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 _____	01/13/2025

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 represents the findings of a resurvey with attached complaint 182966 and 182995 at the above named assisted living facility conducted on 01/08/25 and 01/13/25.	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: KAR 26-41-205(g)(3) The facility reported a census of 13 residents. Based on observation and interview the administrator failed to ensure a licensed pharmacist or licensed nurse placed the full names of residents on the original packages of eleven over-the-counter (OTC) medications in R1's room and medication cart. Findings included:	S3211		

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

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S3211	Continued From page 1 - Observation on 01/08/25 at 10:42 AM revealed the medication cart contained the following OTC medications were not labeled with residents' full names: One bottle acetaminophen 650 milligrams (mg), 225 tablets One bottle docusate sodium 100mg, 60 capsules One bottle calcium 600mg, 150 softgels One bottle AZO cranberry, 100 softgels One bottle Thera tears, 15ml bottle One bottle Beet root 1000mg, 90 capsules One bottle Vision formula 50+, 50 softgels One box of colon health, 45 capsules One bottle acetaminophen 500mg, 225 caplets On 01/08/25 at approximately 10:50 AM Certified Medication Aide (CMA) C confirmed the OTC medications were not labeled with residents' full names. - Observation on 01/13/25 at approximately 08:51 AM revealed R1's walker contained the following OTC medications were not labeled with resident's full name: One bottle biofreeze, 2.5 fluid ounces One tube calmoseptine (zinc oxide 20.6%), 4 ounces On 01/13/25 at approximately 08:53 AM R1 confirmed the OTC medication was hers and not labeled with her name. The facility's undated "Medication Management" policy states the pharmacist or licensed nurse will place the resident's full name on the	S3211		

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S3211	Continued From page 2 medication package for over-the-counter drugs. The administrator failed to ensure a licensed pharmacist or licensed nurse placed the full names of residents on the original packages of eleven 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 secure location. This REQUIREMENT is not met as evidenced by: KAR 26-41-104(d)(4) The facility reported a census of 13 residents. Based on record review and interview, the administrator failed to ensure disaster and emergency preparedness by ensuring the	S3280		

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S3280	Continued From page 3 performance of an emergency drill annually with staff and residents to include an evacuation of the residents to a secure location. Findings included: - Review of the facility's "Disaster Plan" revealed the records lacked documentation of an evacuation by minimum number of staff on duty at one time that included an evacuation of all residents to a secure location. A sticky note on a sheet protector with emergency plan reviews dated 10/25/24 said, "full evacuation 11/19/24." Interview on 01/08/25 at 12:49 PM with Administrative Nurse B confirmed the records lacked documentation for a full evacuation completed on 11/19/24. The administrator failed to ensure disaster and emergency preparedness by the failure to ensure the performance of an emergency drill annually with staff and residents to include an evacuation of the residents to a secure location.	S3280		
S3310 SS=F	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 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	S3310		

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S3310	Continued From page 4 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: KAR 26-41-207(c) The facility reported a census of 13 residents with three residents included in the sample. Based on interview and record review the administrator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in KAR 26-39-105 for three recently hired staff. Findings included: - Review of Certified Medication Aide (CMA) C's employee record revealed a hire date of 04/01/24 and lacked evidence of documentation of TB testing. - Review of Certified Medication Aide (CMA) D's employee record revealed a hire date of 10/08/24 and lacked evidence of documentation of TB testing. - Review of Certified Medication Aide (CMA) E's employee record revealed a hire date of 08/05/24 and first step of TB testing administered 11/04/24 with no second step. CMA E's record lacked evidence of documentation of completed TB testing.	S3310		

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S3310	Continued From page 5 On 01/08/25 at approximately 12:12 PM Administrative Nurse B confirmed CMA C, CMA D, and CMA E's records lacked evidence of documentation of completed TB testing. The June 2013 department's "Tuberculosis (TB) Guidelines for Adult Care Homes" documented each new employee and each new resident shall receive a two-step TB skin test and symptom screen questionnaire within seven days of employment or admission. The facility's undated "Infection Control" policy detailed all new employees received two-step skin test as soon as employment began.. The administrator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in KAR 26-39-105.	S3310		