

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145343	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/11/2020
NAME OF PROVIDER OF SUPPLIER AMBASSADOR NURSING & REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP 4900 NORTH BERNARD CHICAGO, IL 60625	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0624 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Prepare residents for a safe transfer or discharge from the nursing home. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews, the facility failed to safely discharge one resident (R2) out of 2 reviewed for discharges. Findings included: R2 was a [AGE] year old with multiple [DIAGNOSES REDACTED]. He was admitted to facility on 7/10/20 and his mental status was intact. He did not ambulate and he required extensive assistance for all Activities of Daily Living Skills(ADLS). His weight was 187 pounds and he used an electric wheelchair for mobility. R2 was admitted to facility on 7/10/2020 and readmitted on [DATE]. He was discharged from facility on 8/29/2020 without any documented evidence that Social Services were involved in the discharge to Florida He was not in the facility during the survey. Upon admission, R2's discharge plan was to return to the community. On 9/8/2020 at 9:50AM, V15(Social Service Assistant/SSA) said she did not know much about R2's discharge except on 8/25/2020 when R2 returned to facility after hospitalization , he told her he planned to leave the facility on 8/29/2020 to go to Florida. She said she did not have much conversation with R2 and he arranged his own discharge. According to V15, she tried to communicate with family once, but was unsuccessful and she did not make another call. On 9/11/2020 at 10:45AM, V22(Social Services Director) said R2 made his own discharge and arranged his own transportation. She said she spoke with sister in Florida who said she knew he was going to Florida. V22 had no address where R2 was going and did not know if someone will accept him. No Durable medical equipment was arranged and there was no documentation that he had what he needed at home. On 9/11/20 at 10:00AM, V25(Nurse Practitioner/NP) said she assumed all the necessary arrangements were made to discharge R2 safely so she gave the discharge order. Discharge order noted in chart. On 9/10/2020 at 2:45PM, V32(Family) said no one contacted she or her sister about R2. She said none of them lived in Florida and R2 had no family in Florida. V32 said R2 was in Chicago at a long term care facility. She said when R2 left the facility on [DATE] he was taken to a hotel for 2 days. On the third day he was taken to the airport but was there by himself and the airport authorities took R2 to community hospital who then discharged him to Long Term Care facility in community in Chicago. Facility's policy on Discharges dated 1/1/2017 noted, The facility should determine the need to contact the appropriate agencies if the resident's safety is a concern.		
F 0636 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months. Based on interview and record review the facility failed to accurately assess 2 residents (R6 and R10) of 3 residents reviewed for restorative program needs. Findings include: During an interview on 9/9/20 at 10:20AM V10, Restorative CNA, said R10's restorative programs include transfers and active range of motion (AROM). V10 said R10 can transfer with a gait belt and assist but she has been refusing to let anyone get her up. During an interview on 9/9/20 at 10:45AM V16, Restorative Nurse, said R10 needs extensive assist with transfers but she does not require a machine or lift. She does not get out of bed often. During an interview on 9/11/20 at 10:24AM V16 said R10 is a mechanical lift. V16 said if a resident requires a mechanical lift for transfers then they should not be on a transfer program, because they would be at risk for a fall. V16 said R10 could fall if she is transferred without a mechanical lift because she has general weakness. Record Review on 9/10/20 of R10's Task for Nursing Rehab date initiated 1/24/19 states Transfers Resident will participate safely in transferring from bed to chair / wheelchair with EXTENSIVE x 1 assist as tolerated to improve level of function. Record review done on 9/10/20 of R10's Comprehensive Restorative Nursing Review completed by V16 effective date 8/11/20. Section F Recommendations for Restorative Nursing Programming: check all of the Restorative Nursing Programs that are being recommended and / or any programming the resident is currently participating in. Bed Mobility Program and Transfer Program are checked. Record review done on 9/10/20 of R10's Comprehensive Restorative Nursing Review effective date 8/11/20. Section G. Quarterly Nursing Program Evaluation AROM and AAROM have no note written. Transfer Restorative Nursing Program describe the resident's progress: address progress, maintenance or regression. List the goal and describe how the resident is meeting the goal. This entry has the same verbiage from the task: Resident will participate safely in transferring from bed to chair / wheelchair with EXTENSIVE x 1 assist as tolerated to improve level of function. No description of R10's progress towards the programs goal. The assessment does not address any refusals to participate in the restorative programs. Record review on 9/10/20 of R10's care plan for Restorative Programs dated 8/11/20 includes a Restorative Program for Transfers. Problem states resident is unable to transfer independently and requires assist of TOTAL X2 ASSIST. R10's Comprehensive Restorative Nursing Review effective date 8/11/20 states the resident will transfer per the program with EXTENSIVE x 1 assist. Record review on 9/10/20 of R10's care plan for Transfer Needs dated 8/11/20 states the resident has been assessed for transfer needs and continues to require the following support: Mechanical lift. Observation on 9/9/10 at 10:00AM of morning care for R6 provided by V23, CNA. R6 did not participate in any of the care provided and was dependent on CNA to turn, reposition, wash, and move her extremities. During an interview on 9/9/20 at 10:20AM V10, Restorative Aide, said R6 is on active assisted range of motion (AAROM), but she is more of a passive assisted range of motion (PROM) because she can't move her extremities without help. V10 said R6 can't participate in the Bed Mobility program. V10 said R6 used to have hand rolls in her hands, but she does not anymore. During an interview on 9/9/20 at 10:45AM V16, Restorative Nurse, said R6's goal for bed mobility with supervision is not a reasonable goal because R6 is an extensive assist with bed mobility. V16 said she writes the goals. V16 said we have a standard set of goals used. V16 said these goals do not appear individualized for R6. I probably just carried the same goal to her program. The facility undated policy for Restorative Nursing Programming reads goals to assist a resident in reaching or maintaining highest level of functioning are resident specific, realistic, measurable, and correspond to identified resident needs. Measurable objectives and interventions are revised as needed. Progress, maintenance, or regression can be recognized from one report to the next.		
F 0688 Level of harm - Actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to provide Restorative Nursing Care for three residents (R1, R10 and R6) of 3 reviewed for Restorative Services. This failure resulted in the decline of function for R1, R10 and R6. Findings Include: R1 was [AGE] years old readmitted to facility on 10/1/2018. His mental status was intact and he had multiple [DIAGNOSES REDACTED]. R1 was screened and evaluated for Physical therapy on 8/10/2020 for evaluation of weakness. He was discharged on [DATE] from Physical Therapy. When R1 was discharged from physical therapy on 8/20/20, R1 was able to ambulate up to 100 feet with a rolling walker and Stand By Assist(SBA) according to Physical Therapist notes. Referral from Physical Therapy to Restorative Nursing was done on 8/21/2020. The recommendations for R1 documented Range of		

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 0688 Level of harm - Actual harm Residents Affected - Few	<p>(continued... from page 1)</p> <p>Motion to extremities and restorative ambulation for 100 feet or as tolerated with SBA using a rolling walker. The activity was not transferred on the restorative program and according to V15(Restorative Nurse) she may have overlooked it. She had no assessment for R1 in terms of Restorative services On 9/8/2020 at 10:00AM, R1 was in electric wheelchair in the hallway. He was alert and oriented x3. He said he had a stroke and only received physical therapy three times since January 2020. He said he did not receive any restorative therapy either. According to him he cannot stand up now as his legs were weak. He attempted to stand but could not. On 9/8/2020 at 11:56AM, V1(Director of Nursing/DON) said R1 was on restorative nursing. On 9/8/2020 at 1:10PM, V10(Restorative Aide) said R1 was not on Restorative Nursing for Ambulation. She said they performed Range of Motion for R1. She said the last time she performed exercises for R1 was a week ago when she weighed him. At that time, she noted his legs were very weak. She said she forgot to report to the therapy director. On 9/8/2020 at 12:15PM, V15 (Restorative Nurse) said she may have overlooked the ambulation order and if a resident did not get the treatment as prescribed, chances are that they will decline in their functional status. On 9/9/2020 at 10:10AM, V21(Nurse Practitioner) said it was the expectation that a restorative program was to avoid decline in residents' function. Facility's undated policy on Restorative note, Once the residents had been assessed and has been determined to require at least 2 restorative programs, the licensed nurse must complete the HFS functional Endurance. Surveyor:(NAME) Erica During an interview on 9/9/20 at 10:20AM V10, Restorative CNA, said I do restoratives for the first floor. V10 said R10's restorative programs include transfers and active range of motion (AROM). V10 said R10 can transfer with a gait belt and assist but she has been refusing to let anyone get her up. During an interview on 9/9/20 at 10:45AM V16, Restorative Nurse, said the goal of restorative programs is to prevent contractures, deconditioning, and to keep residents at the level they are at rather than have a decline in function. V16 said R10 requires extensive assistance with transfers and she does not require a machine or lift. V16 said R10 does not get out of bed often, but she used to get up before COVID. V16 reviewed R10's restorative documentation related to R10's restorative transfer program and said the aids are probably not doing the restorative programs correctly. During an interview on 9/11/20 at 10:10AM V26, Nurse Practitioner, said the purpose of a restorative program is to restore functional status. The expectation from a restorative program is for a resident not to decline. During an interview on 9/11/20 at 10:24AM V16 said R10 is a mechanical lift. V16 said if a resident requires a mechanical lift for transfers then they should not be on a transfer program, because they would be at risk for a fall. V16 said R10 could fall if she is transferred without a mechanical lift because she has general weakness. Record Review on 9/10/20 of R10's Task for Nursing Rehab date initiated 1/24/19 states Transfers Resident will participate safely in transferring from bed to chair / wheelchair with EXTENSIVE x 1 assist as tolerated to improve level of function. Record review on 9/10/20 of R10's Restorative Programs indicates on 9/9/20 at 9:03 she received Transfer program for 15 minutes. The Restorative Programs Log is dated 8/10/20 thru 9/9/20. Every day has a least 15 minutes documented of Transfer program. Record review done on 9/10/20 of R10's Comprehensive Restorative Nursing Review effective date 8/11/20 Bed Mobility Program and Transfer Program are checked. Record review done on 9/10/20 of R10's Comprehensive Restorative Nursing Review effective date 8/11/20. Section G. Quarterly Nursing Program Evaluation AROM and AAROM have no note written. Transfer Restorative Nursing Program describe the resident's progress: address progress, maintenance or regression. List the goal and describe how the resident is meeting the goal. This section has the same verbiage from the task: Resident will participate safely in transferring from bed to chair / wheelchair with EXTENSIVE x 1 assist as tolerated to improve level of function. No description of R10's progress towards the programs goal. The assessment does not address any refusals to participate in the restorative programs. Record review on 9/10/20 of R10's care plan for Restorative Programs dated 8/11/20 includes a Restorative Program for Transfers. Problem states resident is unable to transfer independently and requires assist of TOTAL X2 ASSIST. R10's Comprehensive Restorative Nursing Review effective date 8/11/20 states the resident will transfer per the program with EXTENSIVE x 1 assist. Record review on 9/10/20 of R10's care plan for Transfer Needs dated 8/11/20 states the resident has been assessed for their transfer needs and continues to require the following support: Mechanical lift. Observations on 9/8/20 of R6 at 11:21AM; 11:49AM; and 12:15AM in bed without hand rolls or devices in her hands. Observations on 9/9/20 of R6 at 9:48AM in bed without hand rolls or devices in her hands. Observation on 9/9/20 at 10:00AM of R6 receiving morning cares by V23, Certified Nursing Assistant. R6 bilateral hands were closed in fists and kept near her body along her hip region. R6 kept her arms straight not bent. V23 was able to open R6's hands slightly to wash them. No hand roll or device was in R6's hand at the start of care. V23 said she completed care on R6, just finishing her hair. No device or hand roll was placed in R6's hands. Observations on 9/9/20 of R6 at 11:59AM R6 in bed without hand rolls or devices in her hands. During an interview on 9/9/20 at 10:20AM V10, Restorative Aide, said R6 is on active assisted range of motion (AAROM), but she is more of a passive assisted range of motion (PROM) because she can't move her extremities without help. V10 said R6 can't participate in the dressing and grooming restorative program. V10 said R6 can't participate in the Bed Mobility program. V10 said R6 used to have hand rolls in her hands, but she does not anymore. V10 said she is the restorative for R6's floor. During an interview on 9/9/20 at 10:45AM V16, Restorative Nurse, said R6 was using hand rolls in the past. V16 said the purpose of the hand rolls is to prevent her from digging her fingers into her palm. V16 said R6 should have hand rolls in her hand and they are to only be removed when doing hand hygiene. V16 said R6 had carrots device in her hands, before. V16 said in the 8/7/20 assessment R6 had no contractures and full range of motion to all extremities with assistance. During an interview on 9/9/20 at 12:40PM V16 said after assessing R6 today she has severe loss in function to her extremities. R6 has a fixed contracture on her shoulder. The restorative programs for ROM were not successful and R6 has declined in range of motion. Record review on 9/10/20 of R6's Restorative Nursing Review dated 8/7/20 completed by V16 states on page 3: does the resident currently use Splint/Brace? Answer is Yes. The type and location states: palm protectors on both hands at all times. Page 8 states resident has no contractures on all her joints. No further limitation on Range of Motion. Splint or Brace assistance Restorative Nursing Program has no note. Record review on 9/10/20 of R6's Restorative Nursing Review dated 8/7/20 completed by V16 states R6 has mild loss / 75% of Norm. to left and right wrist and fingers (flexion and extension) and left and right shoulders. Record review on 9/10/20 of R6's Restorative Nursing Review dated 9/9/20 completed by V16 states moderate loss /50% of norm to left and right wrist and fingers. Left and right shoulders state fixed/ no joint mobility. The facility's undated Procedure for facility Restorative Nursing Programming goals to assist a resident in reaching or maintaining his/her highest level of functioning are resident specific, realistic, measurable, and correspond to identified resident rights.</p>		