

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105387	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/08/2024
NAME OF PROVIDER OR SUPPLIER Ambassador Healthcare at College Park		STREET ADDRESS, CITY, STATE, ZIP CODE 13755 Golf Club Pkwy Fort Myers, FL 33919	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49527</p> <p>Based on observation, record review, residents and staff interviews, the facility failed to provide timely assistance with dining for 2 (Residents #2 and #3) of 3 sampled dependent residents reviewed for dining services.</p> <p>The findings included:</p> <p>Review of the clinical record for Resident #2 revealed an admitted [DATE]. Diagnoses included Parkinson's Disease (a disorder of the central nervous system that affects movement).</p> <p>The Admission Minimum Data Set (MDS) assessment with a target date of 5/29/24 noted Resident #2 required partial to moderate assistance to go from a lying to sitting position and supervision or touching assistance with eating (The helper provides verbal cues or touching/steadying assistance as the resident completes the activity).</p> <p>Resident #2's cognition was intact with a Brief Interview for Mental Status score of 13.</p> <p>On 7/8/2024 at 8:15 a.m., Resident #2 was observed lying supine in a low bed, eyes closed. A breakfast tray was observed on an over the bed table to the right side of the bed. The over the bed table was in a high position and not within reach of the resident.</p> <p>Review of the clinical record for Resident #3 revealed an admitted [DATE] with a diagnosis of malignant neoplasm (cancer).</p> <p>The Admission Minimum Data Set (MDS) assessment with a target date of 6/4/2024 noted Resident #3's cognition was intact with a Brief Interview for Mental Status score of 15. Resident #3 required partial to moderate assistance from lying to sitting on the side of the bed, and setup or clean up assistance with eating (Helper sets up or cleans up).</p> <p>On 7/8/24 at 8:15 a.m., Resident #3 was observed lying supine in bed on a low bed. A breakfast tray was observed on the over the bed table to the side of the resident's bed. The over the bed table and breakfast tray were not within reach of the resident. Resident #3 asked for the orange juice on the tray.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 7/8/2024 at 8:24 a.m., Certified Nursing Assistant (CNA) Staff C was observed going in Resident #3's room. In an interview, Staff C verified the breakfast tray was not within Resident #3's reach. She said she delivers all the meal trays to the rooms, then comes back to assist the residents who need set up or feeding assistance. She stated, I leave it on the over bed table and leave it out of reach until I come back in to feed her. I need to pass all the other trays first.</p> <p>On 7/8/2024 at 8:30 a.m., in an interview Registered Nurse (RN) Staff B said he had to get the CNAs so they would assist and feed Residents #2 and #3. RN Staff B said that Resident #2 can feed herself some days. They need to wake her and set up her tray and see if she would feed herself or if she needs assistance. Resident #3 can feed herself if they position her and set up her tray.</p> <p>On 7/8/24 at 10:25 a.m., in an interview Unit Manager Staff E said staff are to deliver the trays of the residents requiring assistance last. When the tray is delivered, they wake the resident, ask if they need help and leave the tray within reach of the resident.</p> <p>On 7/8/24 at 10:35 a.m., an interview was conducted with the Director of Nursing and the Regional Nurse Consultant. Both said when a tray is brought into the room staff set the resident upright and offer help cutting the food or opening milk cartons. Trays are not to be dropped off in the room without setting up and waking the resident. Meal tray of residents who need assistance with feeding should be delivered last. It is in the Kardex (provides instructions for care), and the nurse should be telling CNAs in report.</p> <p>On 7/8/24 at 3:28 p.m., in an interview Resident #3 said she cannot remember if she received assistance with her meals.</p> <p>On 7/8/24 at 3:32 p.m., in an interview Resident #2 said she needs assistance with her meals. She said staff leave her tray at the bedside all the time without setting it up immediately. They come back and set it up for her later.</p>		