

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 03/20/2025
NAME OF PROVIDER OR SUPPLIER The Ambassador Sidney Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 115 Main Street Sidney, IA 51652	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49628</p> <p>Based on observations, clinical record review, and staff interviews, the facility failed to protect a resident from a possible accident and injury by not following the prevention of fall interventions for 1 of 12 residents (#14) reviewed. The facility reported a census of 40 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) for Resident #14 dated 2/4/25 identified a Brief Interview for Mental Status (BIMS) score of 99 indicating the resident was unable to complete the assessment. A cognitive assessment completed by the staff identified short term memory problems, long term memory problems, severely impaired cognitive skills for daily decision making, and behaviors consistently present included inattention, disorganized thinking, and altered level of consciousness. The document revealed the resident was dependent on staff for all activities of daily living (ADLs) and mobility, had diagnoses of cerebrovascular disease (CVA)/stroke, anxiety, and a below the knee amputation (BKA) on the left. The document included the resident took antipsychotic and opioid medications, had no falls during the past reporting period, and received hospice services.</p> <p>Resident #14's Care Plan dated 2/17/25 contained a problem area indicating the resident was at risk for falling related to BKA, weakness, confusion, history of falls, and required staff assistance with care with a start date of 6/14/23 and last review on 1/31/25. The document revealed approaches for staff to follow included a fall mat placed next to the bed dated 1/10/24, and the wheelchair (w/c) to be placed next to the bed and locked dated 8/26/23.</p> <p>The Electronic Health Record (EHR) Fall Risk assessment dated [DATE] revealed a score of 16 indicating at risk. The document identified the resident was disoriented x3, chair bound, not able to perform ambulation, had poor vision, took medications, and other conditions including loss of limb, osteoporosis, CVA, and hospice. Interventions identified in the document included a floor mat, and dependent for ADL's.</p> <p>On 3/17/25 at 11:58 AM observed Resident #14 sleeping in bed with the w/c positioned near the recliner and the fall pad folded against a wall on the other side of the room.</p> <p>On 3/17/25 at 3:30 PM observed the resident was sleeping in bed with the fall mat next to the bed and the w/c across the room.</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
-----------------------------------------------------------------------	-------	-----------

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 03/20/2025
NAME OF PROVIDER OR SUPPLIER The Ambassador Sidney Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 115 Main Street Sidney, IA 51652	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/18/25 at 3:30 PM observed Resident #14 sleeping in bed with the fall mat beside the bed and the w/c between the foot of the bed and the recliner.</p> <p>On 3/20/25 at 7:29 AM Staff I, Certified Nursing Assistant (CNA) stated to find fall interventions, she would check Care Plans, look for notes inside of the resident's room, and the nurses told staff about interventions. The staff stated interventions for Resident #14 included a blue mat put in front of the bed, lower the bed, and side rails up.</p> <p>On 3/20/25 at 7:53 AM Staff J, CNA, stated fall interventions were found in the resident's Care Plan on the computer. The staff stated signs may also be on the walls in the resident's room or stickers on the door. Staff J stated for Resident #14 positioning was the key to preventing falls. The staff stated interventions included tilting the w/c, fall mat on the floor by the bed, and usually keeping the w/c near the foot of the bed in the locked position.</p> <p>On 3/20/25 at 8:10 AM Staff K, Certified Medication Aide (CMA), stated she thought there was a binder at the nurses station with fall interventions for residents. The staff stated a fall intervention for Staff #14 included a blue fall pad on the floor when the resident was in bed.</p> <p>On 3/20/25 at 8:13 AM, Staff L, CNA, stated fall interventions were located in the computer and in the binder. The staff stated a fall intervention for Resident #14 was a mat beside the bed and/or recliner.</p> <p>On 3/20/25 at 8:15 AM the Director of Nursing (DON) stated new fall interventions were discussed during the twice daily Huddle Meetings for all staff. The notes from those meetings were placed in the Scoop Binder for staff reference. The staff stated additionally new interventions may be posted on the board in the staff breakroom. The DON stated fall interventions would also be found in the Care Plans and Pocket Care Plans. The DON expected staff to follow a resident's fall interventions found in the Care Plan.</p> <p>The facility did not have a policy related to following the Care Plan.</p>		

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 03/20/2025
NAME OF PROVIDER OR SUPPLIER The Ambassador Sidney Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 115 Main Street Sidney, IA 51652	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41785</p> <p>Based on observations, staff interviews, facility protocol and clinical record review the facility failed to implement interventions for 1 of 13 residents reviewed. Staff failed to use the As Needed (PRN) suctioning treatment and failed to complete regular vitals when Resident #16 was experiencing increased secretions. The facility reported a census of 40 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) dated [DATE], showed that Resident #16 was rarely/never able to make himself understood, and rarely/never understood by others. He was totally dependent on staff for eating, hygiene, transferring and toileting. The resident had shortness of breath or trouble breathing when lying flat, and he was on a mechanically altered diet. Diagnoses for Resident #16 included; cerebral palsy, seizure disorder, gastro-esophageal, reflux disease without esophagitis and dysphagia,</p> <p>The Care Plan last reviewed on 1/10/25, showed that Resident #16 had self-care deficits related to cerebral palsy, cognitive impairment, contractures, impaired communication and immobility. He had a potential for seizures related to seizure disorder and nurses were directed to administer medications as ordered, monitor vitals and to suction secretions PRN.</p> <p>In an observation on 3/17/25 at 11:54 AM, Resident #16 was in the dining room getting assists with his lunch. He had a lot of coughing and spilling out of food.</p> <p>On 3/18/25 at 8:04 AM, at breakfast the resident was observed to be coughing and sneezing throughout the meal.</p> <p>The following documentation was found in the Nursing Notes for Resident #16:</p> <p>a. 12/28/24 at 5:41 AM, resident was very congested and had been given Mucinex on the overnight shift. He coughed so much that he had vomited twice. Nasal drainage white and thick, lung sound congested and he was up all night. Doctor notified</p> <p>b. 12/28/24 at 11:21 AM, the resident refused morning medications and did not eat breakfast. Had emesis again.</p> <p>c. 12/29/24 at 6:26 AM, had one emesis with phlegm on the overnight shift. Refused his medications, food and drink. Did not sleep all night. Loose cough.</p> <p>d. 12/29/24 at 11:43 AM one emesis prior to lunch.</p> <p>e. 12/30/24 at 5:24 AM resident had one emesis prior to going to bed, refused medications.</p> <p>f. 12/30/24 at 1:34 PM provider notified regarding congestion and emesis. Started on an antibiotic for sinusitis (inflammation of the sinuses.)</p> <p>(continued on next page)</p>		

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 03/20/2025
NAME OF PROVIDER OR SUPPLIER The Ambassador Sidney Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 115 Main Street Sidney, IA 51652	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The fax sent to the doctor on 12/28/24 included a set of vitals that included an oxygen saturation of 89-92%. The chart lacked any follow up vitals on 12/28/24 or 12/29/25. The chart included a temperature ready only, on 12/30/24.</p> <p>The following documentation was found on the Medication Administration Record/Treatment Administration Record (MAR/TAR)</p> <p>a. An open ended order dated 12/11/22, showed a PRN order to suction with Yankauer (suctioning catheter used to remove secretions from airway) for secretions that the resident was unable to clear. The TAR showed that the PRN order was not used in December or January.</p> <p>b. On 12/31/24 a Respiratory Protocol was added to the TAR for staff to monitor lung sounds, respiration, shortness of breath, cough, vitals, encourage deep breath and cough and encourage fluids.</p> <p>On 3/18/25 at 8:57 AM, Staff A, Licensed Practical Nurse (LPN) was caring for Resident #16 on that day. She said that she was not aware of a PRN order for suctioning and she wasn't sure where the supplies were kept. The Director of Nursing (DON) checked the MAR/TAR to see if the resident had an order for suctioning and said that he was able to clear secretions by coughing on his own.</p> <p>On 3/19/25 at 5:15 AM, Staff B, LPN, said that she did not remember specifically back in December when Resident #16 was having increased secretions and emesis. She said, he does that a lot but she did not remember when it got to the point of upper respiratory infection. Staff B did not have any knowledge of a suctioning machine or an order for suctioning as needed. Staff B said that if the resident had extreme gurgling, the suctioning would probably be helpful. She added that Resident #16 did not follow directions very well and just makes different sounds to communicate.</p> <p>On 3/19/25 at 2:30 PM the Director of Nursing (DON) said that the order that was in the chart for suctioning was an old order from when Resident #16 had a sinus infection in 2022. She understood that the nurses probably didn't know it was there because they didn't use it and the resident was usually able to clear and cough secretions on his own. She said there were vital signs included on the fax to the doctor on 12/28/25.</p> <p>A facility generated undated form titled: Respiratory Protocol showed that as a nursing order to monitoring respiratory symptoms included; monitoring lung sounds, respirations, shortness of breath, cough, and vitals.</p>		

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 03/20/2025
NAME OF PROVIDER OR SUPPLIER The Ambassador Sidney Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 115 Main Street Sidney, IA 51652	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>41785</p> <p>Based on observation, interview and policy review the facility failed to ensure that staff used adequate infection control practices during meal service. The facility reported a census of 40 residents.</p> <p>Findings include:</p> <p>In an observation of the lunch meal on 3/17/25 at 11:45 AM, Staff G, Dietary Aide (DA) prepared a peanut butter and jelly sandwich for a resident. Staff G first donned gloves, then touched the bread bag, grabbed two slices of bread, grabbed a utensil and held the bread with one gloved hand and spread with other.</p> <p>At 12:02 PM, Staff G prepare a cheese sandwich. The staff member first donned gloves, opened the lid on the container, bread bag, touched the pan, then with the same gloved hands, grabbed out a couple slices of cheese.</p> <p>On 3/18/25 at 12:51 PM the Dietician said that she would do more education on hand hygiene.</p> <p>On 3/20/25 at 8:48 AM, the Dietary Manager (DM) said that she understood that having the gloves on does tend to make a person feel as if they can touch anything. She said that she would provide education and talk to the Dietician about hand hygiene/glove use processes.</p> <p>According to the facility policy dated 11/2019 and titled: Gloves. When gloves are indicated they shall be used only once and discarded.</p>

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 03/20/2025
NAME OF PROVIDER OR SUPPLIER The Ambassador Sidney Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 115 Main Street Sidney, IA 51652	

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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>41785</p> <p>Based on observations, staff interviews and clinical record review the facility failed to accurately document treatments provided for 1 of 13 residents reviewed. Nursing staff documented that a wound treatment for Resident #91 had been done over two hours before it was actually completed. The facility reported a census of 40 residents.</p> <p>Findings include:</p> <p>According to a nursing note dated 3/12/25 at 4:37 PM, Resident #91 was admitted to the facility after a hospitalization for traumatic subdural hemorrhage. The resident presented with a pressure sore to the coccyx and standard treatment orders were initiated.</p> <p>The Medication Administration Record/Treatment Administration Record (MAR TAR) for March 2025 showed an order initiated on 3/13/25 for Calmoseptine (menthol-zinc oxide) ointment 0.44 - 20.6 %, apply three times a day to the pressure ulcer of the sacral region.</p> <p>In an observation on 3/18/25 at 7:09 AM, Staff D Certified Nurse Aide (CNA) and Staff E, CNA provided peri care and brief change for Resident #91. The resident was found to have an open area on the coccyx. The CNA's applied a new brief without having applied a barrier cream or contacting the nurse to complete the treatment. They transferred him into the wheel chair and took him out to the dining room for breakfast.</p> <p>At 8:00 AM the Resident was not back in his room and the bed was stripped.</p> <p>The MAR TAR printed on 3/18/25 at 9:39 AM, showed that the wound treatment had been completed. The scheduled time for the morning treatment was 8:00 AM, and the charted time was at 9:10 AM. The Reason/Comments column included documentation that the treatment was charted late; done on time</p> <p>At 9:47 AM, the Resident was not in his room and the bed was made.</p> <p>On 3/18/25 at 9:48 AM, when asked about the condition of the coccyx wound on Resident #91, Staff A, Licensed Practical Nurse (LPN) said she hadn't done the morning treatment yet.</p> <p>On 3/18/25 at 10:11 AM, Staff A asked a CNA to assist her as she provided the morning wound treatment.</p> <p>On 3/20/25 at 6:50 AM the Director of Nursing (DON) said that the nurses are taught to document after treatments have been completed She said that on 3/12/2025, they had discussed concerns with documentation accuracy and treatments and planned education due at the end of this month for all nursing staff.</p> <p>A facility policy titled Documentation: General Principles, dated 6/2016, showed that the facility would ensure that staff accurately and thoroughly documented all care provided. The correct date and time would be included with each entry in the medical record.</p>

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 03/20/2025
NAME OF PROVIDER OR SUPPLIER The Ambassador Sidney Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 115 Main Street Sidney, IA 51652	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>49628</p> <p>Based on observation, clinical record review, staff interviews, and policy reviews the facility failed to implement appropriate hand hygiene and infection control practices to mitigate the spread of pathogens during resident cares for 2/12 residents (Resident #33, Resident #91). The facility failed to utilize hand hygiene, appropriate glove use, and Enhanced Barrier Precautions (EBP). The facility reported a census of 40.</p> <p>Findings include:</p> <p>1. The Minimum Data Set (MDS) of Resident #33 dated 12/31/24 reflected the Brief Interview for Mental Status (BIMS) score of 7/15 indicating severe cognitive impairment. The document revealed diagnoses of renal insufficiency and obstructive uropathy, and the resident had an indwelling catheter.</p> <p>The Electronic Health Record (EHR) revealed an order dated 2/5/25 to document suprapubic catheter cares and output at the end of each shift.</p> <p>The Care Plan dated 3/18/25 identified a problem area of indwelling catheter. Approaches identified for the problem area included Methicillin-resistant Staphylococcus aureus (MRSA+), EBP, and report output with catheter care to charge nurses each shift. An additional problem area identified was risk for infection of MDRO related to suprapubic catheter. The approaches identified included EBP with identified areas to be used, precautions required, and completion of hand hygiene prior to and during care.</p> <p>Observed Staff H, Certified Nursing Assistant (CNA) on 3/18/25 at 6:37 AM complete personal care and catheter care with Resident #33. Staff H completed hand hygiene and donned personal protective equipment (PPE), gown and gloves, to initiate care. The staff placed a barrier down, obtained alcohol wipes, and a leg bag to complete the change from the overnight drainage bag. Alcohol wipes utilized to cleanse the tubing before changing the drainage bags. The staff completed drainage and measuring of the overnight bag into a graduated cylinder. Staff H completed emptying the cylinder and placed it on a barrier, rinsed the tubing of the overnight bag, emptied, and placed it in the bag. The staff removed gloves and donned new gloves. The staff proceeded to assist the resident with dressing, grooming, and hygiene tasks. Staff H failed to complete hand hygiene between changing of gloves during the resident's personal care.</p> <p>On 3/18/25 at 8:00 AM the Director of Nursing (DON) stated staff should change gloves anytime between dirty and clean tasks, as well as anytime necessary. The DON expected staff to complete hand hygiene between glove changes.</p> <p>On 3/18/25 at 8:15 AM the Administrator acknowledged she was aware of the lack of hand hygiene between glove changes, and expected hand hygiene to be completed when removing dirty gloves and prior to donning new gloves.</p> <p>41785</p> <p>(continued on next page)</p>		

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 03/20/2025
NAME OF PROVIDER OR SUPPLIER The Ambassador Sidney Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 115 Main Street Sidney, IA 51652	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. According to a nursing note dated 3/12/25 at 4:37 PM, Resident #91 was admitted to the facility after a hospitalization for traumatic subdural hemorrhage. The resident presented with a pressure sore to the coccyx and standard treatment orders were initiated.</p> <p>The Baseline Care Plan initiated on 3/12/25, showed that the resident had a Stage II pressure sore, on the coccyx with a goal to prevent/heal sores with treatments, positioning and pressure relieving cushion in the wheel chair.</p> <p>The Facesheet for Resident #19, Custom Banner Flags; showed that Enhanced Barrier Precautions would be used in cares.</p> <p>The Medication Administration Record/Treatment Administration Record (MAR TAR) for March 2025 showed an order initiated on 3/13/25 for Calmoseptine (menthol-zinc oxide) ointment 0.44 - 20.6 %, apply three times a day to the pressure ulcer of the sacral region.</p> <p>In an observation on 3/18/25 at 7:09 AM, Staff D was in the room of Resident #91. The resident was in bed and the CNA provided cares. With gloved hands, she started to remove the soiled brief, unhooked the Velcro sides and pulled it down off of the front of the resident. She then decided that she would wait for another CNA to come in and help her, so she reached into her pocket with the same gloved hand, and got a walkie talkie and called for assistance.</p> <p>On 3/19/25 at 2:29 PM, the Director of Nursing (DON) said that she would have expected the CNA to change her gloves and perform hand hygiene before reaching in her pocket.</p> <p>According to the facility policy dated 11/1019, and titled: Gloves; when gloves are indicated they shall be used only once and discarded.</p> <p>A facility policy titled: Enhanced Barrier Precautions (EBP) dated 4/2024, showed that EBP would be used in conjunction with standard precautions and expand the use of Personal Protective Equipment (PPE) to donning of gown and gloves during high-contact resident care activities that provide opportunities for the transfer of Multidrug-resistant organisms to staff hands and clothing. High contact resident care activities include wound care.</p>		