

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

PRINTED: 09/24/2018

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 08/27/2018	
NAME OF PROVIDER OR SUPPLIER  AMBASSADOR HEALTHCARE				STREET ADDRESS, CITY, STATE, ZIP COD 705 E MAIN ST CENTERVILLE, IN 47330			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 0000  Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: August 20, 21, 22, 23, 24, &amp; 27, 2018</p> <p>Facility number: 000456 Provider number: 155490 AIM number: 100288750</p> <p>Census Bed Type: SNF/NF:127 Total:127</p> <p>Census Payor Type: Medicare: 3 Medicaid: 116 Other: 8 Total:127</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on August 29, 2018</p>			F 0000			
F 0623 SS=D Bldg. 00	<p>483.15(c)(3)-(6)(8) Notice Requirements Before Transfer/Discharge §483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must-</p> <p>(i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman.</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 disclosable 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>(ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and</p> <p>(iii) Include in the notice the items described in paragraph (c)(5) of this section.</p> <p>§483.15(c)(4) Timing of the notice.</p> <p>(i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged.</p> <p>(ii) Notice must be made as soon as practicable before transfer or discharge when-</p> <p>(A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section;</p> <p>(B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section;</p> <p>(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section;</p> <p>(D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or</p> <p>(E) A resident has not resided in the facility for 30 days.</p> <p>§483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following:</p> <p>(i) The reason for transfer or discharge;</p> <p>(ii) The effective date of transfer or discharge;</p> <p>(iii) The location to which the resident is transferred or discharged;</p>						

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	<p>(iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request;</p> <p>(v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman;</p> <p>(vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and</p> <p>(vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act.</p> <p>§483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available.</p> <p>§483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must</p>						

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	<p>provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l).</p> <p>Based on interview and record review, the facility failed to provide a resident's representative with a written notice before transfer when a resident was transferred to a hospital for 1 of 4 residents. (Resident 44)</p> <p>Findings include:</p> <p>Resident 44's record was reviewed on 8/22/18 at 1:45 p.m. The record indicated Resident 44 had diagnoses that included, but were not limited to, dependence on a respirator (ventilator), blood infection, seizures, tracheostomy, traumatic brain injury, high blood pressure, and quadriplegia.</p> <p>A Quarterly Minimum Data Set assessment, dated 5/15/18, indicated Resident 44 is rarely, never understood, was totally dependent on staff for all care, and had been admitted from an acute care hospital.</p> <p>Progress notes, dated 6/23/2018 at 1:44 p.m., indicated Resident 44 was transferred to a local hospital due to having seizure activity.</p> <p>There was no information in the resident's record that indicated the responsible party had been provided a written notice of the transfer.</p> <p>Progress notes, dated 8/1/18, indicated the resident was transferred to a local hospital due to</p>			F 0623	<p>I. Resident #44 was returned to the facility after his two hospitalizations to the same room without any concerns or ill-effects from transfers.</p> <p>II. Residents residing at the facility who are currently transferred to a local hospital have been identified and their charts have been audited to ensure the resident's representative was provided with written notice before the transfer.</p> <p>III. A systematic change includes the Medical Records is to audit all hospital transfers to ensure the resident's representative was provided with written notice before the transfer. Any concerns identified by medical records will be reported to the Director of Nurses.</p> <p>Training will be provided to all licensed staff for the process and importance of providing the resident's representative with a written notice before the hospital transfer.</p>		09/26/2018

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F 0625 SS=D Bldg. 00	<p>a high temperature.</p> <p>There was no information in the resident's record that indicated the responsible party had been provided a written notice of the transfer.</p> <p>On 8/27/18 at 4:07 p.m., the Medical Records Supervisor indicated all the information that was available to her was in the folder she provided.</p> <p>On 8/27/18 at 4:13 p.m., the Administrator indicated everything that was available had been provided.</p> <p>A policy and procedure for "Bed-Holds and Returns" was provided by the Administrator on 8/27/18 at 4:18 p.m. The policy included, but was not limited to, "Policy Statement: Prior to transfers and therapeutic leaves, residents or resident representatives will be informed in writing of the bed-hold and return policy...3. d. The details of the transfer (per the Notice of Transfer)...."</p> <p>3.1-12(a)(9)(A) 3.1-12(a)(9)(B) 3.1-12(a)(9)(C) 3.1-12(a)(9)(D) 3.1-12(a)(9)(E) 3.1-12(a)(9)(F) 3.1-12(a)(9)(G)</p> <p>483.15(d)(1)(2) Notice of Bed Hold Policy Before/Upon Trnsfr §483.15(d) Notice of bed-hold policy and return-</p> <p>§483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic</p>		<p>IV. The Director of Nurses and/or designee will audit all hospital transfers for 6 months to ensure the resident's representative was provided with written notice before the transfer.</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 26, 2018</p>		

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	<p>leave, the nursing facility must provide written information to the resident or resident representative that specifies-</p> <p>(i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility;</p> <p>(ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any;</p> <p>(iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and</p> <p>(iv) The information specified in paragraph (e) (1) of this section.</p> <p>§483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section.</p> <p>Based on interview and record review, the facility failed to provide a resident's representative with a bed hold notice when a resident was transferred to a hospital for 1 of 4 residents. (Resident 44)</p> <p>Findings include:</p> <p>Resident 44's record was reviewed on 8/22/18 at 1:45 p.m. The record indicated Resident 44 had diagnoses that included, but were not limited to, dependence on a respirator (ventilator), blood infection, seizures, tracheostomy, traumatic brain injury, high blood pressure, and quadriplegia.</p> <p>A Quarterly Minimum Data Set assessment, dated</p>			F 0625	<p>I. Resident #44 was returned to the facility after his two hospitalizations to the same room without any concerns or ill-effects from transfers.</p> <p>II. Residents residing at the facility who are currently transferred to a local hospital have been identified and their charts have been audited to ensure the resident's representative was provided with a bed hold notice upon transfer.</p>		09/26/2018

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	<p>5/15/18, indicated Resident 44 is rarely, never understood, was totally dependent on staff for all care, and had been admitted from an acute care hospital.</p> <p>Progress notes, dated 6/23/2018 at 1:44 p.m., indicated Resident 44 was sent to a local hospital due to having seizure activity.</p> <p>There was no information in the resident's record that indicated the bed hold policy and information had been provided to the responsible party.</p> <p>Progress notes, dated 8/1/18, indicated the resident was sent to a local hospital due to a high temperature.</p> <p>There was no information in the resident's record that indicated the bed hold policy and information had been provided to the responsible party.</p> <p>On 8/27/18 at 4:07 p.m., the Medical Records Supervisor indicated all the information that was available to her was in the folder she provided.</p> <p>On 8/27/18 at 4:13 p.m., the Administrator indicated everything that was available had been provided.</p> <p>A policy and procedure for "Bed-Holds and Returns" was provided by the Administrator on 8/27/18 at 4:18 p.m. The policy included, but was not limited to, "Policy Statement: Prior to transfers and therapeutic leaves, residents or resident representatives will be informed in writing of the bed-hold and return policy...3. Prior to a transfer, written information will be given to the residents and the resident representatives that explain in detail: a. The rights and limitations of the resident regarding bed-holds; b. The reserve</p>				<p>III. A systematic change includes the Medical Records is to audit all hospital transfers to ensure the resident's representative was provided with a bed hold notice upon transfer. Any concerns identified by medical records will be reported to the Director of Nurses.</p> <p>Training will be provided to all licensed staff for the process and importance of providing the resident's representative with a bed hold notice upon transfer.</p> <p>IV. The Director of Nurses and/or designee will audit all hospital transfers for 6 months to ensure the resident's representative was provided with a bed hold policy upon transfer.</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 26, 2018</p>		

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F 0661 SS=D Bldg. 00	<p>bed payment policy as indicated by the state plan (Medicaid residents)...."</p> <p>3.1-12(25)(A) 3.1-12(25)(B)</p> <p>483.21(c)(2)(i)-(iv) Discharge Summary §483.21(c)(2) Discharge Summary When the facility anticipates discharge, a resident must have a discharge summary that includes, but is not limited to, the following: (i) A recapitulation of the resident's stay that includes, but is not limited to, diagnoses, course of illness/treatment or therapy, and pertinent lab, radiology, and consultation results. (ii) A final summary of the resident's status to include items in paragraph (b)(1) of §483.20, at the time of the discharge that is available for release to authorized persons and agencies, with the consent of the resident or resident's representative. (iii) Reconciliation of all pre-discharge medications with the resident's post-discharge medications (both prescribed and over-the-counter). (iv) A post-discharge plan of care that is developed with the participation of the resident and, with the resident's consent, the resident representative(s), which will assist the resident to adjust to his or her new living environment. The post-discharge plan of care must indicate where the individual plans to reside, any arrangements that have been made for the resident's follow up care and any post-discharge medical and non-medical services. Based on record review and interview, the facility</p>			F 0661			09/26/2018



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	<p>failed to ensure a discharge summary was completed for 1 of 3 residents who met the criteria for a discharge summary. (Resident 125)</p> <p>Findings include:</p> <p>Resident 125's record was reviewed on 8/27/18 at 1:51 p.m. Her diagnoses included but were not limited to, syncope and collapse, repeated falls, hypothyroidism, irritable bowel syndrome, metabolic encephalopathy, chronic kidney disease stage 4, altered mental status, depressive episodes, hyperlipidemia, rhinitis, vitamin deficiency, sleep apnea, arthropathy, urinary tract infection, hallucinations, hypertension, gastroesophageal reflux disease, muscle weakness, and difficulty walking.</p> <p>Resident 125's Quarterly Minimum Data Set assessment dated 3/17/18, indicated she required extensive assistance of 2 persons for bed mobility, transfers, walking in her room, and toileting. She had received as needed pain medication, had suffered a fall, was on a physician prescribed weight loss program, and received occupational and physical therapy.</p> <p>A progress note dated 5/27/18 at 2:45 p.m., indicated Resident 125 discharged home at approximately 12:30 p.m., with her daughter.</p> <p>The "Recap of Resident's Stay" section on the Discharge Summary For Anticipated Discharges for Resident 125 was left blank where it indicated the documentation must include the resident's diagnoses, course of illness, treatment, therapy and consultation results.</p> <p>An interview with the DON on 8/27/18 at 4:30 p.m., indicated the "Recap of Resident's Stay" section</p>				<p>I. Resident #125 was discharged.</p> <p>II. Residents residing at the facility who have an anticipated discharge in the last 30 days have been identified and their charts have been audited to ensure all discharge summaries were complete.</p> <p>III. A systematic change includes the Medical Records is to audit all anticipated discharges to ensure all discharge summaries are complete. Any concerns identified by medical records will be reported to the Director of Nurses.</p> <p>Training will be provided to all licensed staff for the process and importance of completing a discharge summary.</p> <p>IV. The Director of Nurses and/or designee will audit all discharge summaries for 6 months to ensure discharge summaries are complete.</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>		

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	<p>of the Discharge Summary for Resident 125 had not been completed.</p> <p>The Discharge Summary and Plan procedure provided by the Social Services on 8/27/18 at 4:38 p.m., indicated the following: "2. The discharge summary will include a recapitulation of the resident's stay at this facility and a final summary of the resident's status at the time of the discharge in accordance with established regulations governing release of resident information and as permitted by the resident. The discharge summary shall include a description of the resident's: a. Current diagnosis; b. Medical history (including any history of mental disorders and intellectual disabilities); c. Course of illness, treatment and/or therapy since entering the facility; d. Current laboratory, radiology, consultation, and diagnostic test results; e. Physical and mental functional status; f. Ability to perform activities of daily living including: (1) bathing, dressing and grooming, transferring and ambulating, toilet use, eating, and using speech, language, and other communication systems; (2) the need for staff assistance and assistive devices or equipment to maintain or improve functional abilities; and (3) the ability to form relationships, make decisions including health care decisions, and participate (to the extent physically able) in the day-to-day activities of the facility. g. Sensory and physical impairments (neurological, or muscular deficits; for example, a decrease in vision and hearing, paralysis, and bladder incontinence); h. Nutritional status and requirements: (1) weight and height; (2) nutritional intake; and (3) eating habits, preferences and dietary restrictions. i. Special treatments or procedures (treatments and procedures that are not part of basic services provided); j. Mental and psychosocial status</p>				Completion Date: September 26, 2018		

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F 0675 SS=D Bldg. 00	<p>(ability to deal with life, interpersonal relationships and goals, make health care decisions, and indicators of resident behavior and mood); k. Discharge potential (the expectation of discharging the resident from the facility within the next three months); l. Dental condition (the condition of the teeth, gums, and other structures of the oral cavity that may affect a resident's nutritional status, communications abilities, quality of life, and the need for and use of dentures of other dental appliances); m. Activities potential (the ability and desire to take part in activity pursuits which maintain or improve physical, mental, and psychosocial well-being); n. Rehabilitation potential (the ability to improve independence in functional status through restorative care programs); o. Cognitive status (the ability to problem solve, decide, remember, and be aware of and respond to safety hazards); and p. Medication therapy (all prescription and over-the-counter medications taken by the resident including dosage, frequency of administration, and recognition of significant side effects that would be most likely to occur in the resident)...."</p> <p>3.1-36(a)(1) 3.1-36(a)(2)</p> <p>483.24 Quality of Life § 483.24 Quality of life Quality of life is a fundamental principle that applies to all care and services provided to facility residents. 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, consistent with the resident's comprehensive</p>						

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	<p><b>assessment and plan of care.</b></p> <p>Based on observation, interview, and record review, the facility failed to implement a restorative dining program for a resident who required assistance with meals for 1 of 1 resident's reviewed for positioning (Resident 54).</p> <p>Finding include:</p> <p>1.) During an observation on 8/22/18 at 11:38 a.m., Resident 54 was sitting in a wheelchair in front of the nursing station with her lunch sitting in front of her on a bedside table. Resident 54's face was in her plate and she was attempting to feed herself, there was no staff observed assisting the resident.</p> <p>During an observation on 8/22/18 at 11:47 a.m., Resident 54 continued to have her face in her plate attempting to eat with no success and no staff assisting her. There were three staff around the resident passing hall trays.</p> <p>Review of the record of Resident 54 on 8/24/18 at 1:32 p.m., indicated the resident's diagnoses included, but were not limited to, kidney failure, abnormal posture, cerebral palsy, osteoarthritis, anxiety disorder, dementia with behavioral disturbance, diabetes, obsessive compulsive disorder, convulsions, schizoaffective disorder and psychosis.</p> <p>The Quarterly Minimum Data Set (MDS) assessment for Resident 54, dated 6/2/18, indicated the resident was severely cognitively impaired for daily decision making and required limited assistance of one person to physically assist with eating.</p> <p>The plan of care for Resident 54, dated 9/26/17,</p>			F 0675	<p>I. Resident #54 has been placed on a restorative program to assist with meals.</p> <p>II. Current residents residing at the facility who require assistance with meals due to positioning have been identified by observation of nursing staff, therapy, and administrative staff. Any identified residents will either be evaluated by therapy or placed in a restorative program to assist with meals.</p> <p>III. A systematic change includes education on restorative needs, the process, and the importance of providing residents with restorative care. This education will focus on the restorative dining program, staff assistance with meals, and on positioning during mealtime.</p> <p>IV. The Director of Nurses and/or designee will audit the restorative dining program by random observation. These audits will be provided randomly during all meals on all units at a minimum of 12 times a week for 4 weeks and then a minimum of 12 per month per unit for additional 5 months.</p> <p>V. The results of these audits will be discussed at the facility Quality Assurance</p>		09/26/2018

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	<p>indicated the resident was at high nutritional risk related to poor oral intake.</p> <p>The plan of care for Resident 54, dated 6/21/18, indicated the resident had a behavior related to bending forward in her wheelchair doubled over and would refuse to sit up or allow staff to put her to bed.</p> <p>During an interview with the Dietary Manager on 8/24/18 at 2:29 p.m., indicated nursing would be responsible to implement a restorative dining program for Resident 54.</p> <p>During an interview with the Director Of Nursing (DON) on 8/24/18 at 2:41 p.m., the DON indicated nursing would be responsible to implement a restorative dining program for Resident 54.</p> <p>During an interview with Certified Occupational Therapy Assistant (COTA) on 8/27/18 at 11:47 a.m., indicated Resident 54 leaned her trunk forward because she was sensory seeking, the resident sought the sensory feedback when she bent over she was seeking the tightness almost like a hug. The COTA indicated sensory seeking is linked to the brain and it was not a behavior it is what she did to calm and sooth herself. The COTA indicated Resident 54 can sit straight if she was asked to and could keep an upright posture in her wheelchair for two plus hours. The COTA indicated it would not hurt to try a restorative dining program. The COTA indicated Resident 54 changed day by day with her posture.</p> <p>The restorative nursing services policy provided by MDS Coordinator 1 on 8/27/18 at 10:30 a.m., indicated residents will receive restorative nursing care as needed to help promote optimal safety and independence. "Restorative goals my include, but</p>		<p>Performance Improvement meeting and frequency and duration of reviews will be adjusted as needed.</p> <p>Completion Date: September 26, 2018</p>		

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F 0676 SS=D Bldg. 00	<p>are not limited to supporting and assisting the resident in : Adjusting or adapting to changing abilities; maintaining his/her dignity, independence and self-esteem."</p> <p>3.1-37(a)</p> <p>483.24(a)(1)(b)(1)-(5) Activities Daily Living (ADLs)/Mntn Abilities §483.24(a) Based on the comprehensive assessment of a resident and consistent with the resident's needs and choices, the facility must provide the necessary care and services to ensure that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that such diminution was unavoidable. This includes the facility ensuring that:</p> <p>§483.24(a)(1) A resident is given the appropriate treatment and services to maintain or improve his or her ability to carry out the activities of daily living, including those specified in paragraph (b) of this section ;</p> <p>§483.24(b) Activities of daily living. The facility must provide care and services in accordance with paragraph (a) for the following activities of daily living:</p> <p>§483.24(b)(1) Hygiene -bathing, dressing, grooming, and oral care,</p> <p>§483.24(b)(2) Mobility-transfer and ambulation, including walking,</p> <p>§483.24(b)(3) Elimination-toileting,</p>						

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	<p>§483.24(b)(4) Dining-eating, including meals and snacks,</p> <p>§483.24(b)(5) Communication, including</p> <p>(i) Speech,</p> <p>(ii) Language,</p> <p>(iii) Other functional communication systems.</p> <p>Based on observation, interview, and record review, the facility failed to provide nail care for 1 of 2 residents reviewed for activities of daily living (ADL). (Resident 116)</p> <p>Findings include:</p> <p>Resident 116's record was reviewed on 8/27/16 at 12:00 p.m. His diagnoses included but were not limited to, dementia with behavioral disturbances, psychosis, and chronic obstructive pulmonary disease.</p> <p>A Quarterly Minimum Data Set assessment for Resident 116 dated 7/14/18, indicated he was understood and had the ability to understand others. He was moderately impaired in his cognitive daily decision making skills. He required supervision and set-up for personal hygiene.</p> <p>A plan of care for Resident 116 indicated he required supervision and set-up with bathing and dressing. He had a diagnosis of Alzheimer's with behavioral disturbances, and fluctuated between requiring supervision and limited assistance. An intervention on the plan of care indicated he would receive a shower 2 times a week with hair and nail care included.</p> <p>On 8/20/18 at 2:57 p.m., Resident 116 was observed to have some long, jagged fingernails that were stained yellowish and had a dark</p>			F 0676	<p>I. Resident #116 nails were trimmed, cleaned, and filed immediately.</p> <p>II. Current residents residing at the facility have been reviewed to ensure cleanliness and grooming of their nails. Nail care was provided to those in need.</p> <p>III. A systematic change includes nail care will be documented on weekly shower sheets (done or not done). C.N.A.'s will notify the nurse for any diabetic residents needing nail care. All nursing staff was educated on care of nails. Education included when nail care will be done and the policy on nail care.</p> <p>IV. The Director of Nurses and/or designee will audit nail care by random observation. These audits will be provided at a minimum of 5 per week per hall (35 residents per week) for 4 weeks and then a minimum of 5 per month per hall (35 residents per month) for an additional 5</p>		09/26/2018

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	<p>substance underneath some of the nails. He said he cleaned his own fingernails but would allow someone else to clean and clip them. On 8/23/18 at 11:17 a.m., Resident 116 was observed seated in a chair outside picking at his fingernails. Some of his fingernails were long, jagged, and had a dark substance underneath some of the nails. He indicated he tried to clean them everyday. On 8/24/18 at 2:22 p.m., and 8/27/18 at 2:34 p.m., Resident 116 was observed to have some long, jagged fingernails with a dark substance underneath some of the nails.</p> <p>On 8/27/18 at 2:35 p.m., CNA 4 indicated Resident 116 cleaned his own fingernails and staff clipped them. It was according to what mood he was in if he would allow his fingernails to be clipped. On 8/27/18 at 2:39 p.m., CNA 4 indicated she had spoken with Resident 116 and he would allow her to clean and clip his fingernails. She indicated his fingernails looked stained and some of the nails were dark underneath.</p> <p>The Care of Fingernails/Toenails procedure provided by the DON on 8/27/18 at 4:35 p.m., indicated the following: "Purpose: The purpose of this procedure are to clean the nail bed, to keep nails trimmed, and to prevent infections. Preparation: 1. Review the resident's care plan to assess for any special needs of the resident. 2. Assemble the equipment and supplies as needed. General Guidelines: 1. Nail care includes daily cleaning and regular trimming. 2. Proper nail care can aid in prevention of skin problems around the nail bed. 3. Unless otherwise permitted, do not trim the nails of diabetic residents or residents with circulatory impairments. 4. Trimmed and smooth nails prevent the resident from accidentally scratching and injuring his or her skin...."</p>				<p>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: September 26, 2018</p>		



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F 0679 SS=D Bldg. 00	<p>3.1-38(a)(2)(A)</p> <p>483.24(c)(1) Activities Meet Interest/Needs Each Resident §483.24(c) Activities. §483.24(c)(1) The facility must provide, based on the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community.</p> <p>Based on observation, interview, and record review, the facility failed to provide 1 on 1 activities and implement individualized activities for 2 of 2 residents reviewed for activities (Resident 52 and Resident 54).</p> <p>Findings include:</p> <p>1.) Review of the record of Resident 52 on 08/23/18 01:32 PM indicated the resident's diagnoses included, but were not limited to, heart failure, Alzheimer's disease, osteoarthritis, Cerebral Vascular Accident (CVA), major depression disorder, hypertension and hyperlipidemia.</p> <p>The care plan for Resident 52, dated 3/15/18, indicated the resident was on hospice and did not attend out of the room activities. She received one on one visits twice a week. The interventions were activity staff would visit with her twice a week to talk, read to her and play music.</p>			F 0679	<p>I. The Care plan has been updated for resident #52 to include routine 1:1 visits. Offering music therapy, devotionals, offering family photos and hand massages. Also, to invite the resident to special events as tolerated. The resident also received family and staff visits until RHC. A quarterly activity progress note was completed. Resident #54 was interviewed, and the care plan was updated to reflect her individual interests. Resident #54 is currently receiving routine 1:1 activities and has attended group socials in the am and some special events as she desires.</p> <p>II. Residents will be identified upon admission, activity assessment and quarterly review as needed for 1:1 needs.</p>		09/26/2018

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	<p>Review of Resident 52's one to one activity documentation indicated the following: May 2018 the resident was asleep 6 out of 7 activities provided to her and the resident did not receive 3 of her 1 on 1 activities scheduled, June 2018 the resident did not receive 1 of her 1 on 1 activities scheduled, July 2018 the resident was asleep 2 of 2 activities provided and did not receive 7 of 9 scheduled activities and August 2018 the resident received 1 activity on 8/10/18.</p> <p>During an interview with LPN 3 on 8/23/18 at 10:22 a.m., indicated Resident 52 no longer got out of bed because using the mechanical lift to transfer her was too much for the resident and it was not worth the trauma it caused the resident.</p> <p>The Annual Minimum Data Set (MDS) assessment for Resident 52, dated 2/25/18, indicated her activity preference was listen to music.</p> <p>During an interview with the Activity Director on 8/27/18 at 9:44 a.m., indicated the facility had one person to provide 1 on 1 activities and the Activity Director was responsible to ensure Resident 52 received her activities.</p> <p>2.) Review of the record of Resident 54 on 8/24/18 at 1:32 p.m., indicated the resident's diagnoses included, but were not limited to, kidney failure, abnormal posture, cerebral palsy, osteoarthritis, anxiety disorder, dementia with behavioral disturbance, diabetes, obsessive compulsive disorder, convulsions, schizoaffective disorder and psychosis.</p> <p>The Annual Minimum Data Set (MDS) assessment for Resident 54, dated 3/3/18, indicated the resident was severely impaired for</p>				<p>III. Activity assessments will be completed upon admission, quarterly review and PRN to identify activity preference for 1:1 programs. A care plan will be initiated accordingly to reflect personal interests. All residents will have a new activity assessment completed through the quarterly review to ensure all in need of 1:1 programs have been identified. As of 8/28/2018 each unit has been designated with an Activity Leader. Additionally, a new Activity Manager has been hired. Each Leader will be responsible for the assessed 1:1 and daily activities for their respective unit.</p> <p>IV. The Activity Manager and ADM will monitor progress on documentation and performance of the 1:1's. Activity Manager will communicate progress and correction to the QAPI team quarterly.</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 26, 2018</p>		

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	<p>daily decision making and it was somewhat important to listen to music, be around animals, do things in groups of people, do her favorite activities and very important to go outside to get fresh air and to participate in religious services.</p> <p>The plan of care for Resident 54, dated 6/21/18, indicated the resident enjoys sitting at the nursing station and visiting staff. The resident received one on one visits where the resident was read to and practices her writing. She preferred not attend activities with large crowds but would occasionally go for a short time. The interventions were an activity calendar in her room, encourage to attend all activities and assist to the activity room when she does decide to attend.</p> <p>Review of Resident 54's one to one activity documentation indicated the following: May 2018 the resident received 7 of her 10 scheduled 1 on 1 activities, June 2018 she received 6 of 8 scheduled 1 on 1 activities and July 2018 the resident received 2 of 9 scheduled 1 on 1 activities.</p> <p>Interview with the Activity Director on 8/27/18 at 3:03 p.m., when queried why Resident 54 had not received her scheduled 1 on 1 activities, the Activity Director indicated the resident did not like group activities and the facility had not documented everything they were doing with Resident 54. The Activity Director indicated in July 2018 the facility did not have enough activity staff. The Activity Director indicated the facility only did activity assessments for residents when they were admitted.</p> <p>The "Individual Activities and Room Visit Program" provided by the Activity Director on 8/24/18 at 9:40 a.m., indicated the individual activities will be provided for those residents</p>						

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F 0689 SS=D Bldg. 00	<p>whose situation or condition prevents participation in other types of activities and for those residents who do not wish to attend group activities.</p> <p>3.1-33(a)</p> <p>483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and</p> <p>§483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. During observation, interview, and record review, the facility failed to maintain safe hot water temperatures on the south dementia care unit having to the potential to effect 3 residents residing on the unit for 2 of 4 waters temperatures tested (Resident 19, Resident 75 and Resident 76).</p> <p>Findings include:</p> <p>1.) During observation on 8/20/18 at 12:05 p.m., the Maintenance Man checked room 303 bathroom water temperature and it was 128 degrees. The Maintenance Supervisor checked room 305 bathroom water temperature and it was 127 degrees. The Maintenance Supervisor indicated he checked water temperatures every two weeks and picked random rooms on each unit of the facility. The Maintenance Supervisor indicated the south unit hot water temperatures had to be adjusted frequently.</p>			F 0689	<p>I. Upon discovery of the elevated water temperature the Maintenance Supervisor went directly to the hot water heater room and adjusted the mixing valve, that supplies rooms 303 and 305. After 1 hour, the water temperature tested at 118. The facility has contacted a licensed plumber to assess water heater for maintenance and repair as needed. On 9/13/18 two new mixing valves have been installed. Since survey exit, water temps in rooms 303 and 305 have been checked daily and logged. The water temperatures remain at 118 degrees and below since adjustment.</p> <p>II. Upon routine water temperature checks, if any other</p>		09/26/2018

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	<p>Review of the record of Resident 19 on 8/22/18 at 1:42 p.m., indicated the resident's diagnoses included, but were not limited to, chronic kidney disease, osteoarthritis, dementia without behavioral disturbance and heart failure. The resident resided in room 303 on the south unit.</p> <p>The Quarterly Minimum Data Set (MDS) assessment for Resident 19, dated 7/28/18, indicated she severely cognitively impaired for daily decision making. The resident required supervision of one person to physically assist with transfers and supervision with no assistance to ambulate in her room. The resident uses a walker and wheelchair for mobility.</p> <p>2.) During an interview with Resident 75 on 8/21/18 9:30 a.m., indicated she had noticed the water in her bathroom being real hot but it was not a problem for her because she would just add some cold water to it. The resident indicated she did not know how long it had been real hot but that she had never burnt herself from the hot water.</p> <p>Review of the record of Resident 75 on 8/23/18 at 10:00 a.m., indicated the resident's diagnoses included, but were not limited to, Alzheimer's disease, age-related debility, diabetes, osteoporosis and chronic kidney disease. The resident resided in room 305 in south unit.</p> <p>The Quarterly MDS assessment for Resident 75, dated 6/23/18, indicated she was moderately cognitively impaired for daily decision making. The resident required extensive assistance of two people to transfer and did not walk in her room. The resident used a wheelchair for mobility.</p> <p>3.) Review of the record of Resident 76 on 8/23/18</p>				<p>resident rooms are identified with elevated temperatures Maintenance Supervisor will immediately adjust the temperature into safe range. The Maintenance Supervisor will also contact the administrator.</p> <p>III. The facility Water Temperature policy was reviewed with the Maintenance Supervisor. Routine water temperature checks have been implemented as per policy. Routine checks on all units will continue for the next 30 days. Maintenance Supervisor will contract with a licensed plumber to service all facility water heaters every six months, beginning 9/13/18. After 30 days, maintenance will continue water temperature checks 2x weekly for six months for each unit. Frequency will increase to daily checks for any mechanical problems that are identified by Maintenance Supervisor until serviced by plumber.</p> <p>IV. Maintenance Supervisor will submit water temperature logs to the QAPI committee quarterly. Maintenance Supervisor and Administrator will pursue a QAPI plan to prevent recurrence through evaluating the compliance with the water temperature plan.</p> <p>V. The results of these audits will be discussed at the facility Quality Assurance Performance Improvement meeting</p>		

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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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F 0761 SS=D Bldg. 00	<p>at 9:37 a.m., indicated the resident's diagnoses included, but were not limited to, Alzheimer's disease, malignant neoplasm of the skin of the nose, osteoarthritis, osteoporosis and chronic atrial fibrillation. The resident resided in room 305 in the south unit.</p> <p>The Annual MDS assessment for Resident 76, dated 6/23/18, indicated she was cognitively severely impaired for daily decision making. The resident required limited assistance of two people for transfers and limited assistance on person to ambulate in her room. The resident used a walker and wheelchair for mobility.</p> <p>The water temperature policy provided by the Maintenance Supervisor on 8/24/18 at 2:25 p.m., indicated it was the policy of the facility to insure safe water temperatures for bathing and handwashing. "Water temperatures at the point of use will be maintained between 100 and 120 degrees Fahrenheit."</p> <p>3.1-45(a)</p> <p>483.45(g)(h)(1)(2) Label/Store Drugs and Biologicals §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>§483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments</p>				<p>and frequency and duration of reviews will be adjusted as needed.</p> <p>Completion Date: September 26, 2018</p>		

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	<p>under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>Based on observation, interview, and record review, the facility failed to ensure medications were stored in clean medication carts for 1 of 4 medication carts and 1 of 3 observations. This had the potential to affect 17 residents that were provided medications from this medication cart.</p> <p>Findings include:</p> <p>On 8/24/18 at 9:23 a.m., the medication cart on the East hall was observed with RN 2. The cart had four wide drawers on the left side and 4 narrow drawers on the right side.</p> <p>The top left drawer was shallow and the inside had a dried brown substance on the bottom of the drawer, around the edges of the drawer and the dividers. The right side of the drawer had dried bits of paper stuck to the bottom of the drawer.</p> <p>The second left side drawer had a white powdery substance along the back of the drawer, and bits of paper and foil scattered underneath the medication cards.</p>			F 0761	<p>I. The medication cart was immediately cleaned and wiped out.</p> <p>II. All medication carts were checked to ensure that all other carts are clean and without spills.</p> <p>III. A systematic change includes third shift every Sunday to clean and wipe out all medication carts. All nursing staff was educated on the policy and on cleanliness of the medication carts.</p> <p>IV. The Director of Nurses and/or designee will audit all medication carts weekly by random observation for six months. Any identified concerns from audits will be addressed immediately.</p>		09/26/2018

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F 0803 SS=D Bldg. 00	<p>The third left side drawer had paper debris scattered under the medication cards and a white and tan powdery substance along the back of the drawer. A brown dried substance was around the edges of the dividers on the bottom of the drawer.</p> <p>The bottom left side drawer had a sticky substance, in the right side sections, where liquid, bottled medications set.</p> <p>During the observation, RN 2 indicated it is all the nurses responsibility to keep the medication carts clean.</p> <p>A policy for "Storage of Medications" was provided by the Director of Nurses on 8/27/18 at 4:35 p.m. The policy included, but was not limited to, "Policy Statement: The facility shall store all drugs and biologicals in a safe, secure, and orderly manner...2. The nursing staff shall be responsible for maintaining medication storage AND preparation areas in a clean, safe, and sanitary manner...."</p> <p>3.1-25(o)</p> <p>483.60(c)(1)-(7) Menus Meet Resident Nds/Prep in Adv/Followed §483.60(c) Menus and nutritional adequacy. Menus must-</p> <p>§483.60(c)(1) Meet the nutritional needs of residents in accordance with established national guidelines.;</p> <p>§483.60(c)(2) Be prepared in advance;</p> <p>§483.60(c)(3) Be followed;</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 26, 2018</p>		



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	<p>§483.60(c)(4) Reflect, based on a facility's reasonable efforts, the religious, cultural and ethnic needs of the resident population, as well as input received from residents and resident groups;</p> <p>§483.60(c)(5) Be updated periodically;</p> <p>§483.60(c)(6) Be reviewed by the facility's dietitian or other clinically qualified nutrition professional for nutritional adequacy; and</p> <p>§483.60(c)(7) Nothing in this paragraph should be construed to limit the resident's right to make personal dietary choices. Based on record review and interview, the facility failed to assess and document a residents food preferences for 1 resident reviewed for food. (Resident 88)</p> <p>Findings include:</p> <p>Resident 88's record was reviewed on 8/22/18 at 3:44 p.m. His diagnosis included but were not limited to, diabetes, gastroesophageal reflux disease, and depressive episodes.</p> <p>A Quarterly Minimum Data Set assessment for Resident 88 dated 6/4/18, indicated he was cognitively intact in his daily decision making skills.</p> <p>A physician diet order for Resident 88 dated 5/11/18, indicated a regular texture consistent carbohydrate diet. Beverage preference indicated diet coke and coffee.</p> <p>A physician diet order for resident 88 dated 5/31/18, indicated a regular texture consistent carbohydrate, no added salt diet, with thin liquids,</p>			F 0803	<p>I. As of 9/11/18 a new food preference list has been completed for Resident #88. The information has been added to the care plan and meal ticket.</p> <p>II. All new admissions are identified as having the potential for being affected.</p> <p>III. Corrective action will include the following: All residents residing in the facility will be reviewed for a preference list in the medical record by the DM by 9/26/18. If any appear absent, the documentation will be completed. For all resident dislikes/likes, the interview and form will be completed by the DM/Assist DM or RD. The facility has obtained new forms for dietary preferences and nutritional quarterly assessments and have been put into use as of 9/11/18. Each new admission will have the preference list completed by the DM along</p>		09/26/2018

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	<p>related to diabetes and congestive heart failure.</p> <p>On 8/21/18 at 9:51 a.m., Resident 88 indicated he did not care for the food he was served but he just ate what was brought to him. He had purchased salt, pepper, and jar peppers to make his food taste better. On 8/27/18 at 10:56 a.m., Resident 88 indicated staff had never spoken with him about food preferences (what he liked and disliked).</p> <p>The facility was unable to provide a documented assessment of Resident 88's food preferences.</p> <p>The Resident Food Preferences procedure provided by the Administrator on 8/27/18 at 4:39 p.m., indicated the following: "Policy Statement: Individual food preferences will be assessed upon admission and communicated to the interdisciplinary team. Modifications to diet will only be ordered with the resident's or representative's consent. Policy Interpretation and Implementation: 1. Upon the resident's admission (or within forty eight hours after his/her admission) the Dietician or nursing staff will identify a resident's food preferences. 2. When possible, staff will interview the resident directly to determine current food preferences based on history and life patterns related to food and mealtimes. 3. Nursing staff will document the resident's food and eating preferences in the care plan...."</p> <p>3.1-20(a)</p>				<p>with the care plan in 48 hours. Thereafter, the preference list will be updated annually, or with a significant change per the MDS, which effects the nutritional integrity of the resident, or change in preferences.</p> <p>IV. The DM will be responsible to insure all preference lists and assessments are complete. During care plan meetings, the IDT will review the diets and preferences to insure completion. The DM will write the QAPI for correction and monitoring of completion. The plan will be reviewed quarterly by the QAPI committee and assess for completion.</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 26, 2018</p>		