

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  175539	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/04/2024
NAME OF PROVIDER OR SUPPLIER  Via Christi Village Ridge		STREET ADDRESS, CITY, STATE, ZIP CODE 3636 North Ridge Rd Bldg 400 Wichita, KS 67205	

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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>31078</p> <p>The facility census totaled 72 residents residing on four neighborhoods. Based on observation, interview, and record review, the facility failed to secure medications by the failure to lock two medication carts on two separate neighborhoods during administration of medications when nursing staff left the medication cart unlocked and unattended. This had the potential to affect 20 residents residing on neighborhood D2 and 20 residents on B2.</p> <p>Findings included:</p> <p>- On 04/03/24 at 11:35 AM, the medication cart on D2 neighborhood was unlocked with no nurse in the vicinity of the cart.</p> <p>On 04/03/24 at 11:35 AM, Licensed Nurse (LN) D reported there were 20 residents on the neighborhood who received medications from the medication cart. LN D stated the cart contained narcotics and insulins as well as other medications. LN D reported that all medication carts should be locked when unattended and confirmed that the medication cart was unlocked and unattended.</p> <p>On 04/04/24 at 09:12 AM, on B2 neighborhood, a medication cart was noted unlocked and unattended while LN C administered medications to a resident down the hallway.</p> <p>On 04/04/24 at 09:14 AM, LN C confirmed the medication cart was left unlocked and unattended, and stated he should lock the medication cart when he left the cart to give a resident their medications.</p> <p>On 04/04/24 at 09:37 AM, Administrative Nurse B stated that all medication carts should be locked when unattended.</p> <p>The facility policy named Storage of Medications dated 01/24 revealed compartments (including, but not limited to, drawers, cabinets, rooms refrigerators, carts and boxes) containing drugs and biological shall be locked when not in use, and trays or carts used to transport such items shall not be left unattended if open or otherwise potentially available to others.</p> <p>The facility failed to secure medications by the failure to lock two medication carts on two separate neighborhoods during administration of medications when the nursing staff left the medication cart unlocked and unattended.</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
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