

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  175274	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/02/2026
NAME OF PROVIDER OR SUPPLIER  Meridian Rehabilitation and Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1555 N Meridian Street Wichita, KS 67203	
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 0609  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>The facility reported a census of 96 residents with seven residents reviewed for abuse, neglect, exploitation and/or misappropriation of resident property. Based on observation, interview and record review, the facility failed to send completed investigation reports to the State Agency (SA) within five working days of the alleged incident(s) as required. Findings included: - Review of the facility's notifications to the SA revealed the following: On 04/08/25 incident number 1542136 was reported to the SA. The completed investigation was not submitted within the required five working days nor provided to the surveyor during an on-site visit on 02/02/26. On 07/28/25, incident number 2573926 was reported to the SA. The completed investigation was not submitted within the five working days but was provided to the surveyor during an on-site visit on 02/02/26. On 08/26/25, incident number 2600412 was reported to the SA. The completed investigation was not submitted within the five working days but was provided to the surveyor during an on-site visit on 02/02/26. On 09/02/25, incident number 2604856 was reported to the SA. The completed investigation was not submitted within the five working days but was provided to the surveyor during an on-site visit on 02/02/26. On 09/02/25, incident number 2604837 was reported to the SA. The completed investigation was not submitted within the five working but was provided to the surveyor via e-mail on 02/04/26 after an on-site visit on 02/02/26. On 09/02/25, incident number 2604872 was reported to the SA. The completed investigation was not submitted within five working days but was provided to the surveyor during an on-site visit on 02/02/26. On 12/30/25, incident number 2703687 was reported to the SA. The completed investigation was not submitted within five working days nor was it provided to the surveyor during an on-site visit on 02/02/26. On 02/02/26 at 04:00 PM, Administrative Staff A said the delay in reporting and/or providing the surveyor with the completed investigation reports were that some of them were incomplete. Administrative Staff A stated he was aware of the required time frame for submitting completed investigations to the SA. Administrative Staff A stated the facility's expectation was for the administrator to have the investigations completed and submitted to the appropriate agencies within the required timeframe. The facility's Abuse, Prevention and Prohibition Policy policy, dated 11/2025, documented the administrator would ensure a thorough investigation of allegations and document appropriate action. The administrator would also complete the final report and submit the report to the required agencies as well as maintain the report in a locked file in the administrator's office. The facility's administrator, agent or employee will not screen or otherwise withhold any reports from the appropriate agencies.</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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