

Acceptable  
POC  
9/16/15

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/26/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185444	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 08/11/2015
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NAME OF PROVIDER OR SUPPLIER  CAMBRIDGE PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 2020 CAMBRIDGE DRIVE LEXINGTON, KY 40504
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F 000 : INITIAL COMMENTS

An Abbreviated Survey investigating complaint KY 00023658 was initiated on 08/10/15 and completed on 08/11/15. The allegation was unsubstantiated with unrelated deficiencies cited at the highest Scope and Severity of an E.

F 164 : 483.10(e), 483.75(l)(4) PERSONAL SS=D : PRIVACY/CONFIDENTIALITY OF RECORDS

The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.

Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.

Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility.

The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law.

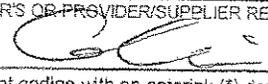
The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law, third party payment contract; or the resident.

F 000 : Plan of Correction  
Cambridge Place  
Abbreviated Survey 8/11/15

F 164 : Preparation and execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiency. This plan of correction is prepared and executed solely because it is required by federal and state law.

8/28/2015

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE  
Administrator

(X8) DATE  
8/28/15

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 164 | Continued From page 1

This REQUIREMENT is not met as evidenced by:  
Based on observation, interview and review of the facility's policy, it was determined the facility failed to ensure residents' had the right to personal privacy and confidentiality of their personal information and clinical records as evidenced by observation on initial tour of the facility of treatment book open and an unsampled resident's Treatment Administration Record (TAR) in view of residents, staff and visitors.

The findings include:

Review of the facility's policy titled, "Overview of Policies and Procedures on Privacy and Security", revised 09/23/13, revealed residents' should expect privacy and confidentiality in regards to their own Personal Health Information (PHI). Per the Policy, management was responsible for monitoring the actions of all staff regarding residents' PHI on paper and computer format. Continued review revealed staff were obligated to make sure residents' PHI was not disclosed inappropriately, accidentally or negligently. Further review revealed PHI terminals (computer screens) were not to be visible to residents, staff were never to leave medical records or forms out where others could see them and data should never be released without the express specific written consent of the resident.

Observation, on 08/10/15 at 3:55 PM, during the initial tour of the facility's North West Wing revealed the treatment book open to an unsampled resident's TAR and no staff present near the treatment cart or in the hallway.

F 164

F 164 PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS

The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.

Criteria 1: The Treatment Administration Record (T.A.R.) on North East Wing treatment cart was immediately closed on 8/10/15 when observed by staff members that the T.A.R. was open in order to protect resident confidentiality.

Criteria 2: All M.A.R.s (Medication Administration Records) and T.A.R.S. (Treatment Administration Records) on medication and treatment carts in the facility were immediately audited on 8/10/15 by the Director of Nursing to ensure they were closed in order to protect resident confidentiality when not in use.

Criteria 3: -L.P.N.'s, R.N.'s, and C.M.T.'s will have received in-service education from the Staff Development Coordinator (SDC), Director of Nursing (DON), Assistant Director of Nursing (ADON), Unit Coordinators, and/or Nurse Supervisors by 9/10/15 on resident confidentiality, including but not limited to, compliance to ensure all M.A.R.s and T.A.R.S are closed when not in use in order to protect resident confidentiality. A Continuous Quality Improvement (CQI) audit tool addressing resident confidentiality, including but not limited to, compliance to ensure all M.A.R.s and T.A.R.S are closed when not in use in order to protect resident confidentiality has been developed and approved by the Quality Assurance (QA) committee.

Criteria 4: The CQI audit tool addressing resident confidentiality, including but not limited to, compliance to ensure all M.A.R.s and T.A.R.S are closed when not in use in order to protect resident confidentiality will be utilized on 100% of all medication and treatment carts. The CQI audit tool will be utilized on different shifts by the Unit Coordinators, Nurse Supervisors, SDC, ADON, and/or DON daily x 2 weeks, weekly x 4 weeks, monthly X 3 months, then quarterly thereafter as per the established CQI calendar, under the supervision of the Director of Nursing.

Criteria 5:

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F 164	<p>Continued From page 2</p> <p>Continued observation revealed the treatment book remained open and unattended for five minutes (5) and in view of residents, staff and visitors.</p> <p>Interview, on 08/11/15 at 11:15 AM, with Licensed Practical Nurse (LPN) #5 revealed the treatment cart should not be left unattended and the treatment book should not be left open as the information in it could be accessible to residents, visitors and other staff.</p> <p>Interview, on 08/11/15 at 1:50 PM, with the Director of Nursing (DON) revealed leaving the treatment book open on the treatment cart was a violation of a resident's right for confidentiality. Per interview, the treatment book should have been closed or the resident's information covered in a manner to protect confidentiality.</p> <p>Interview, on 08/11/15 at 1:55 PM, with the Administrator revealed the treatment book should not have been left open on the treatment cart and was a violation of a resident's right to confidentiality.</p>	F 164	
F 323 SS=E	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced</p>	F 323	

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F 323 | Continued From page 3  
by:  
Based on observation, interview and review of the facility's policy, it was determined the facility failed to provide a safe and secure environment for residents in order to prevent accident hazards as much as possible as evidenced by observation on initial tour, of a medication cart and a treatment cart left unlocked and unattended by licensed staff.

The findings include:

Review of the facility's policy titled, "Medication Storage in the Facility", not dated, revealed medication and biologicals should be stored safely, securely and properly.

Interview, on 08/11/15 at 4:00 PM, with the Administrator revealed there were no Material Safety Data Sheets (MSDS) for drugs or items on the treatment cart. Per interview, MSDS were only available for chemicals.

Observation, on 08/10/15 at 3:50 PM, revealed the medication cart on the South West Hall was unlocked and unattended by licensed staff. Continued observation, at that time, revealed the treatment cart on the same hall was also unlocked and unattended by licensed staff and had a container of Sani-Cloth Bleach wipes, alcohol prep pads and skin prep pads present on the cart.

Observation of the contents of the treatment cart revealed one (1) Derma Daily Lotion which noted keep out of the reach of children; two (2) Mupirocin Ointment 2%, with a caution label stating external use only; four (4) packs of Lemon Glycerin Swabs with a caution stating external

F 323 | F 323 ACCIDENTS AND SUPERVISION  
The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.

Criteria 1: The medication cart and treatment cart on North East Wing was immediately locked on 8/10/15 for resident safety when observed by staff members that both carts were unlocked.

Criteria 2: All medication and treatment carts in the facility were immediately audited on 8/10/15 by the Director of Nursing to ensure they were secure and locked for resident safety when not in use.

Criteria 3: -L.P.N.'s, R.N.'s, and C.M.T.'s will have received in-service education from the Staff Development Coordinator (SDC), Director of Nursing (DON), Assistant Director of Nursing (ADON), Unit Coordinators, and/or Nurse Supervisors by 9/10/15 on compliance with the security/locking of medication and treatment carts when not in use to ensure resident safety. A Continuous Quality Improvement (CQI) audit tool addressing the compliance with the security/locking of medication and treatment carts when not in use to ensure resident safety has been developed and approved by the Quality Assurance (QA) committee.

Criteria 4: The CQI audit tool addressing the compliance with the security/locking of medication and treatment carts when not in use to ensure resident safety will be utilized on 100% of all medication and treatment carts. The CQI audit tool will be utilized on different shifts by the Unit Coordinators, Nurse Supervisors, SDC, ADON, and/or DON daily x 2 weeks, weekly x 4 weeks, monthly X 3 months, then quarterly thereafter as per the established CQI calendar, under the supervision of the Director of Nursing.

Criteria 5:

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use only; one (1) box of Triple Antibiotic with a label noting external use only, keep out of the reach of children and if ingested contact Poison Control; and four (4) Voltaren Gel Topical which noted external use only, keep out of reach and use of children. Continued observation revealed the following product's label noted for external use only: three (3) bottles of Sensi-Care protective barrier cream; two (2) Bio Freeze Gel; eight (8) Double Antibiotic Ointment; two (2) Santyl containers; six (6) Clear moisture barrier ointment; one (1) A and D ointment; three (3) Nystatin ointment; one (1) Men-phor-Anti Itch; one (1) Geri Hydralac 5; three (3) Ammonium Lactated; six (6) Hydrocortisone Valerate; one (1) Minerin Creme; nine (9) Skin repair creme; one (1) Selenium Sulfide Shampoo; four (4) phytioplex Anti-fungal Powder; one (1) Selenium Blue Shampoo; two (2) Zinc Oxide Ointment Warning; three (3) urea lotion; one (1) Nystatin Powder; one (1) Anti-Dandruff Shampoo Blue; one (1) Aloe Vista; one (1) Selenium Sulfide Topical Solution; one (1) Lidocaine Prilocaine; one (1) Trolamine Salicylate; three (3) Moisture barrier Creme; two (2) Hydrophor Ointment; and one (1) Calcipotriene. Further observation revealed one (1) Enema for rectal use only and one (1) Hemorid ointment for rectal use only.

Review of the facility's MSDS for the PDI Sani-Cloth Bleach Germicidal Disposable Wipe Mixture, dated 03/03/11, revealed the product was noted as hazardous and if the product was ingested "get medical attention immediately". Continued review of the MSDS revealed if the product came into contact with eyes or skin it could cause redness, edema, minimal irritation, and drying and cracking of the skin. Further review revealed if the product came into contact

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F 323	Continued From page 5 with the eyes to call the poison control center or a Physician for treatment advice, and keep out of the reach of children.  Review of the facility's MSDS for the Alcohol Prep Pads, revised 01/30/04, revealed if swallowed the product could cause: irritation of the mouth, throat and digestive tract, and central nervous system depression. Continued review revealed if a large dose was ingested the product could cause dizziness, drowsiness, headache, mental confusion, nerve damage leading to numbness and muscle weakness, fall of blood pressure, and liver and lung damage. Further review of the MSDS revealed if the product was ingested and there was difficulty breathing, give oxygen and "obtain medical attention immediately".  Review of the facility's MSDS for the Skin Prep Wipes, dated 09/16/11, revealed if ingested the product might cause drowsiness, burning of the gastrointestinal tract, pain, cramps, nausea, vomiting and death. Continued review of the MSDS revealed if ingested provide first aid, contact the poison control center or Physician immediately for instructions and get appropriate paramedic or community medical support.  Interview, on 08/11/15 at 11:15 AM, with Licensed Practical Nurse (LPN) #5, at 1:30 PM with LPN #3 and at 1:32 PM with LPN #4, revealed the medication and treatment carts should be locked at all times when not in direct view of the nurse. LPN #5 stated if the carts were left unlocked and unattended a resident, visitor or staff member could access the items stored on the carts and take them or ingest the items stored there.  Interview, on 08/10/15 at 3:55 PM, with the	F 323			

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F 323	<p>Continued From page 6</p> <p>Director of Nursing (DON) revealed her expectations were for licensed staff to keep the medication and treatment carts locked when unattended and to follow the facility's Medication Storage Policy. Per interview, a resident, visitor or other staff could access the unlocked carts and if confused a resident might ingest the items stored on the carts and harm them.</p> <p>Interview on 08/11/15 at 1:55 PM, Administrator revealed she expected the medication and treatment carts to be locked at all times when unattended by the licensed staff. She stated leaving the medication and treatment carts unlocked and unattended could cause harm to residents and/or visitors.</p>	F 323		
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