

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175255	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2024
NAME OF PROVIDER OR SUPPLIER Plaza West Healthcare and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 1570 SW Westport Drive Topeka, KS 66604	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42966</p> <p>The facility identified a census of 133 residents. The sample included three residents. Based on record review and interviews, the facility failed to ensure staff treated Resident (R) 1 with dignity. This deficient practice placed R1 at risk for decreased self-esteem and dignity.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - R1's Electronic Medical Record (EMR) documented diagnoses of end-stage renal disease (ESRD-a terminal disease of the kidneys), unsteadiness on feet, cognitive communication deficit, and need for assistance with personal care. <p>The Annual Minimum Data Set (MDS) dated [DATE], documented R1 had a Brief Interview for Mental Status (BIMS) score of 12 which indicated moderate cognitive impairment. R1 required substantial/maximal assistance with toileting hygiene and was independent with transfers.</p> <p>The Quarterly MDS dated [DATE], documented R1 had a BIMS score of 12 which indicated moderate cognitive impairment. R1 required dependence on staff for toileting hygiene; partial/moderate assistance with sit-to-stand positioning; and substantial/maximal assistance with chair/bed-to-chair transfers and toilet transfers.</p> <p>The Cognitive Loss/Dementia (progressive mental disorder characterized by failing memory, confusion) Care Area Assessment (CAA) dated 05/01/24, documented that staff approached R1 in a calm and non-threatening manner to help her feel calm and unhurried.</p> <p>R1's Care Plan dated 04/18/22, documented R1 had impaired cognitive function or impaired thought processes and at times had impaired decision-making related to cognitive communication deficit. The plan documented staff approached R1 in a gentle, friendly, and unhurried manner.</p> <p>(continued on next page)</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175255	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2024
NAME OF PROVIDER OR SUPPLIER Plaza West Healthcare and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 1570 SW Westport Drive Topeka, KS 66604	
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of video footage, which included audio and a date and timestamp of 09/18/24 at 01:22 AM, revealed the following interaction between R1 and Certified Nurse Aide (CNA) M: R1 laid in bed on her back with her knees bent, her covers were at her feet. CNA M walked into R1's room and up to R1's bed. CNA M asked R1 what she needed and then placed her hands on her hips while looking down at R1. In a raised voice, CNA M stated to R1 she was not going to do this, it was the second time R1 was on the light, and asked R1 what she needed. Unable to understand or hear R1's response due to the television volume. CNA M grabbed a brief out of R1's closet, closed R1's blinds, moved her bedside table, and then went back to R1's bedside. CNA M asked R1 about what time she goes to dialysis (a procedure where impurities or wastes are removed from the blood). CNA M proceeded to assist R1 with incontinence care. CNA M stated to R1 she was not getting anybody up that morning and they would be there to get everybody up with breakfast and all that. CNA M asked R1 to lift her bottom then unfastened her brief and pulled it down in front. R1 stated ow. CNA M asked R1 what she was doing. Unable to understand R1's response. CNA M told R1 to roll over so she could get the boo-boo (bowel movement) off of her. CNA M pulled the soiled brief out from under R1 and threw it in the trash. She grabbed wipes off of the table and cleaned R1's bottom off. R1 stated ow. CNA M asked R1 what she had going on, and what was she yelling about, and there was nothing wrong with R1. CNA M grabbed more wipes off of the table but dropped them on the floor, she picked the wipes up and proceeded to use them on R1. R1 said ow, twice. In a raised voice, CNA told R1 that was uncalled for. CNA M finished wiping R1 and placed the clean brief underneath her. CNA M directed R1 to roll over back on her back. CNA M pulled R1 towards her and finished pulling the clean brief underneath her and fastened the brief. CNA M pulled R1's pants back up and then closed the wipes package on the table. She grabbed the trash and left the room.</p> <p>A review of video footage, which included audio and a date and timestamp of 09/18/24 at 02:42 AM, revealed the following interaction between R1 and CNA M: R1 sat on the side of her bed. CNA M walked into her room. CNA M stated to R1 she was not going to do this ma'am. CNA M turned off R1's call light then took the call light from R1 and placed it on the bed. She positioned R1's wheelchair by the bed, close to R1. R1 stated ow. CNA M positioned the wheelchair back a bit and put her arms under R1's underarms. R1 stated ow. CNA M told R1 to come on. R1 told CNA M to quit. CNA M told R1 to stand up. R1 replied she could not. CNA M stated to R1 to stand up and asked if she was ready. CNA M lifted R1 under her arms and pivoted her toward her wheelchair. R1 screamed put me down. CNA M placed R1 into her wheelchair and then turned the wheelchair. CNA M turned her light on and placed the call light on her lap. She threw her gloves in the trash and walked out of the room.</p> <p>On 09/30/24 at 03:04 PM, CNA N stated she treated residents with dignity by staying aware of their rights and giving them their independence. She stated she maintained a resident's dignity by ensuring privacy, knocking on their door and announcing herself, speaking softly and nicely, being mindful of her tone and attitude, and treating residents with respect. CNA N stated if she became frustrated with a resident, she answered their call light kept her tone calm, and worked through it because the facility was the resident's home.</p> <p>On 09/30/24 at 03:10 PM, Licensed Nurse (LN) G stated she treated residents with dignity by calling them by their preferred name, and asking them if they were comfortable or if they needed anything. She stated she stayed very polite and mindful of her tone and attitude. She stated when she answered a call light, she addressed the residents by name and asked them what they needed then provided help if she could.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175255	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2024
NAME OF PROVIDER OR SUPPLIER Plaza West Healthcare and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 1570 SW Westport Drive Topeka, KS 66604	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 09/30/24 at 03:21 PM, Administrative Nurse D stated she expected staff to treat residents with dignity by being aware of their privacy, knocking on their door, and explaining what they were there to do. She stated she expected staff to have a respectful tone and treat residents with respect. Administrative Nurse D stated if staff became frustrated with a resident, she expected them to ensure the resident's safety and then walk away to get help from another staff member.</p> <p>The facility's Resident Rights policy, not dated, directed the resident had the right to be treated with respect and dignity.</p> <p>The facility's Promoting/Maintaining Resident Dignity policy, not dated, directed all staff members to provide care to promote and maintain resident dignity and to respect resident rights. The policy directed staff to speak respectfully to residents.</p> <p>The facility failed to ensure staff treated R1 with dignity. This deficient practice placed R1 at risk for decreased self-esteem and dignity.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175255	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2024
NAME OF PROVIDER OR SUPPLIER Plaza West Healthcare and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 1570 SW Westport Drive Topeka, KS 66604	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>42966</p> <p>The facility identified a census of 133 residents. Based on observations, record review, and interviews, the facility failed to ensure staff prevented cross-contamination during incontinence care (lack of voluntary control over urination or defecation) for Resident (R) 2 and failed to disinfect the Hoyer lift (total body mechanical lift) between resident usage. This deficient practice placed the affected residents at risk for infection and related complications.</p> <p>Findings included:</p> <p>- On 09/30/24 at 01:37 PM, Certified Nurse Aide (CNA) O and CNA P entered R2's room with the Hoyer lift. R2 sat in her wheelchair. CNA O positioned the Hoyer lift in front of R2 and CNA P hooked the sling up to the lift. Both CNA O and CNA P donned (put on) gloves. CNA P stood beside R2 while CNA O controlled the lift. They positioned R2 over her bed, lowered R2 down, unhooked the sling, and pulled the Hoyer lift out from under the bed. CNA O tucked the sling under R2 then CNA O and CNA P rolled R2 towards the wall. CNA O pulled out the lift sling and soiled incontinence pad from under R2. CNA P grabbed a new brief out of the closet. CNA O pulled R2's pants down and placed them on the floor then grabbed a package of wipes from R2's drawer. CNA O unfastened R2's soiled brief and used a new wipe with each swipe in front. CNA P rolled R2 over onto her side and pulled the soiled brief out. CNA O used a new wipe with each swipe on R2's buttocks and placed a new brief under R2. CNA O did not doff gloves and perform hygiene after the dirty portion of incontinence care and don clean gloves before moving to the clean portion of incontinence care. CNA P squeezed barrier cream onto CNA O's gloved left hand. CNA O applied the barrier cream to R2's buttocks and then doffed (removed) gloves. CNA O closed the package of wipes and placed it in R2's drawer then she washed her hands in the sink. CNA P fastened R2's briefs and made R2 comfortable in bed. CNA P doffed gloves and exited R2's room with the trash. CNA O donned gloves and placed soiled linen in a trash bag, then doffed gloves.</p> <p>On 09/30/24 at 01:47 PM, CNA P returned to R2's room and exited the room with the Hoyer lift. CNA P took the Hoyer lift to R3's room and entered his room without disinfecting it.</p> <p>On 09/30/24 at 03:04 PM, CNA N stated she prevented cross-contamination during incontinence care by wearing gloves, washing her hands before and after resident contact, sanitizing her hands after removing gloves and before putting new gloves on, and changing gloves after cleaning the resident and before putting the new brief and clean clothes on. She stated she prevented cross-contamination with the Hoyer lift by disinfecting the lift between each resident use.</p> <p>On 09/30/24 at 03:10 PM, Licensed Nurse (LN) G stated staff prevented cross-contamination during incontinence care by washing their hands, wearing gloves, using one wipe with each swipe, and changing gloves when going from dirty to clean. She stated she changed her gloves before using barrier cream after cleaning a resident. LN G stated staff sanitized the Hoyer lift between residents to prevent cross-contamination.</p> <p>On 09/30/24 at 03:21 PM, Administrative Nurse D stated she expected staff to change their gloves when moving from dirty to clean during incontinence care. She stated she expected staff to perform hand hygiene when changing gloves and to change gloves before putting a new brief on. Administrative Nurse D stated she expected staff to wipe lifts down between residents.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175255	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2024
NAME OF PROVIDER OR SUPPLIER Plaza West Healthcare and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 1570 SW Westport Drive Topeka, KS 66604	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility's Perineal Care policy, not dated, directed the facility to provide perineal care (involves washing the genital and rectal areas of the body or peri-area) to all incontinent residents during routine baths and as needed to promote cleanliness and comfort, prevent infection to the extent possible, and to prevent and assess for skin breakdown. The policy directed staff to perform hand hygiene and put on gloves, set up supplies, and perform perineal. The policy directed staff to change gloves if soiled and continue with perineal care.</p> <p>The facility's Cleaning and Disinfection of Resident-Care Equipment policy, not dated, directed staff to follow established infection control principles for cleaning and disinfecting reusable, non-critical equipment, and each user cleaned and disinfected multi-resident items after each use, particularly before the use of another resident.</p> <p>The facility failed to ensure staff prevented cross-contamination during incontinence care for R2 and failed to disinfect the Hoyer lift between resident usage. This deficient practice placed the affected residents at risk for infection and related complications.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175255	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2024
NAME OF PROVIDER OR SUPPLIER Plaza West Healthcare and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 1570 SW Westport Drive Topeka, KS 66604	
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 0941</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop, implement, and/or maintain an effective training program that includes effective communications for direct care staff members.</p> <p>42966</p> <p>The facility identified a census of 133 residents. Based on record review and interviews, the facility failed to ensure Certified Nurse Aide (CNA) M received the required effective communication training. This deficient practice placed residents at risk for impaired communication.</p> <p>Findings included:</p> <p>- A review of video footage, which included audio and a date and timestamp of 09/18/24 at 01:22 AM, revealed the following interaction between R1 and Certified Nurse Aide (CNA) M: R1 laid in bed on her back with her knees bent, her covers were at her feet. CNA M walked into R1's room and up to R1's bed. CNA M asked R1 what she needed and then placed her hands on her hips while looking down at R1. In a raised voice, CNA M stated to R1 she was not going to do this, it was the second time R1 was on the light, and asked R1 what she needed. Unable to understand or hear R1's response due to the television volume. CNA M grabbed a brief out of R1's closet, closed R1's blinds, moved her bedside table, and then went back to R1's bedside. CNA M asked R1 about what time she goes to dialysis (a procedure where impurities or wastes are removed from the blood). CNA M proceeded to assist R1 with incontinence care. CNA M stated to R1 she was not getting anybody up that morning and they would be there to get everybody up with breakfast and all that. CNA M asked R1 to lift her bottom then unfastened her brief and pulled it down in front. R1 stated ow. CNA M asked R1 what she was doing. Unable to understand R1's response. CNA M told R1 to roll over so she could get the boo-boo (bowel movement) off of her. CNA M pulled the soiled brief out from under R1 and threw it in the trash. She grabbed wipes off of the table and cleaned R1's bottom off. R1 stated ow. CNA M asked R1 what she had going on, and what was she yelling about, and there was nothing wrong with R1. CNA M grabbed more wipes off of the table but dropped them on the floor, she picked the wipes up and proceeded to use them on R1. R1 said ow, twice. In a raised voice, CNA told R1 that was uncalled for. CNA M finished wiping R1 and placed the clean brief underneath her. CNA M directed R1 to roll over back on her back. CNA M pulled R1 towards her and finished pulling the clean brief underneath her and fastened the brief. CNA M pulled R1's pants back up and then closed the wipes package on the table. She grabbed the trash and left the room.</p> <p>A review of video footage, which included audio and a date and timestamp of 09/18/24 at 02:42 AM, revealed the following interaction between R1 and CNA M: R1 sat on the side of her bed. CNA M walked into her room. CNA M stated to R1 she was not going to do this ma'am. CNA M turned off R1's call light then took the call light from R1 and placed it on the bed. She positioned R1's wheelchair by the bed, close to R1. R1 stated ow. CNA M positioned the wheelchair back a bit and put her arms under R1's underarms. R1 stated ow. CNA M told R1 to come on. R1 told CNA M to quit. CNA M told R1 to stand up. R1 replied she could not. CNA M stated to R1 to stand up and asked if she was ready. CNA M lifted R1 under her arms and pivoted her toward her wheelchair. R1 screamed put me down. CNA M placed R1 into her wheelchair and then turned the wheelchair. CNA M turned her light on and placed the call light on her lap. She threw her gloves in the trash and walked out of the room.</p> <p>Upon request, the facility was unable to provide documentation that CNA M completed education on effective communication from the facility as required.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175255	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2024
NAME OF PROVIDER OR SUPPLIER Plaza West Healthcare and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 1570 SW Westport Drive Topeka, KS 66604	
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 0941</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 09/30/24 at 03:21 AM, Administrative Nurse D stated staff completed onboarding education before they started working which included resident rights, infection control, hand washing, and abuse.</p> <p>On 09/30/24 at 03:49 AM, Administrative Staff A stated in Quality Assurance and Performance Improvement (QAPI) meetings they audited staff training. He stated staff completed policy and procedure training before working on the floor. Administrative Staff A verified CNA M did not have communication training.</p> <p>The facility did not provide a policy on effective communication training.</p> <p>The facility failed to ensure CNA M received the required effective communication training. This deficient practice placed residents at risk for impaired communication.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175255	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2024
NAME OF PROVIDER OR SUPPLIER Plaza West Healthcare and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 1570 SW Westport Drive Topeka, KS 66604	
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 0942</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that staff members are educated on resident rights and facility responsibilities to properly care for its residents.</p> <p>42966</p> <p>The facility identified a census of 133 residents. Based on record review and interviews, the facility failed to ensure Certified Nurse Aide (CNA) M received the required resident rights training. This deficient practice placed residents at risk for impaired resident rights and loss of dignity.</p> <p>Findings included:</p> <p>- A review of video footage, which included audio and a date and timestamp of 09/18/24 at 01:22 AM, revealed the following interaction between R1 and Certified Nurse Aide (CNA) M: R1 laid in bed on her back with her knees bent, her covers were at her feet. CNA M walked into R1's room and up to R1's bed. CNA M asked R1 what she needed and then placed her hands on her hips while looking down at R1. In a raised voice, CNA M stated to R1 she was not going to do this, it was the second time R1 was on the light, and asked R1 what she needed. Unable to understand or hear R1's response due to the television volume. CNA M grabbed a brief out of R1's closet, closed R1's blinds, moved her bedside table, and then went back to R1's bedside. CNA M asked R1 about what time she goes to dialysis (a procedure where impurities or wastes are removed from the blood). CNA M proceeded to assist R1 with incontinence care. CNA M stated to R1 she was not getting anybody up that morning and they would be there to get everybody up with breakfast and all that. CNA M asked R1 to lift her bottom then unfastened her brief and pulled it down in front. R1 stated ow. CNA M asked R1 what she was doing. Unable to understand R1's response. CNA M told R1 to roll over so she could get the boo-boo (bowel movement) off of her. CNA M pulled the soiled brief out from under R1 and threw it in the trash. She grabbed wipes off of the table and cleaned R1's bottom off. R1 stated ow. CNA M asked R1 what she had going on, and what was she yelling about, and there was nothing wrong with R1. CNA M grabbed more wipes off of the table but dropped them on the floor, she picked the wipes up and proceeded to use them on R1. R1 said ow, twice. In a raised voice, CNA told R1 that was uncalled for. CNA M finished wiping R1 and placed the clean brief underneath her. CNA M directed R1 to roll over back on her back. CNA M pulled R1 towards her and finished pulling the clean brief underneath her and fastened the brief. CNA M pulled R1's pants back up and then closed the wipes package on the table. She grabbed the trash and left the room.</p> <p>A review of video footage, which included audio and a date and timestamp of 09/18/24 at 02:42 AM, revealed the following interaction between R1 and CNA M: R1 sat on the side of her bed. CNA M walked into her room. CNA M stated to R1 she was not going to do this ma'am. CNA M turned off R1's call light then took the call light from R1 and placed it on the bed. She positioned R1's wheelchair by the bed, close to R1. R1 stated ow. CNA M positioned the wheelchair back a bit and put her arms under R1's underarms. R1 stated ow. CNA M told R1 to come on. R1 told CNA M to quit. CNA M told R1 to stand up. R1 replied she could not. CNA M stated to R1 to stand up and asked if she was ready. CNA M lifted R1 under her arms and pivoted her toward her wheelchair. R1 screamed put me down. CNA M placed R1 into her wheelchair and then turned the wheelchair. CNA M turned her light on and placed the call light on her lap. She threw her gloves in the trash and walked out of the room.</p> <p>Upon request, the facility was unable to provide documentation that CNA M completed education on resident rights from the facility as required.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175255	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2024
NAME OF PROVIDER OR SUPPLIER Plaza West Healthcare and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 1570 SW Westport Drive Topeka, KS 66604	
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 0942</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 09/30/24 at 03:21 AM, Administrative Nurse D stated staff completed onboarding education before they started working which included resident rights, infection control, hand washing, and abuse.</p> <p>On 09/30/24 at 03:49 AM, Administrative Staff A stated in Quality Assurance and Performance Improvement (QAPI) meetings they audited staff training. He stated staff completed policy and procedure training before working on the floor. Administrative Staff A verified CNA M did not have resident rights training.</p> <p>The facility did not provide a policy on resident rights training.</p> <p>The facility failed to ensure CNA M received the required resident rights training. This deficient practice placed residents at risk for impaired resident rights and loss of dignity.</p>		