STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175168	A. Building B. Wing	06/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Great Plains Post Acute	7101 E 21st Street North Wichita, KS 67206

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)
F 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure Resident (R) 1 remained free from physical restraint when Certified Nurse Aide (CNA) M placed her hand over Resident (R) 1's mouth to keep her quiet. Findings include:- R1's Electronic Medical Record (EMR) revealed a diagnosis of a wedge compression fracture of the second and third lumbar vertebra (spine bones). R1's Significant Change Minimum Data Set (MDS), dated [DATE], recorded a Brief Interview for Mental Status (BIMS) score of 14, indicating intact cognition; R1 was dependent upon staff for activities of daily living (ADL) including toileting, showers and mobility with a wheelchair. R1's Quarterly MDS, dated 04/21/2026, revealed a BIMS score of 13 indicating intact cognition. The MDS recorded no other changes from the previous MDS. R1's Care Plan, revised on 04/21/2026, indicated R1 had a behavior of yelling out, crying out, impatient, demanding, manipulative with staff and her family. R1 had limited physical mobility related to weakness and double amputee, mobility is independent with manual wheelchair. The facility's incident investigation, dated 05/21/2026, revealed R1 requested CNA M to transfer her back to bed after the evening dinner. CNA M told R1 that if she went back to bed, staff would not get her back up for the 04:30 PM smoke break. R1 decided to stay up in the wheelchair until after the smoke break and then asked CNA M to transfer her back to bed. R1 became impatient while waiting for assistance from CNA M and another staff member; R1 began hollering. CNA M placed her hand over R1's mouth and told her to be quiet. The facility implemented education for abuse, neglect and exploitation starting 05/21/2026. The investigation recorded Staff performed a skin assessment on R1 and noted no injury. The investigation lacked evidence that a psychosocial evaluation was completed. On 06/15/2026, R1 was no longer in the facility and was also unavailable for a telephone interview. On 06/15/2026 at 12:02 PM, an interview with Administrative Nurse E revealed she had received a call from the Social Service Designee explaining the report from R1 that a staff member had told her that if she laid down, she would not be back up for the next smoke break. Administrative Nurse E returned to the facility and immediately pulled CNA M from duty. Administrative Nurse F said that during her interview with CNA M, CNA M revealed that she had placed her hand over R1's mouth and told her to be quiet. CNA M was placed on suspension until the investigation was completed. The facility policy Abuse and Neglect- Clinical Protocol, dated 2005, abuse is defined as the willful inflection of injury, unreasonable confinement, intimidation or punishment with resulting harm, pain, or mental anguish. Abuse also includes the deprivation by an individual, including a caregiver, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being.

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