

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675901	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/15/2025
NAME OF PROVIDER OR SUPPLIER Cambridge Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1106 Golfview Richmond, TX 77469	

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)
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record reviews, the facility failed to provide pharmaceutical services including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals to meet the needs of each resident for one (Resident #21) of 23 residents reviewed for pharmacy services.</p> <p>The facility failed to ensure MA A administered the medication Sevelamer Carbonate (a Phosphate binding medication to control Phosphorus levels for hemodialysis patients) with a meal to Resident #21 as ordered by the resident's physician.</p> <p>This failure to provide medications as ordered could lead to residents not receiving the care they require to reach their highest physical, mental and emotional wellbeing.</p> <p>Findings included:</p> <p>Review of Resident #21's admission face sheet undated reflected he was a [AGE] year-old male who was admitted to the facility on [DATE] and readmitted [DATE]. His diagnoses included end stage renal disease, and type 2 diabetes mellitus with diabetic chronic kidney disease.</p> <p>Record review of Resident # 21's quarter MDS (a standardized assessment tool used to evaluate a residents functional, medical, psychosocial and cognitive status) dated 03/18/2025 indicated a BIMS (a brief cognitive screening that focuses on orientation and short-term word recall) score of 6 reflecting moderate cognitive impairment. The MDS indicated that Resident # 21 required set up or clean up assistance with eating.</p> <p>Record review of Resident #21's Care Plan, date initiated 03/10/2025, reflected the following:</p> <p>Focus: Resident needed hemodialysis related to renal failure</p> <p>Goal: Resident would have no signs or symptoms of complications from dialysis.</p> <p>Intervention: Monitor labs and report to doctor as needed.</p> <p>Record review of Resident #21's Physician's Order Summary Report active orders dated as of 05/14/2025 reflected the following orders: Sevelamer Carbonate Oral Tablet 800 MG Give 2 tablets by mouth three times a day for renal. Take with meals order dated 03/09/2025.</p> <p>(continued on next page)</p>

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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675901	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/15/2025
NAME OF PROVIDER OR SUPPLIER Cambridge Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1106 Golfview Richmond, TX 77469	
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)		
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident #21's MAR dated 05/01/2025-05/31/2025 revealed Sevelamer Carbonate Oral Tablet 800 MG Give 2 tablets by mouth three times a day for renal. Take with meals order dated 03/09/2025. The medication was documented as administered on 05/13/2025 at 4:00PM by MA A.</p> <p>An observation and interview on 05/13/2025 at 3:11 PM revealed MA A removed two tablets from the Sevelamer Carbonate medication container. Review of the medication container at this time revealed Take With Meal. As the observation continued Resident #21 was awake and alert sitting on the side of his bed. No food or snacks were observed in the resident's room. Resident #21 was administered the Sevelamer Carbonate by MA A. In an interview at that time, Resident #21 stated he ate his lunch a long time ago and dinner would not be until about 5:00 or 5:30 PM. During the medication administration, the MA did not ask Resident #21 if he had any snacks or needed something to eat.</p> <p>In an interview on 05/14/2025 at 4:45 PM, the facility Pharmacist stated Sevelamer Carbonate was a phosphorus binding medication. The Pharmacist stated the food was needed for the absorption of the medication. The Pharmacist stated taking the medication without food had no major risk except possibly the phosphorus level could go high . He stated the medication was often for short term use. The pharmacist stated this was not a life sustaining drug, and it was not a drug that needed to be administered at the same time.</p> <p>In an interview on 05/14/2025 at 5:03 PM, the HD Nurse stated Sevelamer Carbonate was a Phosphorus binder to help keep the patient's phosphorus levels within normal limits. The HD Nurse stated this medication was not a life sustaining medication. The nurse stated the medication did not need to be given at the same time daily. The risk of not giving the medication with food was absorption of the medication because food was needed for the proper absorption of the medication resulting in high phosphorus levels.</p> <p>In an interview on 05/14/2025 at 5:11PM, the NP stated this medication was given to help control phosphorus for hemodialysis residents. The NP stated the risk was subjective due to the levels being controlled by diet also. The food was to be given with the medication because it was needed for the absorption of the medication.</p> <p>In an interview on 05/15/2025 at 11:10 AM, the DON stated the medication was a phosphorus binder. The risk of not giving with food was poor absorption of the medication. When special instructions for medication administration were needed, the DON stated she expected the physician orders and medication container to be read. The DON stated she would educate on medication administration.</p> <p>In a phone interview on 05/15/2025 at 11:30 AM, MA A stated that she did remember she gave the medication to Resident #21. MA A stated he usually had crackers in the room. MA A stated she did not remember seeing any snacks in the room. MA A stated she did not ask the resident if he had any snacks or needed something to eat with the medication. MA A stated she normally read the medication container so she knew any special instruction for medications. MA A stated it was not done this time because she was being observed. MA A stated she would take more time to read containers before giving a medication. MA A stated she would make sure food was available or provided if needed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675901	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/15/2025
NAME OF PROVIDER OR SUPPLIER Cambridge Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1106 Golfview Richmond, TX 77469	

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)
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 05/15/2025 at 11:59 AM, the Administrator stated she was notified of the medication error. The Administrator stated her expectations were the medications was administered following the resident rights. The Administrator stated the risk of not administering with food was absorption because the medication needed food to absorb to work. She stated to prevent this again, medication administration would be monitored, and they would in-service staff on medication administration.</p> <p>Record review of the facility's policy titled Administering Medications revised dated April 2020 read in part . Policy Statement Medications shall be administered in a safe and timely manner, and as prescribed .2. Medications must be administered in accordance with the orders, including yny required time frame .</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675901	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/15/2025
NAME OF PROVIDER OR SUPPLIER Cambridge Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1106 Golfview Richmond, TX 77469	

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)
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observations, interviews, and record review, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety in 1 of 1 kitchen reviewed for food procurement.</p> <p>1.</p> <p>The facility failed to ensure foods were dated as opened after usage.</p> <p>2.</p> <p>The facility failed to ensure that dietary staff did not leave a disposable plastic cup to scoop the cornmeal out of the container.</p> <p>These failures could place residents at risk of cross-contamination and foodborne illness.</p> <p>Findings included:</p> <p>During an observation on 05/13/2025 at 08:12 AM, an initial tour of the kitchen was conducted with the dietary manager of a walk-in dry storage area in the kitchen. Observation revealed that half of a 5-gallon bag of uncooked enriched macaroni that was open and undated. Further observation revealed a plastic cup was also left in a large container of cornmeal.</p> <p>During an interview on 05/15/25 at 10:18 AM, [NAME] A said all items should have dates on the items when they receive it. She also said a plastic cup should never be left in the cornmeal container because it can cause cross-contamination. [NAME] A said the staff was in-serviced 2 weeks ago on cross-contamination.</p> <p>During an interview on 05/15/25 at 10:21 AM, the Dietary manager said all items in the kitchen should be dated. She said the risk of leaving the cup in the cornmeal was cross contamination.</p> <p>During an interview on 05/15/25 at 2:00 PM, the Administrator said the dietary staff should not have had a disposable cup in the cornmeal container. She said her expectations were for staff to follow the dietary policy. She said the risk of leaving the cup in the container was an infection control concern.</p> <p>Record review of the Record review of the Food Receiving and Storage policy, last revised on 07/2014 revealed . Foods shall be received and stored in a manner that complies with safe food handling practices. 13. Food items and snacks kept on the nursing units must be maintained as indicated below: e. e. Other opened containers must be dated and sealed or covered during storage .</p>