what he expects from the staff. With his paralysis, he might not be aware of any injury. All of them [the CNA's] have also been taught through CNA training to stop range of motion [activities] when you feel resistance. But [name of Resident #B] insists they just keep going to where he says its's okay." She indicated Resident #B routinely expects the staff to "just push through any resistance."</p>			

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	An interview with PTA #1 on 9-4-13 at 2:03 p.m., indicated Resident #B had been on caseload for the therapy department in the past year at least twice, but not related to his PROM exercises. She indicated she had observed these exercises as a casual observer. She indicated, in her opinion, she would consider the exercises appeared to her to be more of stretching exercises than true range of motion for each joint. She indicated from her limited observations that she would not feel comfortable in recommending the current regimen being used. She indicated that she had not conducted a formal evaluation of this resident. She indicated she had spoken to Resident #B in the past regarding "what he calls range of motion." She indicated the resident, "cursed at me and didn't want to hear my thoughts." She indicated, after reviewing the letter from the shoulder specialist, dated 12-21-09, "It suggested gentle traction to the upper extremities. Nothing was recommended for the lower extremities. Normally, we recommend with any exercise, to stop when you feel resistance. The traction used on his shoulders appeared to be more than the recommended gentle traction." She			

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	<p>indicated she felt the resident could benefit from an evaluation from an orthopedist, and then followed by an evaluation from therapy services.</p> <p>An interview with Resident #B on 9-3-13 at 2:05 p.m., indicated, "I realize my needs may be somewhat abnormal compared to most people because I have to have them [facility staff] pull my shoulder out of socket with my arm straight to keep it from causing me pain. Otherwise, it's just bone rubbing against bone...I even have a doctor's order that says to keep my shoulders pulled out of socket and my arms straight." He indicated if the shoulder is not held correctly, it is very painful. He indicated he hasn't taken pain medication recently.</p> <p>An interview with Resident #B on 9-4-13 at 10:50 a.m., indicated, "If these m----r f----s would do what I tell them to do when I tell them to do it, I wouldn't have any problems. It is there fault 100% that I have lost any mobility in any of my joints. I haven't changed what I require." He indicated when he first came to the facility, he was "really hard on them to make sure they did every exercise correctly each and every time." He indicated once he was satisfied with</p>			

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	<p>their performance, he was able to almost nap through his exercise regimen. He indicated approximately 3 to 4 months ago, he noticed more limited mobility during his exercises. He indicated "There is no need for me to be seen by some specialist. I know what needs done. There have been no changes in range of motion theory. I will tell them how to do the exercises and they will do it. Period."</p> <p>Review of Resident #B's recapitulation orders for September, 2013 indicated no specific physician orders for PROM. One order, with an original date of 5-7-10, indicated, "Turn q2hrs [every 2 hours] w/arms [with arms] straight out."</p> <p>Review of Resident #B's August, 2013 "Restorative Program Care Plan, Flow Record and Evaluation, " indicated the resident's goal was to "receive 10 reps [repetitions] of U/LE [upper and lower extremities] per 1 set 1x's [times] a day." It indicated the interventions were to include, "2 CNA's will provide gentle passive ROM to U/E [upper extremities] and or L/E [lower extremities]." This document indicated the PROM program was defined as, "A program of passive movements to maintain flexibility and useful motion in the</p>			

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	<p>joints of the body. The care giver moves the body parts around a fixed point or joint through the resident's available range of motion. The resident provides no assistance." This document indicated the upper and lower extremities received 15 minutes each on a daily basis for August.</p> <p>Review of Resident #B's care plans indicated range of motion exercises would be performed by the Restorative Nursing Program. No further guidelines were provided, except as indicated by the "Restorative Program Care Plan, Flow Record and Evaluation" document.</p> <p>3.1-37(a)</p>				

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F000425 SS=D	<p>483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH</p> <p>The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>1. Based on observation, interview and record review, the facility failed to ensure 1 of 8 residents received all ordered medications during 1 of 4 medication pass observations with 1 of 4 facility staff. (Resident #D, LPN #1)</p> <p>2. Based on observation, interview and record review, the facility failed to ensure staff documented the administration of medications only after the medications have been administered for 1 of 5 staff for 3 of 3 residents during 1 of 4 medication pass observations. (LPN #1)</p>	F000425	F 425 PHARMACEUTICAL SVC ACCURATE PROCEDURES, RPH I. Resident #D medication was received that evening on 9-4-2013 with the regular delivery and received the medication on 9-5-2013 with no adverse reaction. LPN #1 was immediately instructed to ensure she signs medications off after giving the medication to the residents and not prior to. II. Current residents residing in the facility receiving medications were reviewed. This review was to identify that residents receive all ordered medication timely. All licensed staff was educated on the	10/04/2013			

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	<p>Findings include:</p> <p>1. During a medication pass observation with LPN #1 on 9-3-13 at 4:32 p.m., LPN #1 indicated Resident #D was out of her routinely ordered Ibuprofen. She indicated the resident had been out of the medication since earlier the same day. She indicated she would make sure the pharmacy was aware of the need for a refill. She indicated the pharmacy had not delivered medications to the facility for 2 days due to the holiday the previous day.</p> <p>Review of Resident #D's clinical record on 9-4-13 at 10:20 a.m. indicated her diagnoses included, but were not limited to arthritis. Physician orders indicated she was to receive ibuprofen 600 milligrams (mg) twice daily by mouth for arthritis. Review of the Medication Administration Record (MAR) indicated the resident received one dose of ibuprofen 600 (mg) on 9-1-13 at 6:00 a.m. The medication was indicated as not administered on 9-1-13 at 5:00 p.m., on 9-2-13 and 9-3-13 at 6:00 a.m. and 5:00 p.m. and on 9-4-13 at 6:00 a.m. as indicated by staff's initials that were encircled for a total of 6 doses. On the backside of the MAR, a notation on 9-2-13 at 6:00 a.m. indicated the medication had</p>		<p>importance of signing medications off after giving the medication to the resident.</p> <p>III. A systemic change includes education on the proper procedure of notification to the pharmacy when medication is unavailable and is to be included on the annual in-service calendar. Education and training will be provided to all licensed staff regarding proper procedure of notifying the pharmacy and ensuring medication is available. Training will be provided to all licensed staff on the importance of signing medications off after giving the medication to the resident on the annual in-service calendar.</p> <p>IV. The Director of Nurses and/or designee will audit proper medication administration by random observation of licensed staff. 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.</p> <p>V. Completion Date: October 4, 2013</p>		

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	<p>been re-ordered.</p> <p>An interview with Resident #B on 9-3-13 at 4:45 p.m., indicated she had a long history of arthritis of her knees and legs. She indicated she was not in pain at that time, but does have times in which her knees are very painful.</p> <p>An interview with LPN #1 on 9-3-13 at 4:45 p.m., indicated she did not think to check the Emergency Drug Kit (EDK) to see if contained the needed medication. In interview with the Director of Nursing on 9-3-13 at 6:45 p.m., she indicated the facility's EDK did not contain ibuprofen.</p> <p>2. During a medication pass observation on 9-3-13 from 4:42 p.m. until 5:15 p.m. with LPN #1, she was observed to document each medication on the Medication Administration Record (MAR) as she obtained each medication for 3 of 3 residents she was observed administering medications to during this time. In interview with LPN #1 on 9-3-13 at 4:40 p.m., she indicated, "I sign my pills off as I pull them."</p> <p>On 9-4-13 at 11:20 a.m., the Administrator provided a copy of the facility's current "Medication</p>						

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	<p>Administration" policy. This policy indicated, "Document on Medication Record: medication, dose, time given, refusal, signature (initials), include any pertinent observations in nurse's notes."</p> <p>3.1-25(a) 3.1-25(b)(3)</p>				

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F000441 SS=D	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>Based on observation and interview, the facility failed to ensure staff do not</p>	F000441	F 441 INFECTION CONTROL, PREVENT SPREAD,	10/04/2013			

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 09/04/2013	
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	<p>touch resident's medications with bare hands during medication administration for 1 of 5 staff during 1 of 4 medication pass observations. (LPN #2)</p> <p>Findings include:</p> <p>During a medication pass observation on 9-4-13 at 4:30 p.m., LPN #2 was observed to be preparing 4 capsules of Depakote 125 milligram Sprinkles for administration. She was observed to remove each capsule from its container into the palm of her bare hand and then place them into a medication cup. When queried as to any concerns she had with her performance with this medication preparation, she indicated, "Oh, I opened the package of the capsules into my hand. Should I use gloves to open them? Since I was going to open the capsules, I wasn't actually touching the medicine they were going to get. Should I use gloves for that?"</p> <p>In interview with the Director of Nursing on 9-4-13 at 5:30 p.m., she indicated she could understand her confusion, but [using bare hands] is not a good habit to get into."</p> <p>3.1-18(a)</p>		<p>LINENS I. LPN #2 was immediately instructed to ensure she uses gloves to open up capsules to medications rather than bare hands.II. All licensed staff was educated on theimportance of wearing gloves when handling medications. III. A systemic change includes education on the proper procedure of handling medication on the annual in-service calendar. Education and training will be provided to all licensed staff regarding proper procedure of handling medication. IV. The Director of Nurses and/or designee will audit proper medication administration by random observation of licensed staff. 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: October 4, 2013</p>				

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