

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175218	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2024
NAME OF PROVIDER OR SUPPLIER Westview of Derby Rehabilitation & Health Care Cen		STREET ADDRESS, CITY, STATE, ZIP CODE 445 N Westview Dr Derby, KS 67037	

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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Respond appropriately to all alleged violations.</p> <p>36881</p> <p>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 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.</p> <p>Findings included:</p> <p>- 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.</p> <p>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 were safe from further potential abuse while an investigation was being conducted and an outcome completed.</p> <p>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.</p> <p>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.</p> <p>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.</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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