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 01/08/2025

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

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F 000	INITIAL COMMENTS The following citations represent the findings of complaint investigation #KS00192486, KS00192060, KS00191898 and KS00191879. The 2567 was electronically sent 1/23/25	F 000		
F 689 SS=G	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: The facility reported a census of 43 residents with three residents reviewed for accidents. Based on observations, interviews, and record reviews, the facility failed to ensure one resident remained free of accident hazards related to mechanical lift transfers when Resident (R) 1 obtained an injury on 11/15/24 at approximately 07:00 PM when an unknown staff member failed to safely operate the mechanical lift and transferred the resident without another staff member present. This deficient practice resulted in a fracture (broken bone) of R1's left patella (kneecap). Findings included: - Review of the Electronic Health Record (EHR) for R1 included diagnoses of cerebral palsy (a progressive disorder of movement, muscle tone	F 689		

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 689	Continued From page 1	F 689		

or posture caused by injury or abnormal development in the immature brain, most often before birth), diabetes mellitus type two (DM2 - when the body cannot use glucose, not enough insulin made or the body cannot respond to the insulin), blindness, and restless leg syndrome (RLS - a disorder that causes an overwhelming urge to move one's legs).

The "Annual Minimum Data Set (MDS)", dated 06/16/24 documented a "Brief Interview of Mental Status" score of 14, which indicated intact cognition. The assessment documented the resident utilized a wheelchair for locomotion and was dependent on staff for transfers.

The " Activity of Daily Living (ADL) Functional / Rehabilitation Potential Care Area Assessment [CAA]", dated 06/16/24 triggered for further development/review, but was not completed.

The "Quarterly MDS", dated 09/16/24 documented a "Brief Interview of Mental Status" score of 14, which indicated intact cognition. The assessment documented the resident utilized a wheelchair for locomotion and was dependent on staff for transfers.

The 12/29/24 "Care Plan" documented on 06/13/19 R1 had an ADL deficit related to diagnoses of cerebral palsy and blindness and documented R1 required a mechanical lift with two-person assistance for transfers.

The "Care Plan" lacked documentation or intervention related to the injury obtained on 11/15/24.

The "Progress Notes" documented:

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F 689	Continued From page 2	F 689		

On 11/15/24 at 08:15 PM, R1 complained of pain to both knees and the left was more painful than the right. The writer documented that R1's knees "popped" when R1 was being transferred with a mechanical lift. R1 requested to be sent to the Emergency Department (ED) for further evaluation and was transferred to the hospital via Emergency Medical Services (EMS).

On 11/16/24 at 01:50 PM, the facility received notification from the ED where R1 was sent that R1 had sustained a non-displaced fracture of the left patella, and the facility notified the resident and the resident's physician.

During an interview on 01/08/25 at 12:23 PM, R1 revealed on 11/15/24 at approximately 07:00 PM, one unknown staff member assisted her with the use of a mechanical lift. R1 revealed the unknown staff member was impatient and did not want to wait for a second staff member to assist. R1 stated during the lift procedure her legs hit an unknown metal object, she felt a "pop", and immediately felt pain. R1 revealed after the lift procedure was completed, she was evaluated by the nurse and requested to go to the ED for further evaluation and treatment. R1 reported the ED initially diagnosed her knee injury as a sprain but called the next day to report a fracture of the left patella.

During an interview on 01/08/25 at 01:39 PM, Certified Nurse Aide (CNA) D revealed staff should always utilize two staff members when operating a mechanical lift, one to operate the controls, and the other to ensure the resident remained safe.

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F 689	Continued From page 3	F 689		

During an interview on 01/08/25 at 01:55 PM, CNA E revealed staff should always utilize two staff members when operating a mechanical lift and that no exceptions existed where one staff member could safely operate the lift without a second staff member present for safety reasons.

During an interview on 01/08/25 at 01:57 PM, Licensed Nurse (LN) F revealed for safety reasons, staff should always utilize two staff members when operating a mechanical lift. LN F revealed that if one CNA had a resident hooked up to the mechanical lift and a second staff member was unavailable, that the staff member should contact the nurse on duty who would assist with the transfer.

During an interview on 01/08/25 at 01:59 AM, Administrative Nurse C revealed the expectation was for two staff members to be present to complete mechanical lift transfers, one to operate the controls and the other to ensure resident safety as documented in R1's care plan.

The facility's "Safe Lifting and Movement of Residents" policy, dated 12/2024, documented that staff responsible for direct resident care would be trained in the use of mechanical lifting devices. The policy lacked direction regarding the safe/appropriate use of mechanical lifting devices.

The facility failed to ensure R1 remained free of accident hazards related to mechanical lift transfers when R1 obtained an injury on 11/15/24 at approximately 07:00 PM when an unknown staff member failed to safely operate the mechanical lift. This deficient practice resulted in a fracture of R1's left patella and had the potential

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F 689	Continued From page 4 to negatively affect the physical and psychosocial well-being of the resident.	F 689		