STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B023016	A. BUILDING: _____ B. WING _____	04/17/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIDGE HAVEN VILLAGE	1701 RESEARCH PARK DRIVE LAWRENCE, KS 66049

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S 000	INITIAL COMMENTS The following citations are the result of a survey for re-licensure conducted on 4/15/19, 4/16/19, 4/17/19 at the above named home plus facility in Lawrence, KS.	S 000		
S5155 SS=E	26-42-204 (a) Health Care Services (a) The administrator or operator in each home plus shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(a) The facility reported a census of 11 residents. The sample included 3 residents. Based on record review, observation and interview for 2 sampled residents (#416, 417) who required health care services, the operator failed to ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement. Findings included: - Record review for resident #416 recorded admission date of 10/3/16 with diagnoses	S5155		

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

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S5155	Continued From page 1	S5155		

including: displaced Maisonneuves fracture of right leg, history of falling, difficulty walking, muscle weakness, lack of coordination, hypertension, diabetes mellitus type 2, vitamin d deficiency and obesity.

Functional Capacity Screen (FCS) dated 6/7/18 recorded resident required physical assistance with transfers and walk/mobility. Resident is at risk/ has a history of falls/unsteadiness.

Negotiated Service Agreement/ Health Care Service Plan (NSA/HCSP) dated 6/7/18 recorded "[Facility] staff to assist of 2 with Hoyer for all transfers; [facility] staff to assist of 1 with propelling wheelchair." Bed in lowest position while resident is in bed.

Observation on 4/16/19 at 4pm in resident's room revealed a fall mat on the floor beside the bed, resident asleep in bed.

NSA/HCSP lacked entry for resident use of a fall mat.

Interview on 4/16/19 at 4:12pm with licensed nurse #B confirmed resident uses a fall mat and the HCSP lacked an entry for resident use of a fall mat.

Record review for resident #417 recorded admission date of 3/29/19 with diagnoses including: cancer, constipation, hypertension and anemia.

FCS dated 3/29/19 recorded resident required physical assistance with transfers and walk/mobility. Resident does not have problems with communication or cognition. Resident is at risk/ has a history of falls/unsteadiness.

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S5155	Continued From page 2 NSA/HCSP dated 3/29/19 recorded [facility]staff will provide 2 person assist with gait belt for stand/pivot transfers and 2 person assist with pivot transfers-does not walk. Uses wheelchair for locomotion staff to propel. Observation on 4/16/19 at 3pm in residents room revealed a siderail attached to the twin bed. NSA/HCSP lacked an entry for resident use of a side rail. Interview on 4/16/19 at 4:12pm with licensed nurse #B confirmed resident sleeps in the bed, has a side rail, and HCSP lacked an entry for resident use of a side rail. For residents #416 and 417 who required health care services, the operator failed to ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement.	S5155		
S5205 SS=J	26-42-104 (a) Disaster and Emergency Preparedness a) The administrator or operator of each home plus shall ensure the provision of a sufficient number of staff members to take residents who would require assistance in an emergency or disaster to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-42-104(a)	S5205		

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S5205	Continued From page 3	S5205		

The facility reported a census of 11 residents. The sample included 3 residents. Based on record review and interview for 3 (#415, 416, 417) of 3 sampled residents and 2 non-sampled residents (#418, 419), the operator failed to ensure the provision of a sufficient number of staff on night shift to take these residents who required assistance of two staff for transfer to a secure location in an emergency. This failure placed residents in immediate jeopardy for harm, injury or death.

Findings included:

- Resident roster received 4/15/19 recorded 5 residents (#415, 416, 417, 418, 419) required two-person assist for transfers.

Record review for resident #415 recorded admission date of 7/19/16 with diagnoses of Alzheimer's dementia, anxiety, hyperlipidemia, osteoporosis, pain and folic acid deficiency.

Functional Capacity Screen (FCS) dated 7/13/18 recorded resident required physical assistance for transfers and walk/mobility.

Negotiated Service Agreement and health care service plan (NSA/HCSP) dated 7/16/18 recorded "[facility] staff will provide assist of 2 with Hoyer lift (mechanical device to move residents who cannot bear weight) for all transfers." And "[facility] staff will provide assist of 1 to propel

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S5205	Continued From page 4	S5205		

wheelchair for transfers." Evacuation plan: assist of 2 with Hoyer lift into wheelchair, then assist of 1 to propel wheelchair to safety.

Observations on 4/15/19 at 12:35pm and on 4/16/19 at 12:10pm in facility dining room revealed resident in a high back wheelchair with a Hoyer lift sling underneath the resident.

Record review for resident #416 recorded admission date of 10/3/16 with diagnoses including: displaced Maisonneuves fracture of right leg, history of falling, difficulty walking, muscle weakness, lack of coordination, hypertension, diabetes mellitus type 2, vitamin d deficiency and obesity.

FCS dated 6/7/18 recorded resident required physical assistance with transfers and walk/mobility.

NSA/HCSP dated 6/7/18 recorded "[Facility] staff to assist of 2 with Hoyer for all transfers; [facility] staff to assist of 1 with propelling wheelchair." Evacuation plan: Assist of 1 to propel wheelchair to safe area.

Record review for resident #417 recorded admission date of 3/29/19 with diagnoses including: cancer, constipation, hypertension and anemia.

FCS dated 3/29/19 recorded resident required physical assistance with transfers and walk/mobility. Resident does not have problems with communication or cognition.

NSA/HCSP dated 3/29/19 recorded [facility]staff will provide 2 person assist with gait belt for stand/pivot transfers and 2 person assist with

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S5205	Continued From page 5	S5205		

pivot transfers-does not walk. Uses wheelchair for locomotion staff to propel. Evacuation plan: assist of 2 with transfer: 1 person to propel wheelchair to safe area.

Interview on 4/16/19 at 3:00pm with resident, he/she confirmed it required 2 staff members with use of a gait belt to transfer resident, he/she is unable to transfer by self. Resident is alert and oriented with no memory deficits noted.

Interview on 4/15/19 at 2:17pm, licensed nurse #B stated:

residents #415 and 416 required assistance of 2 staff at all times to transfer with use of a Hoyer lift,
resident #417 required assistance of 2 staff with a gait belt for transfers, resident is able to bear weight but is large in body size,
resident #418 required assistance of 2 staff most of the time, with extensive cueing required.
resident #419 required assistance of 2 staff as resident cannot bear weight and required extensive cueing.
Interview on 4/15/19 at 2:17pm, licensed nurse #B stated facility staffing as follows:

Day shift: 7am to 3pm and evening shift: 3pm to 11pm: 2 staff are in the building: CMAs (certified medication aide) or CNAs (certified nurse's aide) and 8am to 8pm one additional CMA or CNA is present.

Night shift: 11pm to 7am: one certified staff member is in the facility, (either a CMA or CNA) and a "Float" person comes over from [the sister facility] next door, (approximately 100 feet away door to door) to help when needed.

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S5205	Continued From page 6 Review of staffing records recorded only one staff member was present in the facility from March 31, 2019 through April 14, 2019, with one staff assigned as a "floater". On 4/16/19, Administrative staff #C confirmed 1 staff was recorded as working in the facility from 11pm until 7am daily and the "floater" was recorded to be in the sister facility next door. Interview on 4/15/19 at 4:12pm with licensed nurse #B stated the "sister facility" also has 3 residents who required assistance of 2 staff for transfers. He/she stated sharing of staff/use of a float between the 2 facilities started sometime shortly after the sister facility opened, he/she has been employed at the facility since December of 2018. Sister facility has been open for approximately 2 years. Review of documentation of facility evacuation of residents documented an evacuation conducted on 6/1/18 when 2 staff evacuated 11 residents on day shift. The records lacked documentation of an evacuation with only 1 staff on duty. For residents #415, 416, 417, 418, 419 the operator failed to ensure the provision of a sufficient number of staff on night shift to take these residents who required assistance of two staff for transfer to a secure location in an emergency. This failure placed residents in immediate jeopardy for harm, injury or death. The jeopardy was removed on 4/15/19 at 4:45pm when licensed nurse #B provided the following plan: "Our plan from this moment forward is to have	S5205		

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S5205	Continued From page 7 [facility] staffed with at least two CMA or CNA staff at all times as long as there are residents that require a two-person assist." Signed by licensed nurse #B. Interview on 4/15/19 at 4:30pm, with certified staff #E, verified that he/she planned to work night shift (11pm- 7am) so 2 staff are present in the building on night shift.	S5205		
S5313 SS=F	26-42-205 (g) (3) Over the counter medication (g) (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 26-42-205(g) (3) The facility reported a census of 11 residents. The sample included 3 residents. The resident roster identified all residents as receiving medication management. Based on observations and interviews for all residents, the operator failed to ensure a licensed nurse or licensed pharmacist placed the full name of the resident on packages	S5313		

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S5313	Continued From page 8 of over-the-counter medications (OTCs). Findings included: - Observation during facility tour on 4/15/19 at 1:40pm in the facility medication overflow/ treatment cart with certified staff #D, revealed the following OTCs: In the 4th drawer: Hydrocil Instant (fiber laxative) 10.6 ounces, 2 bottles. Centrum silver (vitamin) 120 tablets, Dulcolax 5mg (milligram) tablets #50. Drawer 7: Equate Acetaminophen (pain) 5oomg, 500 tablets, In smaller medication cart: 2nd drawer: Vitamin D3 (supplement) 25 mcg (micrograms) tablets, 500 tablets, 3rd drawer: Real herbs (supplement) brand 15:1 extract, 50 tablets, 2 bottles; Aspirin (pain) 325mg, 500 tablets; Best Naturals B complex (supplement) B100, 120 tablets; plus 7 more OTC medications. 4th drawer: D3 50mcg, 200 tablets. OTC's lacked the full names of the residents. For all residents, the operator failed to ensure a licensed nurse or licensed pharmacist placed the full name of the resident on packages of over-the-counter medications (OTCs).	S5313		