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	N058003	A. BUILDING: _____ B. WING _____	C 04/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE PLACE	1100 N 16TH MARYSVILLE, KS 66508

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S 000	INITIAL COMMENTS The following citations represent the findings of the licensure resurvey with attached complaints (#170264, #163295) for the above named assisted living facility conducted on 03/30/22, 03/31/22, and 04/04/22.	S 000		
S3200 SS=G	26-41-205 (d) (1-2) Facility Administration of Medications (d) Facility administration of resident ' s medications. If a facility is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the facility has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: The census equaled 11 residents. The sample included 3 residents. Based on record review, interview, and observation for one Resident (R) 123, Administrator A failed to ensure all medications and treatments were administered in accordance with professional standards of practice.	S3200		

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

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Findings included:

- Record review for R123 revealed an admission date of 02/12/21 with diagnoses of Cellulitis of right lower limbs, dyspnea, respiratory failure, major depressive disorder, hypertension, chronic kidney disease stage 3, peripheral vascular disease, and benign prostatic hyperplasia.

Review of R123's current "Functional Capacity Screen" (FCS) dated 02/11/21 recorded the resident required physical assistance with managing his medications and was unable to manage treatments.

Review of R123's "Negotiated Service Agreement" (NSA)/ "Health Care Service Plan" (HCSP) dated 02/11/21 recorded the facility staff would manage the resident's medications.

Signed "Physician Order" dated 01/25/22 recorded, "Olopatadine HCl Solution 0.2 %, instill 1 drop in both eyes at bedtime for dry/itchy eyes."

Current March 2022 "Medication Administration Record" (MAR) recorded, "Olopatadine HCl Solution 0.2 %, instill 1 drop in both eyes at bedtime for dry/itchy eyes." Medication administered and signed off on 03/12/22 by Certified Medication Aide (CMA) D.

The "Nurse's Note" dated 03/12/22 recorded, "This RN was called to [R123's room] by the med aid on the floor, I could hear the resident yelling before I got down to the room. When the aid saw this RN, she began telling me what has happened. She said she put glue in his eye instead of eye drops. When asked how, she said the glue bottle was in the eye drop box. Once I got to the resident's room I saw he had a wash

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cloth on his eye. I assessed his eye and he could not open it and I could see chunks of the glue on his eye lashes. Once the eye was assessed and the glue bottle was looked at poison control was called, and they recommended that we use olive or coconut oil to loosen the adhesive and the rinse with water. This was done and was not effective. The administrator was called and notified of what had happened. She recommended calling the ER to see if they had any tips. The ER was then called, and they had no other suggestions for removing the glue. KU med was consulted, and they recommended to use an eye drop that has mineral oil in it to massage on eye every 2 hours. This eye drop was not available so olive oil and antibiotic ointment was used. The resident requested to go to the ER. He was transported by EMS to the ER." Signed by Licensed Nurse I.

The "Notarized witness statement dated 03/12/22 recorded, "On Saturday March 12th at approximately 7:20 PM, I was assigned on assisted living that day. I was doing my meds as usual. Once I made my way down to [R123's room], I read my MAR (medication administration record) and popped out my pills as usual. He also gets a face cream and eye drops at night ...then I read on the box, his name and the medication (eyedrops). As I went to the resident's room, I have him the pills first ... Then I proceeded to put in what I thought were eye drops. They came directly from the box. I did not think to check the contents in the box as they were in the correct labeled box. I gave him his eye drops, what I thought was, and he said "oh that burns". The resident has said this previously when his eyes were very dry, then said, "oh gosh, it really burns." I immediately ran to get a was cloth with warm water and call for a nurse ...upon further

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S3200	Continued From page 3	S3200		

evaluation, it was glue. I should have checked the contents inside of the box." Signed by Certified Medication Aide (CMA) D.

Interview on 03/30/22 at 11:36 AM with Administrator A and Licensed Nurse B confirmed nail glue was administered on 03/12/22 by Certified Medication Aide (CMA) D into R123's left eye. Administrator A further confirmed she was unaware how the nail glue got inside the originally eye drop box.

Interview on 03/30/22 at 12:52 PM with R123 confirmed nail glue administered by Certified Medication Aide (CMA) D in left eye on 03/12/22.

Interview on 03/30/22 at 2:11 PM with Certified Medication Aide (CMA) D confirmed she administered nail glue in R123's left eye on 03/12/22, thinking it was eye drops. CMA D confirmed the bottle of nail glue was inside the original packaged eye drop box. CMA D further confirmed she did not check the bottle before administering the medication.

Observation on 03/30/22 at 11:36 AM revealed the eye drop box in Administrator A's office. The pharmacy label was affixed on the eye drop box. The eye drop box contained 1 bottle of L.A. Colors Ultimate Hold Nail Glue 0.012 ounce.

Facility's "Administering Medications" policy dated 06/21 recorded, "7. The individual administering the medication must check the label THREE (3) times to verify the right resident, right medication, right dosage and right method (route) of administration before giving the medication."

Administrator A failed to ensure all medications and treatments were administered in accordance

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S3200	Continued From page 4 with professional standards of practice. Facility had taken the following correction actions to prevent error from reoccurring: Resident given immediate treatment Facility investigation completed Reported to KDADS Medication Error Report form filled out on 03/12/22 Medication Administration Education to Ensure Increased Safety completed with staff Updated Medication Administration policy	S3200		
S3211 SS=E	26-41-205 (g) (3) OVER THE COUNTER DRUGS (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container. This REQUIREMENT is not met as evidenced by: The census totaled 11 residents, with 3 included in the sample. Based on observation and interview for the Residents (R) 123 and R330 and four non-sampled residents R750, R801, R893 and R942, Administrator A failed to ensure	S3211		

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S3211	Continued From page 5	S3211		

licensed nurses or pharmacists placed the full name of the resident on each package of the resident's over the counter medication.

Findings included:

- Observation of the medication room on 03/30/22 at 11:08 AM revealed a locked medication cart. The following over the counter medications were noted without first and last names:

For R123 the cart contained one bottle of Docusate Sodium (stool softener).
For R330 the cart contained one bottle of PreserVision (eye vitamin).
For R750 the cart contained one bottle of Centrum Silver (supplement).
For R801 the cart contained one bottle of Vitamin D3 (supplement) and one bottle of Acetaminophen (pain reliever).
For R893 the cart contained one bottle of Complete Multivitamin.
For R942, the cart contained one of Women's Gummy (supplement), one bottle of Acetaminophen and one bottle of Cranberry (supplement).
One bottle of Vitamin C and one bottle of Cetirizine Hydrochloride (antihistamine) were without names. Licensed Nurse (LN) B unable to confirm who the medications belonged to.

Interview on 3/30/22 at 11:17 AM with LN B confirmed the above listed medications were without full first and last names.

Facility's "Labeling of Medication Containers" policy dated 04/07 recorded, "Labels for over-the-counter drugs shall include all necessary information, such as: b. The resident's name."

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S3211	Continued From page 6 Administrator A failed to ensure licensed nurses or pharmacists placed the full name of residents on each package of the resident's over the counter medication.	S3211		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: The census equaled 11 residents. The sample included 3 residents and review of 5 employee records. Based on record review and interview, Administrator A failed to ensure disaster and emergency preparedness by ensuring the performance of quarterly review of the facility's entire "Emergency Management Plan" with residents and staff.	S3280		

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S3280	Continued From page 7 Findings included: - Review of the facility "Emergency Management Plan" revealed the plan contained procedures to manage potential emergencies and disasters including fire, flood, severe weather, tornado, explosion, natural gas leak, lack of electrical, or water service, and missing residents. The facility failed to provide documentation regarding emergency management plan reviews with staff and residents since January 2019. Interview on 03/30/22 with Administrator A confirmed no reviews were completed with residents and staff since January 2019. Facility's "Emergency Preparedness Plan Communication to Assisted Living Residents and Staff" policy dated 04/22 recorded, "Quarterly, Cambridge Place Assisted Living will provide education to all Assisted Living Residents and Assisted Living Staff regarding the facility emergency plan." For all residents, Administrator A failed to ensure disaster and emergency preparedness by the failure to ensure the performance of quarterly reviews of the facility's entire emergency plan with residents and staff.	S3280		
S3310 SS=E	26-41-207 (b) (5-6) (c) Infection Control Policies (b) (5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident ' s food, or resident care equipment until the condition is no longer	S3310		

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S3310	Continued From page 8 infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; and (c) Each administrator or operator shall ensure the facility ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 This REQUIREMENT is not met as evidenced by: The census totaled 11 residents. The sample included 3 residents and review of 5 newly hired employees. Based on record review and interview for 3 Residents (R) 123, R330, R683 and 5 staff (Licensed Nurse (LN) B, Licensed Nurse (LN) C, Certified Medication Aide (CMA) D, Certified Medication Aide (CMA) E and Certified Medication Aide (CMA) F), the facility failed to ensure compliance with the State Agency's tuberculosis (TB) guidelines. Findings included: - Review of R 123's health record revealed he admitted to the facility on 02/12/21 and the record lacked evidence of a TB questionnaire upon admission and annually. Review of R 330's health record revealed she admitted to the facility on 12/08/16 and the record lacked evidence of a TB questionnaire annually. Review of R 683's health record revealed he admitted to the facility on 06/07/21 and the record lacked evidence of a TB questionnaire upon	S3310		

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admission.

Review of LN B's employee record revealed they hired onto the facility on 10/28/20. LN B's record lacked evidence of a TB questionnaire upon hire and annually.

Review of LN C's employee record revealed they hired onto the facility on 07/21/21. LN C's record lacked evidence of a TB questionnaire upon hire.

Review of CMA D's employee record revealed they hired onto the facility on 06/01/21. CMA D's record lacked evidence of a TB questionnaire upon hire.

Review of CMA E's employee record revealed they hired onto the facility on 09/02/20. CMA E's record lacked evidence of a TB questionnaire upon hire and annually.

Review of CMA F's employee record revealed they hired onto the facility on 03/02/20. CMA F's record lacked evidence of a TB questionnaire upon hire and annually.

Interview on 03/30/22 with Administrator A confirmed resident's and staff sampled did not receive a TB questionnaire upon admission/hire or annually.

The facility's "Tuberculosis (TB) Infection Control" policy dated 04/22 recorded, "PROCEDURE: 1. Each New Resident and each New Employee will have (1) An Initial TB Symptom Screen and (2) an Initial TB Infection Skin Test. 7.ANNUALLY, ALL RESIDENTS AND STAFF shall have a TB SYMPTOM SCREEN."

The facility failed to ensure compliance with the

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S3310	Continued From page 10 State Agency's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105, which had the potential to affect all residents.	S3310		