STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175218	A. BUILDING _____ B. WING _____	C 03/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTVIEW OF DERBY REHABILITATION & HEALTH CARE CEN	**445 N WESTVIEW DR DERBY, KS 67037**

(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) COMPLETION DATE
F 000	INITIAL COMMENTS A complaint survey was conducted regarding the allegations in KS00185434, KS00186182, and KS00186209. The investigation revealed noncompliance was found related to the allegations and the following deficiencies were cited. This 2567 was electronically sent to the facility on 03/07/24.	F 000		
F 610 SS=D	Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated. §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: The facility reported a census of 60 residents which included two residents sampled for allegations of abuse. Based on interview and record review, the facility failed to suspend alleged perpetrator in response to an allegation of	F 610		

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

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.

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F 610	Continued From page 1	F 610		

abuse, neglect, exploitation, or mistreatment, to prevent further potential abuse for the residents of the facility on one of four halls (400 hall) of the facility while an investigation of abuse was in progress related to Resident (R)1.

Findings included:

- On 03/04/24 at 02:46 PM, Administrative Nurse A stated she received a report of an allegation of abuse on 02/27/24 from Certified Nurse Aide (CNA) B. The allegation included CNA C and Licensed nurse (LN) D restrained and dragged Resident (R)1 to her room and forced her to take medication on 02/25/24.

Administrative Nurse A confirmed she suspended LN D and CNA C on 02/28/24, the next day. She allowed CNA C to work the night shift on 02/27/24, 10:00 PM to 06:00 AM after she received the allegation of abuse. Administrative Nurse A stated she should have suspended CNA C to ensure the residents where safe from further potential abuse while an investigation was being conducted and an outcome completed.

Review of the nursing staff schedule and "Daily Assignment Sheets" documentation for 02/27/24 confirmed CNA C worked the night shift 10:00 PM to 06:00 AM.

The undated policy "Abuse, Prevention and Prohibition Policy," documentation included when an employee is the alleged perpetrator of abuse or neglect, that employee shall immediately be barred from any further contact with the residents through suspension, pending the outcome of the facility investigation.

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F 610	Continued From page 2 The facility failed to suspend alleged perpetrator in response to an allegation of abuse, neglect, exploitation, or mistreatment, to prevent further potential abuse for the residents of the facility on one of four halls (400 hall) of the facility, while an investigation of abuse was in progress.	F 610		