| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | B023019 | A. BUILDING: _____ B. WING _____ | R 12/19/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BRIDGE HAVEN VILLAGE TWO | 1701 RESEARCH PARK DRIVE LAWRENCE, KS 66047 |

| (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<br><br>An offsite revisit survey was conducted on 12/19/2022 for all previous deficiencies cited on 11/21/2022. All deficiencies have been corrected as of the compliance date of 11/21/2022 , and no new noncompliance was found. The facility is in compliance with all regulations surveyed. | {S 000} | | |
| {S5195} SS=E | 26-42-206 (f) (g) Facility Food Storage<br><br>(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.<br>(g) Each home shall maintain at least a three-day supply of food to meet the requirements of the planned menus.<br><br>This REQUIREMENT is not met as evidenced by: | {S5195} | | |

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