

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155490	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 11/21/2022
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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 0641 SS=D Bldg. 00	<p>483.20(g) Accuracy of Assessments §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status.</p> <p>Based on record review and interview, the facility failed to accurately code a Minimum Data Set assessment (MDS) for use of hearing aids for Residents 39 and 78, and failed to accurately code use of restraints for Resident 55. This affected 3 of 30 residents reviewed for assessments.</p> <p>Findings include:</p> <p>1. During an interview, on 11/14/22 at 1:49 p.m., Resident 39 indicated she wears a hearing aid and they don't work well. The resident had difficulty hearing during the interview.</p> <p>Resident 39's record was reviewed on 11/17/22 at 1:52 p.m. The record indicated Resident 39 had diagnoses that included, but were not limited to, pulmonary embolism, cognitive communication deficit, and tracheostomy.</p> <p>An Annual Minimum Data Set (MDS) assessment, dated 2/5/22, indicated Resident 39 was cognitively intact, her hearing was adequate without hearing aids, she did not speak, and she made herself understood,</p> <p>A Quarterly MDS, dated 8/6/22, indicated Resident 39 was cognitively intact, her hearing was adequate without hearing aids, her speech was clear, she makes herself understood, and she understands others,</p> <p>A Quarterly MDS, dated 11/5/22, indicated she moderately impaired in cognitive skills for daily</p>	F 0641	<p>This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet the requirements established by state and federal law.</p> <p>We are requesting a desk review for this survey.</p> <p>I. MDS for resident #39, #55 and #78 have been modified and submitted with corrected information.</p> <p>II. An audit of all current residents hearing aid and restraint status has been completed. There were no additional findings related to this citation.</p> <p>III. The IDT team has been educated on the importance of ensuring that resident hearing aid and restraint status are correctly documented in the MDS. The MDS Coordinator will be responsible for ensuring that resident's MDS accurately reflects resident hearing aid and restraint</p>	12/17/2022
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Melissa Mantooth

Executive Director

12/09/2022

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>decision making, has minimal difficulty with hearing, and wears a hearing aid.</p> <p>Resident 39 had a care plan for use of a hearing aid in her left ear dated 2/13/21.</p> <p>On 11/21/22, at 10:30 a.m., the MDS Coordinator indicated the MDS report, dated 11/5/22 is ready to export and it indicates she has a hearing aid and it is correct.</p> <p>2. During an interview, on 11/15/22 at 4:05 p.m., Resident 78 indicated he got new hearing aids and they worked for 3 days then quit. He said he has been trying to get the hearing aids replaced.</p> <p>Resident 78's record was reviewed on 11/16/22 at 2:36 p.m. and indicated diagnoses that included, but were not limited to, acute respiratory failure, mild cognitive impairment, stroke with weakness on his right side, tracheostomy, and anxiety.</p> <p>A Quarterly MDS, dated 9/9/22, indicated Resident 78 was moderately impaired in cognitively skills for daily decision making and his hearing was adequate without hearing aids.</p> <p>An Annual MDS, dated 12/18/21, indicated he was cognitively intact, his hearing is adequate and he did not wear a hearing aid.</p> <p>On 11/21/22 at 10:30 a.m., the MDS Coordinator indicated his MDS showed he did not have a hearing aid. She said they code to the Resident Assessment Instrument manual. 3. The clinical record for Resident 55 was reviewed on 11/17/2022 at 10:45 a.m. The medical diagnoses included, but were not limited to, dementia and cognitive communication deficit.</p>		<p>status.</p> <p>IV. The MDS Coordinator or Designee will complete random audits of 10% of the resident's MDS's to ensure that hearing aid and restraint status are documented correctly. The results will be reported to the QAPI committee monthly x 3 months for review and recommendation. The QAPI committee will be responsible for the ongoing monitoring for compliance with frequency and duration of reviews to be adjusted as needed.</p> <p>V. Completion Date: December 17, 2022.</p>	

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F 0690 SS=D Bldg. 00	<p>A Quarterly Minimum Data Set Assessment, dated for 8/16/2022, indicated that Resident 55 utilized a trunk restraint less than daily.</p> <p>Review of the medical record for Resident 55 did not indicate the use of a trunk restraint.</p> <p>An interview with MDS Nurse 1 on 11/17/2022 at 12:06 p.m. indicated that trunk restraint was selected in error on the assessment for Resident 55 dated 8/16/2022 and that she would submit a modification of assessment.</p> <p>The Center of Medicare and Medicaid Services Resident Assessment Instrument (RAI) Manual, revised October 2019, indicated under section B0200 the resident's ability to hear, under B0300 if a hearing aid or other hearing appliance utilized, and under section P0100 the use of physical restraints and, if applicable, the frequency. The RAI Manual section Z instructed the person signing the attestation must review the information to assure accuracy and sign for those portions on the date the review was conducted.</p> <p>483.25(e)(1)-(3) Bowel/Bladder Incontinence, Catheter, UTI §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain.</p> <p>§483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that-</p>			

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	<p>(i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary;</p> <p>(ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and</p> <p>(iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.</p> <p>§483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.</p> <p>Based on observation, interview and record review the facility failed to ensure residents catheter bags were not touching the floor to prevent infection and failed to provide a privacy bag for the catheter bag for 2 of 2 residents reviewed for Foley catheter/Urinary Tract Infection (UTI) (Resident 64 and Resident 19).</p> <p>Findings include:</p> <p>1. During an observation on 11/14/22 at 2:35 p.m., Resident 64 was sitting in the recliner, the resident's catheter bag was clipped to the recliner and was touching the floor and was not in a privacy bag. The resident had dark amber urine in bag and tubing.</p>	F 0690	<p>I. Resident #64's recliner has no place to attach a catheter bag, so a commando strip and hook have been added. A wash basin was placed under the bag and tubing so the catheter tubing cannot touch the floor even if moved by resident #64. A privacy bag was immediately applied for dignity to resident #64's catheter bag.</p> <p>Resident #19 catheter bag and tubing was readjusted, and a wash basin was placed under the bag and tubing so the catheter tubing cannot touch the floor.</p>	12/17/2022

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	<p>During an observation on 11/16/22 at 1:52 p.m., Resident 64 was sitting in a wheelchair in the dining room, the catheter was not in a privacy bag.</p> <p>Review of the record of Resident 64 on 11/17/22 at 10:20 a.m., indicated the resident's diagnoses included, but were not limited to, dementia with agitation, muscle weakness, diabetes, hypertension, hearing loss, delusional disorders, urinary tract infection, Alzheimer's disease and major depressive.</p> <p>The plan of care for Resident 64, dated 9/26/22, indicated the resident had a Foley catheter and was at risk for recurrent Urinary Tract Infections (UTI).</p> <p>The Significant Change Minimum Data Set (MDS) assessment for Resident 64, dated 10/21/22, indicated the resident required total assistance of two people. The resident had an indwelling catheter and had a Urinary Tract Infection (UTI) in the last 30 days.</p> <p>The physician recapitulation for Resident 64, dated November 2022, indicated the resident was ordered a 20 french catheter change monthly and as needed for occlusion.</p> <p>During an interview with the Director Of Nursing (DON) on 11/18/22 at 3:15 p.m., nursing staff would be responsible to ensure Resident 64 catheter bag was in a dignity bag and whoever assisted him to transfer to his recliner would be responsible to ensure the catheter bag was not on the floor.</p> <p>2. The clinical record for Resident 19 was reviewed on 11/15/2022 at 11:03 a.m. The medical diagnoses included, but were not limited to, dementia and</p>		<p>II. Current residents residing at the facility with catheters have been reviewed to ensure catheter bags and tubing have privacy bags and are not touching the floor. Catheters and tubing were adjusted as needed and a wash basin was placed under the bag and tubing for those at risk of touching the floor.</p> <p>III. All nursing staff was educated on catheter bags and tubing not touching the floor to prevent the spread of infection and on the use of privacy bags. A systemic change includes the Director of Nursing, weekend nursing manager, or another administrative nurse to assess all new residents with catheters to ensure the catheter bag and tubing are not touching the floor to prevent infection and to ensure a privacy bad is being used.</p> <p>IV. The Director of Nursing, and/or designee will audit catheters by random observation. These audits will include all catheters to be observed every week for 1 month and then biweekly for an additional 5 months. Any identified concerns from the audits will be addressed immediately. The results of these audits will be discussed at the facility QAPI meeting and frequency and duration will be adjusted as needed.</p>	

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	<p>polyneuropathy.</p> <p>A Quarterly Minimum Data Set Assessment, dated 9/27/2022, indicated that Resident 19 had an indwelling catheter and needed extensive assistance with hygiene tasks.</p> <p>An observation on 11/14/2022 at 3:03 p.m., indicated Resident 19 laying in bed with a catheter bag hanging from the left side of the bed with the bottom of the bag contacting the bottom of the bedside table and floor.</p> <p>A policy entitled, "Catheter Care, Urinary", was provided by the Administrator on 11/21/2022 at 10:00 a.m. The policy indicated, " ...Be sure the catheter tubing and drainage bag are kept off the floor ..."</p> <p>3.1-41(a)(2)</p>		V. Completion Date: December 17, 2022.		