

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

PRINTED: 08/20/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165474	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  08/08/2019
NAME OF PROVIDER OR SUPPLIER  THE AMBASSADOR SIDNEY INC			STREET ADDRESS, CITY, STATE, ZIP CODE 116 MAIN STREET SIDNEY, IA 51652	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 000	INITIAL COMMENTS 9/9/19 Correction date: 8/30/19 JS. The following deficiencies relate to the annual health survey. See code of Federal Regulations (42CFR) Part 482, Subpart B-C. F 758 Free from Unnec Psychotropic Meds/PRN Use SS=D CFR(s): 483.45(c)(3)(e)(1)-(5)  §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic  Based on a comprehensive assessment of a resident, the facility must ensure that—  §483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;  §483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;  §483.45(e)(3) Residents do not receive	F 000		
		F 758		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Quigley Meredith*

Administrator

8/30/19

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.

*Paul Schulte*

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F 758	<p>Continued From page 1</p> <p>psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and</p> <p>§483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.</p> <p>§483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interview the facility failed to ensure the physician properly completed a gradual dosage reduction for 1 of 5 sampled (Resident #12) on a psychotropic drug. The facility reported a census of 42.</p> <p>Findings include:</p> <p>1. According to an annual Minimum Data Set (MDS) with a reference date of 5/7/19, Resident #12 had a Brief Interview of Mental Status (BIMS) score of 4 indicating severe cognitive impairment. The MDS listed the following diagnoses for Resident #12: dementia, anxiety and depression. The MDS indicated Resident #12 received an antidepressant and antianxiety medication for 7 days during the 7 day review period.</p>	F 758			

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F 758	<p>Continued From page 2</p> <p>Review of Resident #12's care plan with a revision date of 5/21/19 indicated Resident #12 experienced social isolation related to loss of independence, loss of spouse, and cognitive impairment. The care plan directed staff to assess her losses, observe for depression, provide support, intervene as needed, allow her to vent, listen and reassure, praise successes, involve in care plan, encourage self-care, involve family, and perform appropriate teaching. The care plan indicated she received Remeron (antidepressant) and Lorazepam (anxiety). The care plan directed staff to observe for the following target behaviors: insomnia, social isolation, withdrawn, sadness, chronic itching, and scratching open skin causing infection. Staff are to report the following lethargy, social isolation, lack of interest in performing self-cares. The care plan also directed staff to report unusual behavior, decline in mood, change in physical condition, and change in appetite to nurse.</p> <p>Review of Resident #12's physician order report dated 5/27/19-6/27/19 revealed an order dated 1/12/19 for lorazepam 0.5 milligrams (mg) 1 tablet by mouth three times a day and an order dated 2/5/19 for mirtazapine 15 mg tablet by mouth at bedtime every day.</p> <p>The gradual dosage reduction review form dated 12/29/18, revealed Resident #12 had Mirtazapine 7.5 mg at bedtime reviewed. The form states resident's current behavior status per facility with space to fill in a response: Patient Health Questionnaire-9 (PHQ-9) score of 6 indicated mild depression, resident gets depressed about her family and husband's death. The form then stated if the resident's behaviors are stable, please consider if the resident is a candidate for a</p>	F 758			

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F 758	<p>Continued From page 3</p> <p>dosage reduction attempt. The physician checked the following response listed on the form: no dosage reduction for the Mirtazapine: no, dosage contraindicated due to behaviors noted in care plan and charting. The use of this medication is in accordance with relevant current standards of practice. Any attempted dosage reduction would be likely to impair the residents function or cause psychiatric instability by exacerbating an underlying medical or psychiatric disorder. The form requested a specific reason as to why reduction contraindicated and the response on the form had a blank. The Physician signed and dated the form on 1/14/19.</p> <p>The gradual dose reduction review form dated March 2019, revealed Resident #12 had Mirtazapine 7.5 mg at bedtime reviewed. The form stated resident's current behavior status per facility with space to fill in a response: resident stated she feels sad, down and depressed. The physician checked the following response listed on the form: no dosage reduction, contraindicated due to behaviors noted in care plan and charting. The use of this medication is in accordance with relevant current standards of practice. Any attempted dosage reduction would be likely to impair the residents function or cause psychiatric instability by exacerbating an underlying medical or psychiatric disorder. The form requested a reason as to why the reduction contraindicated and had a blank. The Physician signed the form on 4/1/19.</p> <p>Review of gradual dose reduction review from with a review period of June 2019, revealed the following medication reviewed: #1 Ativan 0.5 mg TID and #2 Mirtazapine 15 mg at bedtime. The form states resident's current behavior status per</p>	F 758			

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F 758	Continued From page 4 facility with space to fill in a response: scratching, sleeps throughout the day. The form then stated if the resident's behaviors are stable, please consider if the resident is a candidate for a dosage reduction attempt. The form had two options: condition is stable, reduce to a new dose or no dose reduction #1 is contraindicated due to behaviors noted in care plan and charting. The use of this medication is in accordance with relevant current standards of practice. Any attempted dosage reduction would be likely to impair the residents function or cause psychiatric instability by exacerbating an underlying medical or psychiatric disorder. The form had both options blank. No GDR #2 due to same above with the option to check it, it was left blank. The form requested a specific reason as to why reduction contraindicated and it had a blank space. In the comments section the physician requested dosages and a med list. Also indicated if the Ativan is PRN (as needed) how often. The facility replied scheduled 3 times a day and the physician stated okay, notify him if lethargic. The form lacked a GDR response and was signed and dated by the physician 7/1/19.  During a staff interview on 08/07/19 at 11:17 AM with Director of Nursing (DON) and nurse consultant, DON stated she was told to write information under the resident's current behavior status per facility and if she doesn't write anything neither will the doctor. She stated wasn't told the physician needed to have a specific response if the GDR was not completed as long as he wrote something like see above.	F 758			
F 812 SS=F	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)	F 812			

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F 812	<p>Continued From page 5</p> <p>§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 serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on record review, observations and interviews, the facility failed to serve food at safe temperatures and failed to maintain dishwasher water temperatures at 120 degrees F (Fahrenheit) or higher. The facility reported a census of 42.</p> <p>Findings include:</p> <p>An observation on 8/05/19 at 10:38 a.m., revealed the dishwasher running on wash cycle with a temperature of 94 degrees Fahrenheit.</p> <p>An interview on 8/5/19 at 10:38 a.m., Staff A (Dietary Aide) reported that the dishwasher had some issues with the booster shorting out and the staff needed to reset the booster. Staff A stated Ecolab was recently at the facility to look at it.</p>	F 812			

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F 812	<p>Continued From page 6</p> <p>An observation on 8/6/19 at 10:57 a.m., Staff B (Cook) touched the sauce of the lasagna with the thumbs of both oven mitts.</p> <p>An observation on 8/6/19 at 10:57 a.m., revealed lasagna sauce on the two oven mitts used to move the lasagna pans.</p> <p>An observation on 8/6/19 11:10 a.m., revealed the dishwasher running on the wash cycle with a temperature of 100 degrees Fahrenheit.</p> <p>An observation on 8/6/19 at 12:07 p.m., revealed the dishwasher running on the wash cycle with a temperature of 90 degrees Fahrenheit.</p> <p>An interview on 8/6/19 at 1:24 p.m., the Dietary Manager (DM) stated the facility had issues with low water temperatures on the dishwasher and had Ecolab service the dishwasher and the booster on 8/5/19. Ecolab refused to service the booster as it belonged to the facility. The DM reported an expectation of staff to not to touch the food while transporting it to the steam table.</p> <p>An interview on 8/6/19 at 1:26 p.m. the DM ran the dishwasher for two cycles and the water temperature did not pass 100 degrees Fahrenheit. The DM drained the dishwasher and restarted the temperature booster for the dishwasher. Once completed, she restarted the dishwasher cycle. The temperature rose slowly to 120 degrees F.</p> <p>An interview on 8/7/19 at 9:27 a.m., the DM stated she followed-up with Ecolab and they planned to repair the booster on 8/8/19.</p>	F 812			

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F 812	<p>Continued From page 7</p> <p>The undated Competencies for Food and Nutrition Services Employees form directed to prevent eating surfaces of dishware from coming in contact with staff clothing.</p> <p>The undated Contaminated Food form indicated food that is contaminated by food employees, consumers, or other persons through contact with their hands, bodily discharges, such as nasal or oral discharges, or other means discarded.</p> <p>The Equipment Sanitation and Safety sheet dated 4/17 stated the dishwashing machines wash and rinse water must be 120 degrees Fahrenheit if chemical sanitation used. The form indicated that all dish room personnel MUST stop machines and call the supervisor should a drop in temperature occur.</p>	F 812			

**Plan of Correction**  
**The Ambassador Sidney**  
**115 Main Street, Sidney, IA 51652**

**Survey Date: 8/8/2018**  
**PROVIDER #: 165474**

TAG	STATEMENT OF COMPLIANCE: Please accept this plan of correction as credible allegation of compliance as of 8/30/2019	COMPLETION DATE:
F 758	<p><b>CORRECTION TO RESIDENTS AFFECTED:</b></p> <p>The facility will follow regulatory guidelines with the intent to have each resident's drug/medication regimen managed and monitored to promote or maintain the resident's highest practicable mental, physical, and psychosocial wellbeing; implement gradual dose reductions (GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medications; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>1. Resident #12 had a new GDR completed and signed by MD for Remeron and ativan with documentation to support clinical rationale for no gradual dose reduction on 8/27/19.</p> <p><b>FACILITY INTERVENTIONS/SYSTEM CHANGES:</b></p> <p>Education will include the following:</p> <p>1. Dr. Ourada was educated to regulations and requirements for completing GDR form correctly on 8/30/19. Dr Woltemath is on leave until 9/14/19 and will be educated immediately when she returns. With any new physicians the facility will educate on proper form completion including rationale.</p> <p>2. Nurses education began on 8/29/19 regarding requirements of GDR form completion and will be completed by 9/9/19 in order to contact PRN staff. Education includes all signed and returned physician communication forms must include a rationale by the physician. It is not acceptable for the physician to not complete the rationale. Any incomplete forms will be sent back for completion. Once complete, a copy will be given to the DON for audit.</p> <p><b>MONITORING SYSTEM:</b></p> <p>1. All GDRs and pharmacy consult letters will be copied and given to DCS or designee for auditing to ensure all areas are completed and clinical rationale documented. These audits will be completed monthly ongoing. Results will be taken to QAPI meetings and reviewed for any concerns or trends.</p>	
		<p>09-09-2019</p> <p>09-09-2019</p>

F812	<p><b>CORRECTION TO RESIDENTS AFFECTED:</b></p> <p>The intent of the facility is to maintain all mechanical, electrical and patient care equipment in safe operating condition.</p> <ol style="list-style-type: none"> <li>1. The dishwasher was adjusted and repaired on 8/8/19 by EcoLab.</li> </ol> <p><b>FACILITY INTERVENTIONS/SYSTEM CHANGES:</b></p> <ol style="list-style-type: none"> <li>1. Dietary staff educated to report any malfunctioning equipment. They were also re-educated to the acceptable temperature range for the dishwasher and will report immediately any temperatures outside of that range to the Dietary Manager/Maintenance Director.</li> <li>2. Dietary Manager will review logs for appropriate temperatures daily.</li> </ol> <p><b>MONITORING SYSTEM:</b></p> <p>Dietary Manger or Designee will do audits on the dishwasher proper functioning and temperatures daily for 2 weeks, then 3x a week for a month. Problems or concerns will be reported immediately to Administrator and Maintenance Director and results of audits will be taken to QAPI meetings.</p>	<p>8/8/2019</p> <p>8/23/2019</p>