

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 445190	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/10/2020
NAME OF PROVIDER OF SUPPLIER CAMBRIDGE HOUSE, THE		STREET ADDRESS, CITY, STATE, ZIP 250 BELLEBROOK RD BRISTOL, TN 37620	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0686 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy, record review, observation, and interview, the facility failed to follow infection control guidelines during a pressure ulcer dressing change for 1 resident (#33) of 2 residents reviewed for pressure ulcers. The findings include: Review of the facility policy titled, Standard Precautions, revised 12/2007, .Wash hands after removing gloves . Review of the medical record, showed Resident #33 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of a Physician's Order dated [DATE]20, showed to cleanse stage 2 (pressure ulcer) on left heel with wound cleanser, treat with solesite gel (wound treatment) dressing every day as needed. Observation in the resident's room on 3/10/2020 at 7:51 AM, showed the Wound Care Nurse, with gloved hands, removed the dirty dressing from the resident's left heel; removed the unclean gloves from her hands; donned new gloves with unclean hands and completed the dressing change with unclean hands. During an interview on 3/10/2020 at 8:10 AM, the Wound Care Nurse stated she failed to disinfect her hands after glove removal during Resident #33's pressure ulcer dressing change.		
F 0689 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy, record review, observation, and interview the facility failed to implement a new intervention to prevent falls for 1 resident (#33) of 3 residents reviewed for falls. The findings include: Review of the facility policy titled, Falls-Clinical Protocol, revised 3/2018, showed .Treatment/Management .the staff and physician will identify pertinent interventions to try to prevent subsequent falls and to address the risks of clinically significant consequences of falling . Review of the medical record showed Resident #33 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of the Annual Minimum Data Set assessment dated [DATE], showed Resident #33 had severe cognitive impairment and required extensive assistance for transfer, personal hygiene, dressing, and toileting. Review of the facility investigation dated 12/22/2019, showed the resident had an unwitnessed fall without injury, in the resident's room. The new intervention implemented was .med review; NP (Nurse Practitioner)/MD (Physician) to review chart . Observation on [DATE]20 at 3:12 PM, showed Resident #33 seated in a wheelchair with a chair alarm in place. During an interview conducted on 3/10/2020 at 8:30 AM, the Director of Nursing confirmed a medication review by the NP or Physician was not completed and the facility failed implement a new intervention after the fall for Resident #33.		
F 0730 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Observe each nurse aide's job performance and give regular training. Based on facility documentation and interview the facility failed to conduct annual competency evaluations and failed to ensure the mandatory annual 12 hours of Certified Nursing Assistant (CNA) in-service training was completed for 13 of 17 CNAs reviewed. The findings include: Review of facility documentation In-Service Records showed CNAs (#1 and #3) received 0.5 hours of in-service training in the past year and did not include the required dementia training. Review of facility documentation In-Service Records showed CNAs (#6, #7 and #8) received 1 hour of in-service training in the past year and did not include the required dementia training. Review of facility documentation In-Service Records, showed CNAs (#2, #5, #9, #10, and #11) received 1.5 hours of in-service training in the past year and did not include the required dementia training. Review of facility documentation In-Service Records, showed CNAs (#4, #12, and #13) received 2 hours of in-service training in the past year and did not include the required dementia training. During an interview conducted on 3/8/2020 at 3:47 PM, the Director of Nursing confirmed that no documentation was available regarding staff competency evaluations and the CNAs had not completed the mandatory 12 hours of in-service training. During an interview conducted on [DATE]20 at 12:40 PM, the Administrator stated, We are falling short on staff competency evaluations, dementia training, and the CNA in-service hours. The Administrator confirmed that annual staff competency evaluations were unable to be located and that the CNAs had not completed the required 12 hours of mandatory in-service training.		
F 0758 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy, record review, and interview the facility failed to attempt a Gradual Dose Reduction (GDR) of [MEDICAL CONDITION] medications for 1 resident (#13) and failed to provide a rationale for continued use of an as needed (PRN) antianxiety medication beyond 14 days for 1 resident (#16) of 6 residents reviewed for unnecessary medications. The findings include: Review of the facility policy titled, Tapering Medications and Gradual Dose Reduction, revised (NAME)2007, showed .All medications shall be considered for possible tapering .The Physician will order appropriate tapering of medications. Residents who use antipsychotic drugs shall receive gradual dose reductions .After the first year, the facility shall attempt a GDR at least annually . Review of the medical record showed Resident #13 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of a Physician's Telephone Order dated 3/26/2018, showed [MEDICATION NAME] (antidepressant) 15 milligrams (mg) by mouth at bedtime. Review of a Quarterly Minimum Data Set (MDS) assessment dated [DATE], showed that Resident #13 received antidepressant medications on all 7 days of the look back period. Observation on 3/10/2020 at 8:22 AM, showed Resident #13 seated in the dining room drinking and awaiting breakfast tray with no behaviors. During an interview conducted on 3/10/2020 at 9:15 AM, the Director of Nursing (DON) confirmed that a GDR had not been attempted for [MEDICATION NAME] for Resident #13 since the medication was ordered on [DATE]. Review of the medical record showed Resident #16 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of the annual MDS dated [DATE], showed Resident #16 had no moods or behaviors and the resident received antianxiety medications on all 7 days of the look back period. Review of the Continuance of Therapy Prescription order dated 1/14/2020 showed [MEDICATION NAME] (medication to treat anxiety) 0.5mg by mouth twice daily PRN for 60 days. Review of a Physician's Telephone Order dated 1/14/2020 showed a stop date on the PRN [MEDICATION NAME] for 3/13/2020. Review of the Medication Administration Record [REDACTED]. Observation of Resident #16 on [DATE]20 at 9:40AM, revealed the resident lying in bed with no behaviors exhibited. During an interview conducted on 3/10/2020 at 7:56 AM, Registered Nurse #1		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

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 0758 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few F 0791 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>(continued... from page 1) confirmed that the [MEDICATION NAME] was written on 1/14/2020 for 60 days and should have been written every 14 days.</p> <p>Provide or obtain dental services for each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy, record review, observation, and interview the facility failed to ensure dental services were provided for 2 residents (#29, #32) of 24 residents reviewed. The findings include: Review of the medical record, showed Resident #29 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of a medical record showed Resident #29 signed a consent for dental treatment on 12/12/2016. Review of a Speech Therapy Evaluation and Treatment note dated 11/5/2019, showed .Pt (Patient) c/o (complains of) pain during mastication (chewing). Patient states he has a sore under lower dentures. He is on the list to see the dentist. Nursing and MD (Medical Doctor) are aware . During an interview conducted on 3/8/2020 at 10:18 AM, Resident #29 stated he had a sore on his lower gum and had requested to see a dentist and the facility had not provided dental services for him.</p> <p>Review of the medical record showed Resident #32 was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. Review of a dental treatment note, undated, showed pt. (patient) seen for initial exam. Pt is edentulous and wears a full upper and lower denture. The fit is poor .Impressions taken for wax rims . Review of dental treatment note dated 9/4/2019, showed Pt. seen for wax rim. Try in Impressions today . Observation and interview conducted on [DATE]20, at 10:00 AM, with Resident #32 revealed the resident had no teeth. The Resident stated had impression made months ago for new upper and lower dentures. Resident stated the dentist informed her, would have her new dentures in 2 weeks. The Resident stated had not seen the dentists since impression were made. The Resident stated old dentures do not fit. Review of the Resident Council minutes dated 1/13/2020, showed there was a concern that the dentist had not been at the facility to provide services to the residents. During an interview conducted on [DATE]20 at 11:10 AM, with the Social Service Director, stated the facility was aware of the delay of dental services. The Social Service Director stated Resident #32 has been waiting on her dentures for least 6 months and Resident #29 has been waiting for dental services for months as well. During an interview conducted on 3/10/2020 at 10:05 AM, with the Administrator confirmed the facility was aware of the delay of providing dental services to residents in the facility.</p> <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on facility policy, observation, and interview, the facility failed to ensure temperature logs were maintained for 1 of 1 nourishment room refrigerator observed. The findings include: Review of the facility policy titled, Refrigerators and Freezers, revised 12/2014, showed .tracking sheets for all refrigerators and freezers will be posted .check and record .temperatures daily . Observation of the nourishment room on 3/10/2020 at 9:20 AM, showed the temperature log was posted beside the refrigerator. The log reflected a time period of 12/4/2018 to 3/5/2019. Temperature recordings were not listed on a daily basis and no recent recordings of temperatures were available for review since 3/5/2019. During an interview conducted on 3/10/2020 at 9:30 AM, the Dietary Manager confirmed the process for recording refrigerator and freezer temperatures was a daily function, there were no recordings of temperatures since 3/5/2019, and the facility had not followed the process for proper recordings of temperatures daily.</p> <p>Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy, record review, and interview, the QAPI committee failed to correct identified quality concerns for 2 residents (#29 and #32) of 24 residents reviewed for dental services, failed to conduct annual competency evaluations and failed to ensure the mandatory annual 12 hours of Certified Nursing Assistant (CNA) in-service training had been completed for 13 of 17 CNAs reviewed. The findings include: Review of the facility policy titled, Administrative Management (Governing Board), revised October 2017, showed .The governing board is responsible for .Oversight of facility care and services in accordance with professional standards of practice and principles .Quality Assurance and Performance Improvement program .Staff orientation, training and development programs . Review of the facility policy titled, Medical Quality Assurance /Performance Improvement Program, revised September 2017, showed .Physician and other healthcare practitioner services will be timely and clinically appropriate . Review of the medical record showed Resident #29 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of a Speech Therapy Evaluation note dated 11/5/19 showed patient complained of lower dentures. He is on the list to see the dentist. Nursing and medical doctor are aware. During an interview conducted on 3/8/2020 at 10:18 AM, Resident #29 stated the facility is aware that he was supposed to see the dentist. During an interview conducted on [DATE]20 at 11:10 AM, the Social Worker confirmed she was made aware by staff that Resident #29 had a sore on his gums and he was put on the list to see the dentist but the facility had not been able to get a dentist to see him. Review of the medical record showed Resident #32 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. During an interview conducted on [DATE]20 at 11:10 AM, Resident #32 stated an impression was made for upper and lower dentures and the dental staff told her when impressions were made her dentures would be ready in 2 weeks. She stated that had been over a year ago that she was waiting on her dentures The resident stated she was not able to wear old dentures because they non longer fit. Resident #32 stated she had never received her upper and lower dentures from the dentist. During an interview conducted on [DATE]20 at 11:10 AM, the Social Worker confirmed she was aware that there had been a delay in residents receiving dental services at the facility. During an interview conducted on [DATE]20 at 1:20 PM, the Social Worker confirmed the dentist had not been to the facility since 9/9/2019. The Social Worker confirmed the DON and Administrator had been made aware that the dentist had not been at the facility. During an interview conducted on 3/10/2020 at 10:05 AM, the Administrator confirmed he was aware of the delay in dental services. Review of facility documentation In-Service Records showed CNAs had not completed the mandatory 12 hours of in-service training. During an interview conducted on 3/8/2020 at 3:47 PM, the DON stated after the Staff Coordinator left in July it was brought to the QAPI meeting and our plan was to find someone to fill the Staff Development position. During an interview conducted on [DATE]20 at 9:08 AM, the Administrator revealed when we identify an issue we take it to the QAPI monthly meetings and put together an action plan with objectives then we execute and follow through with the action plan. During an interview conducted on [DATE]20 at 12:40 PM, the Administrator confirmed it had been discussed in QAPI after our Staff Development Coordinator left in July but we are falling short on staff competency evaluations, dementia training, and CNA in-service hours at this time. The Administrator confirmed it's ultimately my responsibility to correct the identified deficiencies .the buck stops here .</p>		
F 0812 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many			
F 0867 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few			