

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  12/09/2013
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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 IN00138941</p> <p>Complaint IN00138941-Substantiated. Federal/State deficiency related to the allegations is cited at F279.</p> <p>Survey dates: December 5, 6 and 9, 2013</p> <p>Facility number: 000456 Provider number: 155490 AIM number: 100288750</p> <p>Survey team: Penny Marlatt, RN, TC</p> <p>Census bed type: SNF: 5 SNF/NF: 106 Total: 111</p> <p>Census payor type: Medicare: 18 Medicaid: 78 Other: 15 Total: 111</p> <p>Sample: 3</p> <p>This deficiency reflects State findings</p>	F000000	By submitting the enclosed materials we are not admitting the turth or accuracy of any specific findings or allegations as of any proceedings and submit these responses pursuant to our regu;atory obligations. We are asking for a desk review for 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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	cited in accordance with 410 IAC 16.2.  Quality review completed on December 10, 2013, by Janelyn Kulik, RN.			

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F000279 SS=D	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on interview and record review, the facility failed to ensure a request by a resident's POA (power of attorney) and primary contact person to have facility staff operate the resident's cell phone in order for the resident to hear any messages was not honored on the resident's plan of care for 1 of 3 residents reviewed for plans of care in a sample of 3. (Resident #A)</p> <p>Findings include:  Resident #A's clinical record was</p>	F000279	<p>F 279 DEVELOP COMPREHENSIVE CARE PLANS I. Resident #A no longer resides at this facility however has inquired about coming back to facility.II. Current residents residing at the facility who have personal cell phones have been reviewed by the nursing staff and care plan team to ensure that no other residents require assistance with the cell phone.III. A systemic change includes utilizing a new form, Resident Care Plan Review, by the IDT (Inter-disciplinary team). The purpose of this form</p>	01/07/2014
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	<p>reviewed on 12-5-13 at 11:25 a.m. It indicated she was admitted to the facility on 8-28-13. Her diagnoses included, but were not limited to, advanced ALS (amotrophic lateral sclerosis), ventilator dependency, tracheostomy, history of high grade ovarian cancer and right above the knee amputation. Review of her admission Minimum Data Set (MDS) assessment, dated 9-9-13, indicated she was cognitively intact. It indicated she required total dependency on 2 or more staff in regard to assistance with eating, transfers from one surface to another, bed mobility, toileting, bathing and hygiene.</p> <p>In an review of the "Resident Admission Meeting Record" documentation, dated 9-6-13, it indicated the family member/POA present at the meeting, "requests someone play back messages on cell phone [sic]." In review of the resident's plan of care, this information was not located or present.</p> <p>In an interview with the MDS Coordinator on 12-9-13 at 10:28 a.m., she indicated she did not recall anything regarding Resident #A having a cell phone, other than what</p>		<p>is to assist each department with concerns voiced by the resident and/or family. Education and training will be provided to all licensed staff regarding the use of the form. IV. The Administrator, Director of Nurses, and/or designee will receive a copy of all review forms after each Care Plan Meeting that has changes or new additions, to ensure for proper follow-up. Any identified concerns from audits will be addressed immediately. This audit will be indefinitely. 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: January 7, 2014</p>		

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	<p>she observed in the written notes from the admission care plan meeting. She indicated, "It looks like the request to have the staff play back her messages got lost somewhere and was not care planned."</p> <p>In an interview with CNA #1 on 12-9-13 at 9:55 a.m., she indicated she did not recall Resident #A having a cell phone.</p> <p>In an interview with CNA #2 on 12-9-13 at 9:45 a.m., she indicated she recalled Resident #A having a cell phone and it was plugged in all of the time. She indicated the resident did not request for her to make any phone calls for her. She indicated she did not recall anyone requesting for her to play back any messages for the resident.</p> <p>In an interview with CNA #3 on 12-9-13 at 10:00 a.m., she indicated she did not recall Resident #A having a cell phone.</p> <p>On 12-9-13 at 12:45 p.m., the Director of Nursing provided a copy of a policy entitled, "Resident Care Plan Policy." This policy indicated, "It is the policy of [name of facility] that a comprehensive plan of care will be</p>			

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	<p>provided for each resident that includes measurable objectives and time frames to meet the medical, nursing, mental and psychosocial needs that are identified in the interdisciplinary assessments...The plan of care shall be based on a composite of current assessments and include the identification of the resident's problems or needs. The assessment system will be used by facility staff in conjunction with other focused assessment tools and professional standards toward assisting the resident to attain or maintain his/her highest practicable physical, mental and psychosocial well-being and will include: services that are to be furnished...resident needs, problems, strengths and preferences, resident wishes...resident, legal representative and family member input, if known..."</p> <p>This Federal tag relates to Complaint IN00138941.</p> <p>3.1-35(a) 3.1-35(b)(1) 3.1-35(b)(2)</p>				