Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B023021	A. BUILDING: _____ B. WING _____	02/11/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIDGE HAVEN THREE MADEL'S HOUSE	1701 RESEARCH PARK BLDG #3 LAWRENCE, KS 66044

(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 citations are the result of a survey for licensure conducted on 2/10/20, 2/11/20 at the above named home plus facility in Lawrence, KS.	S 000		
S5315 SS=E	26-42-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the home in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the home in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the home. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration.	S5315		

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

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S5315	Continued From page 1 This REQUIREMENT is not met as evidenced by: KAR 26-42-205(h) The facility reported a census of 12 residents. The sample included 3 residents and 2 non-sampled residents. Based on observation and interview, the licensed nurses and medication aides failed to ensure all medications and biologicals were securely and properly stored in accordance with each manufacturer's recommendations or those of the pharmacy provider and with federal and state laws and regulations. Findings included: - Observation on 2/10/20 at 2:30pm in the padlocked nursing closet refrigerator, with licensed nurse #B and certified staff #C, the following narcotic medications were stored: For resident #210; MSO4 liquid, (Morphine sulfate), (narcotic for pain) 100mg/5ml (milligrams/milliliter), fill date of 9/27/19. For resident #213; MSO4 liquid, 100mg/5ml, fill date 12/18/19. For resident #214; MSO4 liquid, 100mg/5ml, fill date 4/1/19. Boxes are labeled to store at room temperature: 68-77F (degrees Fahrenheit.) Website: drugs.com recorded storage for MSO4 oral liquid is: room temperature 68-77F.	S5315		

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S5315	Continued From page 2 Interview on 2/10/20 at 2:30pm with certified staff #C stated she did not know the medications were to be stored at room temperature. She confirmed they have always been stored in the refrigerator. Interview on 2/10/20 at 2:30pm with licensed nurse #B stated she knew the medication was to be stored at room temperature was not aware the medications were in the refrigerator. For residents #210, 213, 214, the operator failed to ensure all medications and biologicals were securely and properly stored in accordance with each manufacturer's recommendations or those of the pharmacy provider and with federal and state laws and regulations.	S5315		