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	B023016	A. BUILDING: _____ B. WING _____	06/05/2017

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

(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 licensure re-survey conducted at the above named home plus facility on 5/31/17, 6/1/17 and 6/5/17.	S 000		
S5028 SS=D	26-42-101 (f) (3) Staff Treatment of Residents Reporting (f) (3) Each allegation of abuse, neglect, or exploitation shall be reported to the administrator or operator of the home as soon as staff is aware of the allegation and to the department within 24 hours. The administrator or operator shall ensure that all of the following requirements are met: (A) An investigation shall be started when the administrator or operator, or the designee, receives notification of an alleged violation. (B) Immediate measures shall be taken to prevent further potential abuse, neglect, or exploitation while the investigation is in progress. (C) Each alleged violation shall be thoroughly investigated within five working days of the initial report. Results of the investigation shall be reported to the administrator or operator. (D) Appropriate corrective action shall be taken if the alleged violation is verified. (E) The department ' s complaint investigation report shall be completed and submitted to the department within five working days of the initial report. (F) A written record shall be maintained of each investigation of reported abuse, neglect, or exploitation. This REQUIREMENT is not met as evidenced by:	S5028		

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

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S5028	Continued From page 1 KAR 26-42-101 (f) (3) The facility reported a census of 9 residents. The sample included 3 residents. Based on record review and interview for 1(#531) sampled resident, the operator failed to ensure that allegation of abuse and neglect was reported to the department within 24 hours, an investigation was started when the operator was notified of an alleged violation, each allegation was thoroughly investigated, appropriate corrective action taken, and the department's complaint investigation reports was completed and submitted to the department within five working days of the initial report. Findings included: - Record review for resident #531 recorded admission date of 10/3/16 with diagnoses of: displaced Maisonneuve fracture of right leg, history of falls, difficulty walking, muscle weakness, lack of coordination, hypertension, diabetes mellitus II, vitamin d deficiency, gout and obesity. Functional Capacity Screen dated 7/28/16 recorded resident required assistance with toileting, transfer and walk/mobility and was incontinent of bowl and bladder. Resident had no cognition or communication problems. Negotiated service agreement dated 7/28/16 recorded resident to receive staff assistance with toileting, transfer and walking. Note on last page recorded: 4/18/17 "staff educated on assist x2 (two staff to assist) at all times with toileting." Resident health service plan (health care service	S5028		

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S5028	Continued From page 2	S5028		

plan) dated 7/28/16 recorded: resident incontinent of bowel and bladder needs assistance x2 with transferring to toilet, peri-care and changing brief/pad. Caregiver assist x2 for transfers. 8/9/16: hoyer lift for transfers only. Ambulation/mobility, assistance needed x2 caregivers.

Nurse's notes dated 4/18/17 at 6:40am recorded "Staff reports resident slid out of bed during brief change ..."

Nurse's notes dated 4/18/17 at 8:00am recorded injury to forehead measured 5.8 x 4.2 x 1.8cm with purple bruise and resident complained of headache, transferred to the emergency room.

Review of facility incident report dated 4/18/17 recorded Certified nurse aide (CNA) #J left resident room and CNA #K attempted to change resident's brief after CNA #J left to answer a call light, care planned for assist X2. CNA rolled toward him/her, no side rail on that side and fell to floor hitting head.

Interview on 6/1/17 at 11:15am with licensed nurse #B confirmed resident was a 2 assist for all care and one staff turned resident to change a brief, causing resident to fall out of bed resulting in an injury. He/she confirmed incident was not reported to the department.

Interview on 6/1/17 at 1:28pm with resident confirmed one staff turned him/her and he/she fell out of bed resulting in injury to his/her head.

For resident #531, the operator failed to ensure that allegation of abuse and neglect was reported to the department within 24 hours, an investigation was started when the operator was

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S5028	Continued From page 3 notified of an alleged violation, each allegation was thoroughly investigated, appropriate corrective action taken, and the department's complaint investigation reports was completed and submitted to the department within five working days of the initial report.	S5028		
S5165 SS=D	26-42-204 (e) Delegation of Duties (e) A licensed nurse may delegate nursing procedures not included in the nurse aide or medication aide curriculums to nurse aides or medication aides, respectively, under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(e) The facility reported a census of 9 home plus residents. The sample included 3 residents. Based on record review and interview for 1(#531) resident requiring insulin administration with an insulin pen, a nursing procedure not included in the medication aide curriculum, the operator failed to ensure the licensed nurse delegated the procedure to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. Findings included: - Review of resident records revealed 1 sampled resident (#531) who required administration of insulin with an insulin pen.	S5165		

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S5165	Continued From page 4 Review of personnel record for certified medication aides (CMA) #D hire date 5/4/17, CMA #E hire date 4/21/17 and CMA # G hire date 12/23/16, revealed documentation of assessment of competency by a licensed nurse for delegation of insulin administration with an insulin pen on 5/31/17. Interview on 6/1/17 at 11:55am with licensed nurse #B confirmed resident #531 received insulin injections prior to 5/31/17 and CMA's #D, E and G work the evening shift when resident received insulin. For 1(#531) resident requiring insulin administration with an insulin pen, a nursing procedure not included in the medication aide curriculum, the operator failed to ensure the licensed nurse delegated the procedure to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto.	S5165		
S5192 SS=F	26-42-206 (e) Food Preparation (e) Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature. (1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations.(2) Food in cans that have significant defects, including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be used. (3) Food provided by a resident ' s family or	S5192		

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S5192	Continued From page 5 friends for individual residents shall not be required to meet federal, state, and local laws and regulations. This REQUIREMENT is not met as evidenced by: KAR 26-42-206(e) The facility reported a census of 9 residents. The sample included 3 residents. Based on observation, record review and interview for all residents living in the facility and receiving meal services, the operator failed to ensure facility staff served food at the proper temperature. - Findings included: On 5/31/17 at 2:40pm requested facility food temperature monitoring logs. Received food temperature log for May 2017 with food temperatures recorded for days 1-31 for breakfast, lunch and dinner, cooked and served. Note at top reads: "*cooked to 160F, served at 140F" Log recorded food served at temperatures below 140F (degrees Fahrenheit) 80 times and below 135F, 15 times. Kansas Department of Agriculture Food Safety guidelines records hot food must be maintained at a temperature of 135F or above, cold foods at 41F or below.	S5192		

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S5192	Continued From page 6 Interview on 5/31/17 at 2:40pm with licensed nurse #B confirmed food log recorded hot food temperatures only, record lacked temperature monitoring of cold food. He/she did not know if food was reheated prior to serving when low food temperatures were recorded. He/she stated facility does not have a policy on food temperature monitoring. Interview on 6/1/17 at 1:28pm with a (confidential source) resident stated the food is "not good", it is sometimes cold, has been reheated twice making the meat tough and sometimes the mixed vegetables are still frozen in the middle. On 6/1/17 at 12:15pm observed 8 residents eat lunch, one resident to eat in his/her room later. For all residents living in the facility and receiving meal services, the operator failed to ensure facility staff served food at the proper temperature.	S5192		
S5195 SS=F	26-42-206 (f) (g) Facility Food Storage (f) Staff shall store all food under safe and sanitary conditions. Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. (g) Each home shall maintain at least a three-day supply of food to meet the requirements of the planned menus. This REQUIREMENT is not met as evidenced by: KAR 26-42-206(f)	S5195		

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S5195	Continued From page 7 The facility census equaled 9. Based on observation, record review and interview the operator failed to ensure the facility staff stored all food under safe and sanitary conditions. Findings included: - Observation of in facility small pantry on 5/31/17 at 1:10pm revealed the following: In upright freezer: food items open, with no contents label or open date recorded on them: 3 eggrolls in an open plastic bag and 6 chicken breasts in large zipper bag. In freezer/refrigerator: open can of mountain dew, not covered no open date, drawer containing individual serving cups of mixed fruit sitting in colored liquid, drawer containing blueberry yogurt with broken tortilla chips in the bottom. Observation in facility kitchen refrigerator on 5/31/17 at 1:30pm revealed a can of pineapple, open with tinfoil placed on t op, no open date. Observation in facility large pantry on 5/31/17 at 2:00pm revealed 2 chest freezers containing various meat items and pre-packaged sauces. Unable to locate thermometers in either freezer. On 5/31/17 review of facility "refrigerator/freezer temperature checklist" revealed temperature monitoring completed for 4 facility refrigerators and 5 freezers for 5/15, 5/19, 5/22, 5/26, 5/29, 6/2, 6/5 and 6/9. Interview on 5/31/17 at 2:40pm with licensed nurse #B confirmed the logs are for 2017, night staff monitors the temperatures and have	S5195		

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S5195	Continued From page 8 recorded temperatures for 6/2, 6/5 and 6/9, dates that have not occurred as of this re-survey. On 6/1/17 at 12:15pm observed 8 residents eat lunch, one resident to eat in his/her room later. For all residents of the facility, the operator failed to ensure the facility staff stored all food under safe and sanitary conditions.	S5195		
S5258 SS=F	26-42-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following information: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult carehome; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to work as a certified nurse aide. This REQUIREMENT is not met as evidenced	S5258		

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S5258	Continued From page 9 by: KAR 26-42-102 (d) The facility reported a census of 9 home plus residents. The sample included 3 residents. Based on record review and interview the operator failed to provide supporting documentation for criminal background checks of facility staff and contract staff at time of hire, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto for 3 certified staff (#D, E, F) and failed to obtain supporting documentation for evidence of certification at the time of hire for each employee performing a function that requires specialized education or training for 5 employees (#D,E, F, G and H) Findings included: - On 5/31/17 personnel record review for 5 recently hired staff revealed applications for Kansas Bureau of Investigations (KBI) checks for currently employed certified staff: Certified staff # D, hire date 5/4/17; no record of a KBI check completed. Certified staff #E, hire date 4/21/17; no record of a KBI check completed. Certified staff #F, hire date 3/10/17; first date of work 3/18/17, KBI check not completed until 3/29/17. Personnel record review for 5 recently hired staff recorded Kansas Registry checks completed on all 5 staff lacked evidence for the date information was requested for: Certified staff # D, hire date 5/4/17; Certified staff	S5258		

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S5258	Continued From page 10 #E, hire date 4/21/17; Certified staff #F, hire date 3/10/17; Certified staff #G, hire date 12/23/16; Certified staff #H, hire date 1/10/17. Interview on 6/1/17 with administrative staff #A and #C, confirmed first day of work for certified staff #F, confirmed lack of record of KBI checks for certified staff #D and #E and stated registry checks lacked request dates because facility computer system won't print out the dates. For 5 recently hired staff reviewed the operator failed to provide supporting documentation for criminal background checks of facility staff and contract staff at time of hire, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto for 3 certified staff and failed to obtain supporting documentation for evidence of certification for each employee performing a function that requires specialized education or training for 5 certified staff.	S5258		
S5300 SS=D	26-42-205 (d) (1-2) Facility Administration of Medications (d) Home administration of resident ' s medications. If a home is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for	S5300		

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S5300	Continued From page 11 which the home has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(d) The facility reported a census of 3 residents. The sample included 3 residents. Based on record review and observation for 1 resident (#531), the operator failed to ensure all medications and treatments were administered in accordance with a medical care provider's written order and professional standards of practice. Findings included: - Record review for resident #531 recorded admission date of 10/3/16 with diagnoses of: displaced Maisonneuve fracture of right leg, history of falls, difficulty walking, muscle weakness, lack of coordination, hypertension, diabetes mellitus II, vitamin d deficiency, gout and obesity. Functional Capacity Screen dated 7/28/16 recorded management of medications and treatments N/A (not applicable). Resident had no cognition or communication problems. Negotiated service agreement dated 7/28/16	S5300		

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S5300	Continued From page 12 recorded nursing service to be supervised: management of medications and medication management. Resident health service plan (health care service plan) dated 7/28/16 recorded: CMA (certified medication aide)/nurse will manage and administer all medications and treatments as ordered. Insulin will be drawn up by CMA/nurse, resident will self- inject. Resident May 2017 medication record recorded systane Ultra 0.3-0.4% (eye drops) one drop in each eye BID (twice daily)," not given by facility". Staff initials are not recorded as administered. Self-administration of medication form for resident dated 3/1/17 recorded resident able to safely and accurately self-administer systane drops. Interview on 6/1/17 at 1:05pm with licensed nurse #B stated resident "probably could administer his/her own medications but as a company we prefer to do the meds (medications)." He/she confirmed staff administered resident's systane eye drops and staff did not sign them off as administered. For resident #531, the operator failed to ensure all medications and treatments were administered in accordance with a medical care provider's written order and professional standards of practice	S5300		