STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175350	A. BUILDING _____ B. WING _____	C 08/11/2022

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

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F 000	INITIAL COMMENTS The following citations represent the findings of complaint investigation KS00173256. The 2567 was sent electronically on 08/23/22.	F 000		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;	F 880		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 08/23/2022

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 880	Continued From page 1 (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: The facility identified a census of 31 residents with three reviewed for infection control. Based on record review and interview, the facility failed to protect Resident (R) 1 from prolonged	F 880		

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F 880	Continued From page 2	F 880		

exposure to Covid -19 (severe viral respiratory infection) when R1, who tested Covid-19 negative, was roomed with another resident that was positive for Covid-19 for fourteen days while on quarantine placing R1 at increased risk for Covid-19 infection.

- R1's Electronic Medical Record (EMR) recorded R1 had diagnoses of cerebral infarction (sudden death of brain cells due to lack of oxygen caused by impaired blood flow to the brain by blockage or rupture of an artery to the brain), atrial fibrillation (rapid, irregular heart beat), and dysphagia (swallowing difficulty).

R1's "Quarterly Minimum Data Set (MDS)," dated 05/13/22, documented R1 had a Brief Interview for Mental Status (BIMS) score of fifteen which indicated R1 was cognitively intact. The MDS further documented R1 required extensive two staff assist for bed mobility, dressing, toileting, and personal hygiene. R1 was totally dependent on two staff for transfer and bathing.

The "Activities of Daily Living (ADL) Care Area Assessment (CAA)," dated 05/13/22 documented R1 required extensive staff assistance with dressing and personal hygiene and required total assistance of two staff for bed mobility, transfers, and toilet use.

The "Covid-19 Care Plan," dated 08/11/22, documented R1 was at risk for Covid-19 related to the ongoing pandemic but lacked any interventions for staff to follow. The care plan further documented R1 was at risk for decreased mood, hopelessness, social isolation, anxiety, ineffective coping, fear, loneliness, and decreased appetite related to R1's inability to

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F 880	Continued From page 3	F 880		

have physical/in person visits from family and friends due to Covid-19 precautions.

The "Health Status Note," dated 07/11/22, documented R1 was placed in isolation due to roommate testing positive for Covid-19.

The "Health Status Noted," dated 07/13/22, documented R1 was negative for Covid-19 but continued in isolation with contact and droplet precautions due to R2's Covid-19 positive status.

The "Health Status Note," dated 07/14/22, documented R1 continued in room isolation due to roommates positive Covid-19 results.

The "Social Services Note," dated 07/26/22, documented R1 was out of quarantine and R1 seemed to be adjusting to being out of isolation.

R2 tested positive for Covid-19 on 07/11/22 and was placed in quarantine for fourteen days. R1 tested negative.

On 08/11/22 at 10:00 AM, R1 stated that she had been quarantined with her roommate who was positive for Covid-19. R1 stated she did not understand why she was being placed at risk by being exposed to a positive resident in the same room nor did she understand whyshe had to quarantine with a Covid-19 positive person.

On 08/11/22 at 10:30 AM, Certified Nurse's Aide (CNA) M stated R1's roommate tested positive for Covid-19 and R1 tested negative for Covid-19. CNA M stated R1 and her roommate were quarantined together in the same room.

On 08/11/22 at 11:00 AM, Licensed Nurse (LN) H

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F 880	Continued From page 4	F 880		

stated R1 tested negative for Covid-19 and her roommate tested positive for Covid-19. Both R1 and her roommate were quarantined in the same room.

On 08/11/22 at 01:30 PM, Administrative Staff A, stated that when R1's roommate tested positive and R1 had tested negative, the facility felt that since R1 had already been exposed to Covid-19 due to being in the same room with the roommate, the two could quarantine together. Administrative Staff A stated in hindsight, the facility should have moved R1 out to a different room to quarantine away from the resident who was confirmed positive for Covid-19.

The facilities "Corona Virus Plan for Suspected Cases" policy, dated 03/07/22, documented the facility would confine residents with respiratory symptoms to their rooms, assess for fever, assess lung sounds, assess for sputum, place a mask on the resident if they developed a cough, inform the physician of assessments and continue to contact the physician for treatment orders. The "Infection Prevention Control" recommendations described below also apply to patients with symptoms of Covid-19 (even before results of diagnostic testing) and asymptomatic patients who have met the criteria for empiric Transmission-Based Precautions (quarantine) based on close contact with someone with Covid-19 infection. However, these patients should not be cohorted with patients with confirmed Covid-19 infection unless they are confirmed to have Covid-19 infection through testing.

The facility failed to protect Resident (R) 1 from being exposed to Covid -19 when R1 was

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F 880	Continued From page 5 roomed with another resident that was found to be positive for Covid-19 for fourteen days while on quarantine placing R1 at risk for infection.	F 880		