STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N058003	A. BUILDING: _____ B. WING _____	08/08/2023

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS The following citations represent the findings of the licensure resurvey for the above named facility conducted on 08/07/23 and 08/08/23.	S 000		
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: K.A.R. 26-41-205(g)(3) The facility reported a census of 12 residents. Based on observation and interview the Administrator failed to ensure the licensed pharmacist, or the licensed nurse place the full name of the resident on bottles of "Over-The-Counter" (OTC) medications. Findings included: - Observation on 08/07/23 at 03:04 PM during	S3211		

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

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S3211	Continued From page 1 the facility tour "Licensed Nurse" LN B unlocked the medication cart sitting at the far east side of the assisted living dining room revealed the following OTC bottles labeled as "Stock": 2 bottles of Geri Tussin 1 box of Anti Diarrheal Lopermide HCl 2 milligrams 1 bottle of Milk of Magnesium 1 bottle of Geri Care Acetaminophen 500 milligrams Interview on 08/07/23 at 03:10 PM with LN B, she confirmed the OTCs were labeled as "stock" medications and lacked the resident full name. The Administrator failed to ensure the licensed pharmacist, or the licensed nurse place the full name of the resident on bottles of "Over-The-Counter" (OTC) medications.	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	S3280		

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S3280	Continued From page 2 secure location. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-204 (d)(3)(4) The facility reported a census of 12 residents. Based on record review and interview the administrator failed to ensure a quarterly review of the facility's emergency management plan with all staff and residents, and the administrator further failed to conduct an emergency drill at least annually with staff and residents which included evacuation of the residents to a secure location. Findings included: - Record review on 08/08/23 of the facility provided document Titled "In-Service Classroom" revealed the following: Topic number four was titled "Safety -Emergency Preparedness, Elopement ...:" was assigned to all staff on March 16, the year was not identified. Interview on 08/08/23 at 09:04 AM with Administrator A, she stated that all employee training is assigned in the electronic system at the first of every year, and the records do not show the emergency management plan being reviewed quarterly with all staff. Record review on 08/08/23 of the facility provided binder titled "Resident Council"	S3280		

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S3280	Continued From page 3 revealed the meeting notes for the year of 2023 lacked any documentation of the residents having reviewed the facility's emergency management plan quarterly. Interview on 08/08/23 01:30 PM with Administrator A and Licensed Nurse B, they confirmed the records lacked the documentation of the residents having reviewed the facility's emergency management plan quarterly. Record review of the facility provided binder titled "Assisted Living", revealed a document titled "Assisted Living Tornado Drill" and was dated 04/13/22. The document stated the "evacuation began at 11:17 AM". The binder lacked documentation of an annual evacuation drill being completed by 04/13/23. Interview on 08/08/23 01:30 PM with Administrator A and Licensed Nurse B, they confirmed the records lacked the documentation of an annual evacuation drill which included the evacuation of the residents to a secure location. The administrator failed to ensure a quarterly review of the facility's emergency management plan with all staff and residents, and the administrator further failed to conduct an emergency drill at least annually with staff and residents which included evacuation of the residents to a secure location.	S3280		