STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365770	A. Building B. Wing	08/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Embassy of Cambridge	1471 Wills Creek Valley Drive Cambridge, OH 43725

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)
F 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28701 Based on medical record review and staff interview, the facility failed to ensure staff members provided proper transfer assistance as ordered by the physician. Actual Harm occurred on 03/13/21 when Resident #59 was transferred from her bed to her wheelchair by one staff member rather than two staff members as indicated in Resident #51's physician's orders, resulting in a fall with fracture to the right tibia and fibula. This affected one (Resident #59) of three residents reviewed for falls. The facility census was 57 residents. Findings include: Review of Resident #59's closed medical record revealed an admitted [DATE] with diagnoses that included cerebrovascular accident with hemiplegia and hemiparesis. Review of the physician's orders and fall care plan revealed they indicated Resident #59 required two staff members for assistance with all transfers when ordered on 09/06/20. Further review of the progress notes revealed a fall on 03/13/21 when only one staff member assisted Resident #59 during transfer. Additional progress notes revealed Resident #59 complained of pain to the right leg and knee; staff notified the physician and x-rays were completed which revealed fractures to the right tibia and fibula (bones of the lower leg). Resident #59 was provided a leg immobilizer per physician's order and referred to an orthopedist. Resident #59 was evaluated by the orthopedist on 03/19/21 and placed in a lower leg cast for further immobilization of the right leg fractures. An additional fall on 11/03/20 was also discovered with only one staff member assisting with resident transfer. No injuries were observed with the fall. Interview with Registered Nurse (RN) #33 on 08/19/21 at 9:55 A.M. verified Resident #59 suffered two falls on 11/03/20 and 03/13/21 when assisted by only one staff member even though there were physician orders in place for assistance by two staff members for transfers. Additionally, RN #33 verified Resident #59 suffered fractures to the right tibia and fibula from the fall on 03/13/21. This deficiency substantiates Master Complaint Number OH00125050 and Complaint Number OH00124926.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE