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 09/18/2023

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) COMPLETION DATE
F 000	INITIAL COMMENTS The following citations are the result of complaint survey KS00182825, KS00182832, KS00182416, and KS00181699. The 2567 was sent electronically on 09/29/23.	F 000		
F 688 SS=E	Increase/Prevent Decrease in ROM/Mobility CFR(s): 483.25(c)(1)-(3) §483.25(c) Mobility. §483.25(c)(1) The facility must ensure that a resident who enters the facility without limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; and §483.25(c)(2) A resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. §483.25(c)(3) A resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a reduction in mobility is demonstrably unavoidable. This REQUIREMENT is not met as evidenced by: The facility identified a census of 42 residents with seven residents reviewed for restorative therapy. Based on record review, observation, and interview, the facility failed to provide Resident (R) 1, R2, R3, and R4. with the restorative therapy services to maintain or improve mobility with the maximum practicable independence. The deficient practice placed R1, R2, R3, and R4 at risk for an avoidable decline in	F 688		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 09/29/2023

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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range of motion and mobility.

Findings included:

- R1 had diagnoses of dementia (progressive mental disorder characterized by failing memory, confusion), muscle wasting and atrophy (wasting or decrease in size of a part of the body), and unsteadiness of feet. R1 had a Brief Interview for Mental Status (BIMS) score of nine which indicated moderate cognitive impairment. R1 required supervision with set up help only for bed mobility, transfer, ambulation, locomotion, eating and personal hygiene. R1 require one staff limited assistance for dressing, toileting, and bathing. Staff were directed to provide R1 with restorative nursing services: active range of motion (AROM), bilateral upper extremity strengthening in a sitting position moving in all planes with one pound dumbbells or red t-band, balance task of tossing bean bags or ball in a standing position with front wheeled walker at contact guard assist, and retrieve items from the floor with front wheeled walker at contact guard assist three to six times a week. R1's Electronic Medical Record (EMR) documented R1 had zero minutes of restorative therapy from 08/20/23 thru 09/18/23.

R2 had diagnoses of dementia, muscle wasting and atrophy, and unsteadiness of feet. R2 had a BIMS score of seven which indicated severe cognitive impairment. R2 required extensive assistance for bed mobility, transfer, dressing, toilet use and personal hygiene. Staff were directed to provide R2 with restorative nursing services: AROM and "Walk to Dine." R2's EMR documented R2 had zero minutes of restorative therapy from 08/20/23 thru 09/18/23.

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F 688	Continued From page 2	F 688		

R3 had diagnoses of dementia, muscle wasting and atrophy, and unsteadiness of feet. R3 had a BIMS score of fourteen which indicated intact cognition. R3 required limited to extensive assistance for all activities of daily living with the exception of eating. Staff were directed to provide R3 with restorative nursing services: ambulate R3 with front wheeled walker as far as she can go, therapeutic exercise for bilateral lower extremities strengthening with resistance, and NuStep (exercise equipment) for five to ten minutes three to six times a week. R3's EMR documented R3 had zero minutes of restorative therapy from 08/20/23 thru 09/18/23.

R4 had diagnoses of Parkinson's disease (slowly progressive neurologic disorder characterized by resting tremor, rolling of the fingers, masklike faces, shuffling gait, muscle rigidity and weakness), weakness, and hypertension (high blood pressure). R4 had a BIMS score of fifteen which indicated intact cognition. R4 was independent with all activities of daily living. Staff were directed to provide R4 with restorative nursing services: bilateral upper extremity AROM with over the door pulley, bilateral upper extremity strengthening times ten to fifteen reps with red t-band or one pound dumbbells moving in all planes, ambulate outside on uneven surfaces with four wheeled walker, resisted ambulation with two to five pound cuff weights with four wheeled walker indoors, lower extremity strengthening times ten to fifteen reps with three to four pounds, and NuStep at level three to five for ten to twenty minutes. R4's EMR documented R4 has zero minutes of restorative therapy from 08/20/23 thru 09/18/23.

On 09/18/23 at 10:00 AM, Certified Nurse's Aide

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(CNA) M stated that there was not enough time and staff in the day to perform restorative nursing services. CNA M stated all of the CNAs were rotated through to perform restorative nursing but since the schedule had changed all of the CNAs had to be working on the floor and there was no time for restorative.

On 09/18/23 at 10:15 AM, Certified Medication Aide (CMA) R stated the residents were not getting restorative therapy like they had previously been when the staff was different. CMA R stated she could see a difference in the residents physical well-being.

On 09/18/23 at 10:30 AM, Administrative Nurse D stated that there was always a restorative nurse working on the floor and from 06:00 AM to 09:00 AM the restorative aide would assist getting residents up and then would provide restorative nursing services unless they got re-assigned to work on the floor due to call ins.

On 09/18/23 at 01:00 PM, Therapy GG stated that the facility did not have any kind of restorative program or restorative nursing. Therapy GG stated when a resident came off of therapy it did no good to write a restorative program for the resident to maintain their progress from therapy because restorative nursing services were not being done.

On 09/18/23 at 01:30 PM, Administrative Staff A stated she felt that the restorative aides were not charting the services they provided.

The "Restorative Nursing Program Policy," dated 02/01/20, documented it is the policy of the facility to provide maintenance and restorative services

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designed to maintain or improve a resident's abilities to the highest practicable level. Nursing personnel are trained on basic or maintenance restorative nursing care that does not required the use of a qualified therapist or licensed nurse for oversight. This training may include, but is not limited to: maintaining proper positioning and body alignment, encouraging and assisting residents, as needed in turning and position changes, encouraging residents to remain active and assisting with exercises according to the plan of care, and assisting resident with range of motion exercises, performing passive range of motion for residents unable to actively participate. Residents will receive maintenance restorative nursing services as described above as deemed necessary by certified nurse's aides or designated restorative aide. A resident's Restorative Nursing plan will include: the type of activities to be performed and the frequency of activities. The discharging therapist, Restorative Coordinator, or designated licensed nurse will communicate to the appropriate restorative aide, the provisions of the resident's restorative plan, providing any necessary training to carry out the plan. Restorative aides will implement the plan for a designated period of time, performing the activities and documenting the activities in the EMR.

The facility failed to provide R1, R2, R3, and R4. with the restorative therapy services to maintain or improve mobility with the maximum practicable independence. The deficient practice placed R1, R2, R3, and R4 at risk for an avoidable decline in range of motion and mobility.