

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

PRINTED: 09/19/2019
FORM APPROVED
OMB NO. 0938-039

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 08/28/2019	
NAME OF PROVIDER OR SUPPLIER AMBASSADOR HEALTHCARE				STREET ADDRESS, CITY, STATE, ZIP COD 705 E MAIN ST CENTERVILLE, IN 47330			
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00303734.</p> <p>Complaint IN00303734 - Unsubstantiated - due to lack of evidence.</p> <p>Survey dates: August 21, 22, 23, 26, 27, & 28, 2019</p> <p>Facility number: 000456 Provider number: 155490 AIM number: 100288750</p> <p>Census Bed Type: SNF/NF: 117 Total: 117</p> <p>Census Payor Type: Medicare: 3 Medicaid: 96 Other: 18 Total: 117</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on August 30, 2019</p>			F 0000			
F 0697 SS=D Bldg. 00	<p>483.25(k) Pain Management §483.25(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.</p>						

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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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>Based on interview and record review the facility failed to complete a thorough pain assessment for a resident who was had acute abdominal pain for 1 of 2 residents reviewed for hospitalization (Resident A).</p> <p>Finding include:</p> <p>Review of the record of Resident A on 8/26/19 at 10:30 a.m., indicated the resident's diagnoses included, but were not limited to, acute chronic respiratory failure, abnormal posture, urinary tract infection, pressure ulcer of sacral region stage four (9/19/18), muscle weakness, dysphagia, atrial fibrillation, hypoxia, diabetes type two, encephalopathy, atherosclerosis of coronary artery bypass (1/14/14), hypertension, anxiety, chronic obstructive pulmonary disease, major depressive disorder and paranoid schizophrenia.</p> <p>The Quarterly Minimum Data Set (MDS) assessment, dated 3/9/19, indicated the resident was cognitively intact for daily decision making and his decisions were reasonable and consistent. The resident did not have any pain in the last five days and was not on a scheduled pain medication or receive pain medicine as needed.</p> <p>The progress note dated, 5/15/19 at 2:42 p.m., the resident had emesis one time and complained of his stomach hurting. The resident had a small amount of hard stool in his colostomy bag.</p> <p>The progress note dated, 5/15/19 at 8:30 p.m., the resident complained of nausea and his stomach hurting.</p> <p>The progress note dated, 5/16/19 at 12:34 a.m., the resident complained of feeling sick and his stomach hurting. The resident's abdomen</p>			F 0697	<p>By submitting the enclosed documents, we are not admitting the truth or accuracy of any specific findings or allegations as in any proceedings and submit these responses pursuant to our regulatory obligations.</p> <p>We are requesting a desk review for this survey.</p> <p>F 697 PAIN MANAGEMENT</p> <p>I. Resident A expired.</p> <p>II. Current residents residing at the facility exhibiting acute abdominal pain were reviewed. This review was to identify that the current drug regiment was effective for the residents. Those identified exhibiting pain will have physician notified and receive treatment as ordered. Plan of care will be updated at that time.</p> <p>III. A systematic change includes those residents experiencing acute abdominal pain will be recorded on the stop and watch early warning tool. Once acute pain is identified, a pain assessment will be completed. The stop and watch early warning tool will be reviewed daily by the Director of Nurses, weekend nursing manager, or another administrative nurse to ensure a</p>		09/27/2019

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	<p>distended and bowel sounds active.</p> <p>The progress note dated, 5/16/19 at 10:34 a.m., the resident complained of his stomach hurting. There was a small amount of liquid stool in colostomy bag.</p> <p>The progress note dated, 5/16/19 at 8:01 p.m., a new order received for a STAT (now) Kidney, ureter and Bladder (KUB) due to complaints of increased abdominal pain and constipation. The resident was also ordered a chest x-ray, complete blood count and basic metabolic panel on 5/17/19.</p> <p>The progress note dated, 5/16/19 at 9:30 p.m., the physician was notified the KUB results were ileus versus obstructive bowel. Clinical and possibly radiographic follow up advised. The chest x-ray showed improvement from previous chest x-ray. The resident with complaints of abdominal pain. The physician ordered the for the KUB be repeated on 5/17/19.</p> <p>The progress note dated, 5/17/19 at 5:17 a.m., the resident had been refusing meals due to abdominal pain.</p> <p>During an interview with the Director Of Nursing (DON) on 8/27/19 at 3:07 p.m., indicated there was no pain assessments completed on Resident A's abdominal pain, beside the "Stop and Watch early warning tool". The DON provided this documentation.</p> <p>The stop and watch early warning tool, dated 5/15/19 at 6:00 a.m., the resident had new complaint of stomach pain and his abdomen was distended, seemed different than usual, talked less, ate less and drank less.</p>				<p>pain assessment was completed. Training will be provided to licensed nurses on completion of assessments, PAINAD Scale, change of condition report for pain, and policy on pain.</p> <p>IV. The Director of Nurses, and/or designee will review all stop and watch forms and new orders for pain medication daily (Monday Friday) to ensure that a pain assessment has been completed. These audits will be provided at a minimum of 5 per week for 4 weeks then a minimum of 5 per month for an additional 5 months. Any identified concerns from the audits will be addressed immediately.</p> <p>V. The results of these audits will be discussed at the facility Quality Assurance Performance Improvement meeting and frequency and duration of reviews will be adjusted as needed.</p> <p>Completion Date: September 27, 2019.</p>		

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F 0812 SS=E Bldg. 00	<p>The pain policy provided by the DON on 8/27/19 at 3:30 p.m., indicated the nursing staff would assess each individual for pain whenever there was a significant change in condition and when there was onset of new pain. The staff and physician would identify the nature characteristics such as location, intensity, frequency, pattern and severity of the pain. The staff would assess pain using a consistent approach and standardized pain assessment instrument appropriate to the resident's cognitive level. The staff would reassess the individual's pain and related consequences at regular intervals; at least every shift for acute pain.</p> <p>3.1-37(a)</p> <p>483.60(i)(1)(2) Food Procurement,Store/Prepare/Serve-Sanitary §483.60(i) Food safety requirements. The facility must -</p> <p>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and</p>						

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	<p>serve food in accordance with professional standards for food service safety.</p> <p>Based on observation, interview and record review the facility failed to ensure staff were knowledgeable about the sanitation process for the dish machine to ensure proper sanitation of the dishware. This had the potential to affect 113 of 117 residents who consumed food prepared in the facility.</p> <p>Findings include:</p> <p>During the initial dietary observation, on 8/21/19 at 10:59 a.m., the Dietary Manager checked the dish machine chemical sanitation and said it is chlorine based. She checked the dish machine with a chlorine based test strip and it did not register any parts per million (ppm's). The Dietary Manager used a quat test strip and it did not register. She then used another chlorine test strip and it did not register any ppm's.</p> <p>The Dietary Manager indicated she was calling the company who delivers their dishwasher supplies, and will use the 3 compartment sink until their representative comes in, and they are not using the dishes until the sanitation registered the appropriate ppm's.</p> <p>On 8/21/19 at 1:17 p.m., the Dietary Manager indicated the morning person who comes in, tests the dish machine in the morning. She provided a "Low Temperature Dish Machine Log" that did not have the section for the sanitizer solution documented with the ppm's for the morning test. She tested the dish machine with the correct test strips and the dish machine tested 50 ppm's. She said they were using the wrong test strips earlier, the container the strips were in looked like the</p>			F 0812	<p>F 812 FOOD PROCUREMENT, STORE/PREPARE/SERVE-SANITARY</p> <p>I. Dishwashing was immediately stopped until proper sanitation chemical levels were achieved. Items that had gone thru the dish machine without proper sanitizing chemicals were rewashed after sanitation levels were corrected and tested to be sufficient.</p> <p>II. Dishwashing was immediately stopped until proper sanitation chemical levels were achieved. Items that had gone thru the dish machine without proper sanitizing chemicals were rewashed after sanitation levels were corrected and tested to be sufficient.</p> <p>III. A systematic change was made to the documentation of sanitation chemical level checks. Sanitation levels are checked before each meal and recorded. Random testing throughout the day will also be completed.</p> <p>Inservice was held with all dietary staff on 8/29/2019 with HP Products Representative who explained and demonstrated proper technique and supplies to test for correct sanitation levels in</p>		09/27/2019

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	<p>container the quat test strips are in, said she just grabbed the wrong tube the first time.</p> <p>On 8/28/19 at 1:16 p.m., the Dietary Manager checked the dish machine with the chlorine test strips and it did not register any ppm's. She said the chlorine test strips are the correct strips for the dish machine and it is connected to hypochlorite bucket. Maintenance Personal 3 came into the dietary department and said they have to be sure all the air is out of the line, and they have to lift it up sometimes to help get the kink or air out of the line. He demonstrated there is a button on the top of the dish machine that he pushed sideways a few times and said it helps prime the bucket and get the air out also. The test strip registered 50-100 ppm's after it was primed. She said the test strips she first used were the ones she has been using all along, the test strips had been registering the correct ppm's and she will have them check the machine with each cycle while doing dishes to make sure the sanitizer is working.</p> <p>On 8/28/19 at 4:35 p.m., the Director of Nursing indicated there are four residents who do not receive food from the kitchen.</p> <p>A policy for "Dishwashing Machine Use" was provided by the Dietary Manager on 8/28/19 at 2:35 p.m. and included, but was not limited to: "Food Service staff required to operate the dishwashing machine will be trained in all steps of dishwashing machine use by the supervisor or a designee proficient in all aspects of proper use and sanitation...4. Dishwashing machine chemical sanitizer concentrations and and contact times will be as follows: Type of Solution: Chlorine, Minimum Concentration 50-100 ppm, Contact Time: 10 seconds...6. Corrective action will be</p>				<p>the dish machine.</p> <p>IV. The Dietary Manager will check for proper recording of all testing levels to ensure that they are completed. Dietary Manager will complete at least one random test throughout the day to ensure proper levels are maintained. Dietary Manager will train all new employees on proper procedure and supplies needed to test for sufficient sanitation chemical levels. Ongoing monitoring will be continued by the Dietary Manager for 6 months.</p> <p>V. The results of these audits will be discussed at the facility Quality Assurance Performance Improvement meeting and frequency and duration of reviews will be adjusted as needed.</p> <p>Completion Date: Sept 27, 2019</p>		

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	taken immediately if sanitizer concentrations are too low...." 3.1-21(i)(3)						