

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/28/2026
NAME OF PROVIDER OR SUPPLIER Westy Community Care Home		STREET ADDRESS, CITY, STATE, ZIP CODE 105 N Highway 99 Westmoreland, KS 66549	
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 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician. Based on observation, record review, and interview, the facility failed to provide the services of a full-time certified dietary manager for the 31 residents who resided in the facility and received their meals from the kitchen. Findings included:- On 07/26/2026 at 08:35 AM, observation revealed that dietary staff in the kitchen prepared the breakfast meal. On 07/27/2026 at 09:30 AM, Dietary Staff BB verified she was the certified dietary manager and had been in the position for one month. Dietary Staff BB stated the facility had six residents with a pureed diet. On 07/28/2026 at 01:00 PM, Administrative Staff A verified Dietary Staff BB was not certified and stated the previous dietary manager quit a month ago and Dietary Staff BB started and will be enrolled in the Certified Dietary Manager classes soon. The facility's Certified Dietary Manager policy, dated 06/26/2026, documented the facility would employ a qualified Dietary Supervisor/Certified Dietary Manager responsible for organizing, directing, staffing, monitoring, and evaluating all food service operations to ensure compliance with facility policies, resident care standards, infection prevention practices, food safety requirements, and nutrition standards. The Dietary Supervisor shall possess successful completion of a state-approved Certified Dietary Manager certification program.		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 175471	Facility ID: 175471 If continuation sheet Page 1 of 8

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on observation, record review, and interview, the facility failed to ensure an environment free from accident hazards when staff failed to secure chemicals safely from access by the seven cognitively impaired, independently mobile residents who resided in the facility's memory care unit. Findings included:- On 07/26/2026 at 07:55 AM, observation revealed an unlocked kitchenette door where one twenty-four ounce (oz) spray bottle of One Step Disinfectant Cleaner, with the warning keep out of reach of children, in the storage cabinet. Continued observation revealed R23 was in the unlocked kitchenette, and there were no staff in the area. He opened a coffee carafe, unscrewed the lid, and poured the coffee into his cup, then screwed the lid on and walked over to the dining room table, sat down, and drank the coffee. Continued observation revealed an electric cooking griddle approximately 15 inches by 20 inches, with the lid on the griddle turned off, still warm to the touch and could be readily turned on with a dial. One staff was in the shower house giving a resident a shower and the other aide went to the main facility commons area to help with residents. The kitchenette and dining room were left unattended by staff for approximately eight minutes. On 07/27/2026 at 07:35 AM, observation revealed Certified Nurse Aide (CNA) M assisted residents in the memory care unit serving breakfast. At 07:45 AM, CNA M left the kitchenette/dining room to get another resident to come to the dining room. CNA M left the dining room unattended for approximately two minutes. Observation revealed two residents were eating their breakfast and one was drinking coffee. Ongoing observation revealed the kitchenette was unattended by staff and the electric cooking griddle had the lid open with scrambled eggs on the griddle and the temperature dial turned to low. On 07/27/2026 at 08:10 PM, Administrative Nurse D verified the kitchenette cabinet storage door should be closed and locked and chemicals out of reach from the residents. Administrative Nurse D verified the kitchenette/dining rooms should not be left unattended while cognitively impaired residents are in the room, verified the electric cooking griddle should be turned off and not in use, and verified the coffee should not be accessible for residents to pour their own drinks, especially with hot liquids. The facility's Control of Hazardous Chemicals policy, dated 01/31/2024, documented the facility was committed to eliminating and controlling hazards that could cause injury or illness to our residents. The facility would meet the requirements of safety standards where there are specific rules about hazards or potential hazards in the facility. The policy documented all hazardous chemicals in each workspace would be labeled with the identity of the chemical and the appropriate hazard warnings. All hazardous chemicals are to be always locked to avoid accessibility to any resident in the facility. The facility's Safe Serving of Coffee and other Hot Liquids and Handling of Hot Surfaces policy, date 07/06/26, documented coffee and other hot beverages would be consumed at 155 to 175 degrees Fahrenheit (F) noting that the temperature can result in burns if the beverage contacts the skin or mucous membranes. Residents at risk for handling hot liquids the following measures would be implemented: Access to coffee would be supervised. Assistive devices would be offered as necessary, including but not limited to sealed covers on all hot liquids and prohibition of straws for hot liquids, and hot liquids would be cooled prior to allowing the residents to handle them. The staff would limit access to hot liquids in the dining room to the coffee thermos carafes no more than 30 minutes before meals. The thermos carafes would remain in the kitchen until staff is available in the dining room for meal service. Hot beverages would not be left unattended without accessibility of hot beverages of choice in carafes or carriers with secured covers to reduce the risk of accidental dispensing.		

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, interview, and record review, the facility failed to store medications and biologicals adequately when staff failed to discard expired stock medication from the emergency kit. Findings included:- On 07/28/2026 at 01:30 PM, observation of the facility emergency kit in the medication room revealed an expiration date of 05/19/2026 with the following: Ceftriaxone (antibiotic medication) 1 gram (g), two bottles, expiration 05/2026. Epinephrine (a hormone medication that reverses severe allergic reactions) 50 milligrams (mg), two bottles, expiration 11/2025. Lidocaine (anesthetic medication) 50 mg, two bottles, expiration 4/2026 Naloxone (opioid receptor antagonist medication, reverses opioid overdose) Hydrochloride 2 mg, one Injection pen, expiration 4/2026. Glucagon (medication that increases blood sugar) Emergency Kit that contains one mg vial of glucagon, and sterile water to be mixed with the glucagon. Amoxicillin (antibiotic medication) 500 mg, four tablets, expiration 5/19/2026 Amoxicillin and Clavulanate Potassium tablet (antibiotic medication) 500-125 mg, four tablets, expiration 05/04/2026. Cefdinir (antibiotic medication) 300 mg, four tablets, expiration 05/14/2026. Ciprofloxacin (antibiotic medication) 250 mg, eight tablets, expiration 05/18/2026. Cephalexin (antibiotic medication) 250 mg, two capsules, expiration 05/15/2026. Nitrofurantoin (antibiotic medication) 100 mg, four tablets, expiration 05/18/2026 Doxycycline (antibiotic medication) 100 mg, four tablets, expiration 05/04/2026. Warfarin (blood thinner medication) one mg, six tablets, expiration 12/22/2025. Potassium Chloride (potassium supplement medication) four tablets, expiration 12/02/2025. Clonidine (antihypertensive medication) 0.1 mg, four tablets, expiration 12/26/2025. Lisinopril (medication that lowers blood pressure) 10 mg, four tablets, expiration 12/05/2025. Furosemide (diuretic medication) 20 mg, eight tablets, expiration 05/14/2026. Phytonadione (coagulant medication) 5 mg, four tablets, expiration 10/02/2025. Prednisone (corticosteroid medication) (5 mg, four tablets, expiration 05/11/2026. Fluconazole (antifungal medication) 150 mg, one tablet, expiration 03/2026 On 07/28/26 at 01:40 PM, Administrative Nurse D verified the expired E kit medications and verified the pharmacy was to check the medication periodically for expired medications and discard expired medications. Administrative Nurse D was not sure when the pharmacy had checked the E-kit and stated he would call the pharmacy that day and have them bring a new E-kit and remove the expired medications. The facility's Emergency Pharmacy Services and Emergency Drug kits policy, dated 07/26/2026, documented and emergency supply of medications, including emergency drugs, antibiotics, controlled substances, and products for infusion, is supplied by the provider pharmacy in limited quantities, in compliance with applicable state regulations. The emergency supply of medications is provided in portable, sealed containers. Emergency kits are inventoried by the pharmacy provider at least every 30 days for completeness and expiration dating the contents, and the date of inventory is noted on the outside of the kit.		

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on record review, interview, and observation, the facility failed to provide care for Resident (R)7 in a manner that protected and promoted their dignity. Findings included:- On 07/27/2026 at 07:52 AM, observation revealed R7 sat at the dining room table. Licensed Nurse (LN) G had R7 wheel over to the medication cart in the commons area adjacent to the dining room. LN G obtained R7's blood sugar reading using a glucometer (an instrument used to calculate blood glucose) from R7's right index finger. Continued observation revealed two residents were seated in the dining room eating breakfast, while staff and a visitor were in the dining room and commons area within view. On 07/27/2026 at 10:00 AM, Administrative Nurse D stated staff should not check residents' blood sugar readings in the dining room; staff should take the residents to their room or to a private area. The facility's Right to Dignity policy, dated 04/16/2025, documented the facility would promote care for the residents of the facility in a manner and in an environment that maintains and enhances each resident's dignity and respect in full recognition of the resident's individuality. The policy documented all staff would refrain from any practice that could be considered demeaning to a resident.		

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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to notify Resident (R) 36's family when R36 had a change in condition. Findings included:- R36's Electronic Medical Record (EMR) documented R36 had a diagnosis of localized edema (swelling resulting from an excessive accumulation of fluid in the body tissues).R36's Quarterly Minimum Data Set (MDS) dated [DATE] documented the resident had a Brief Interview of Mental Status (BIMS) of two, which indicated severely impaired cognition. The MDS documented R36 required partial, moderate staff assistance with most activities of daily living (ADLs). The MDS documented R36 used oxygen therapy. R36's Care Plan, revised 04/13/2026, documented R36 required diuretic (medication used to help produce and excrete urine) therapy for her edema. The plan instructed staff to administer medications as the physician ordered, monitor side effects, and report any lab results to the physician. The plan documented R36 had altered respiratory status and instructed staff to monitor R36 for signs and symptoms of respiratory distress and report to the physician as needed. The Nurses Note, dated 04/17/2026 at 07:32 PM, documented the resident was being treated for fluid overload and was showing some improvement from yesterday. Her lung sounds were diminished but clear to the bases; less oxygen was needed that day. Her oxygen saturation (percentage of oxygen in the blood) was 92% on room air (RA) when R36 sat upright. The Nurses Note, dated 04/19/2026 at 12:15 PM, documented the resident was having labored breathing and feeling tired, with slight wheezing (a high-pitched whistling or squeaky sound that happens because the airways in the lungs are narrow or blocked) heard in R36's lungs bilaterally. The note recorded R36 was on four liters of oxygen per face mask. The resident complained of lower back pain and received pain medication. The note documented that staff provided R36 with a breathing treatment and placed her on four liters of oxygen per nasal cannula. R36 ate lunch per her request and then afterwards staff placed R36 in a recliner with four liters of oxygen per mask, and R36's saturations were 98-99 %. The note documented R36's oxygen saturations ranged from 92-98% all afternoon while on four liters of oxygen. R36's clinical record lacked evidence that the physician and family were informed of R36's change related to an increased oxygen need of four liters per mask that occurred on 04/19/2026. On 07/28/2026 at 12:27 PM, Licensed Nurse (LN) G stated she faxed the physician but did not document it and does not remember if she notified the family because they were already aware R36 was having problems with breathing and required oxygen at times. On 07/28/2026 at 12:30 PM, Administrative Nurse D verified the facility or the physician's office lacked documentation that the physician was notified and stated the physician's office had received a fax from the following day but not from 04/19/2026. The facility's Nurse Notification of Physician, Resident and Representative of Changes Policy, undated, documented it was the responsibility of licensed nurses employed at the facility to notify the resident's physician/designee, the resident and the representative if/ when the resident's clinical condition may require or requires physician intervention to consult with the resident's physician when there is any significant change in the resident's physical, mental or psychosocial status; a need to alter treatment significantly or a decision to transfer or discharge the resident from the facility.		

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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to ensure an appropriate indication or a documented physician rationale, which included unsuccessful attempts at nonpharmacological symptom management and risk versus benefits for the continued use for Resident (R)29's and R12's antipsychotic (a medication used to treat any major mental disorder characterized by a gross impairment testing) medication. Findings include:- 1.R29's Electronic Medical Record (EMR) included diagnoses of dementia (progressive mental disorder characterized by failing memory, confusion with agitation including verbal and physical aggression, wandering and hoarding), and Parkinson's disease (a slowly progressive neurologic disorder characterized by resting tremors, rolling of the fingers, masklike faces, shuffling gait, muscle rigidity, and weakness). R29's Quarterly Data Set (MDS), dated [DATE], recorded R29 had moderately impaired cognition. The MDS recorded R29 required staff supervision with most activities of daily living (ADL). The MDS recorded the resident received antipsychotic medication during the observation period. The Psychotropic Drug Use Care Area Assessment (CAA), dated 03/20/2026, recorded R29 received antipsychotic medication and had a diagnosis of depression and dementia with behavioral disturbance. R29's Psychotropic Medication Care Plan, dated 06/17/2026, recorded the nurse would administer medications as prescribed by the physician and monitor for side effects and effectiveness. The care plan documented R29 used Zyprexa (antipsychotic) medication for Dementia with unspecified severity with agitation. The Physician's Order, order dated 04/22/2026, directed the staff to administer Zyprexa oral tablet 5 milligrams (mg), one tablet at bedtime for a diagnosis of dementia, unspecified severity with agitation. R29's EMR lacked documentation of nonpharmacological approaches that were attempted but unsuccessful for behavioral management and lacked evidence of a physician's rationale, including risk versus benefits for the Zyprexa. On 07/28/2026 at 11:00 AM, observation revealed R29 lying in bed with eyes closed. 2.R12's Electronic Medical Record (EMR) documented that R12 had a diagnosis of psychotic disorder (any major mental disorder characterized by a gross impairment in reality perception) with delusions (untrue persistent belief or perception held by a person although evidence shows it was untrue). R12's Quarterly Minimum Data Set (MDS), dated [DATE], documented that R12 had a Brief Interview of Mental Status (BIMS) score of seven, indicating severe cognitive impairment. The MDS documented R12 required substantial/maximal staff assistance with most activities of daily living (ADLs). The MDS documented R12 received an antipsychotic (a class of medications used to treat major mental conditions that cause a break from reality) medication during the look back period. R12's Care Plan, revised 07/28/2026, documented R12 received risperidone and instructed staff to administer the medication as the physician ordered. The plan instructed staff to monitor for side effects and the medication's effectiveness, and to consult with the pharmacy and physician to consider a dosage reduction when clinically appropriate, at least quarterly. The Physician Order, dated 04/04/2025, instructed staff to administer to R12 risperidone 1 milligram (mg), tablet two times a day related to vascular dementia (decreased blood flow to areas of the brain). R12's EMR, reviewed for the time period of 07/14/2025- 07/14/2026 lacked evidence that the CP identified and reported R12's risperidone did not have an acceptable indication for use and/or a physician-documented rationale with risks versus benefits and the nonpharmacological interventions that were attempted and failed. On 07/26/2026 at 02:011 PM, observation revealed R12 sat quietly in a chair in the living room area by a window. On 07/28/2026 at 11:30 AM, Administrative Nurse D verified R29 received Zyprexa for a (continued on next page)		

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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	diagnosis of dementia with agitation and verified R12 received Risperdal for a diagnosis of vascular dementia and stated the facility would contact the physician for appropriate documentation for the resident's use of antipsychotic medications. The facility's Psychoactive Medications policy dated 03/14/2025 recorded the residents drug regimen must be free from unnecessary drugs that are used in excessive doses, for excessive duration, without adequate indication, without adequate monitoring, or without adequate indications for its use; or in the presence of adverse consequences, which indicates the dosage should be reduced or discontinued. The policy recorded that residents who receive psychoactive medications receive gradual dose reductions and behavioral interventions, including individualized non-pharmacological interventions unless clinically contraindicated, in an effort to discontinue these drugs. Every psychotropic. Medication would be initiated with a signed Informed Consent to ensure the physician has reviewed with the resident and/or resident representative the potential adverse effects of the order of any psychoactive medication. The physician order for a psychotropic drug would include both a qualifying Diagnosis for the medication and a list of specific target behaviors which the staff would monitor during the medication administration. The physician must certify that psychotropic medication is necessary to treat a specific condition/behavior.		

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview, the facility failed to provide Resident (R) 6 and/or their representatives with a written notification of transfer for facility-initiated transfers and a bed hold policy upon transfer to the hospital. The facility further failed to notify the long-term care ombudsman (LTCO) of transfers to the hospital. Findings included:- Resident (R) 6's Discharge Minimum Data Set (MDS) dated [DATE] documented a planned discharge to an acute hospital with a return anticipated.R6's Entry MDS, dated 04/23/2026, documented a re-entry to the facility from an acute hospital.On 07/29/2026 at 11:30 AM, the bed hold, written notification of transfer, and LTCO notification were requested from the facility for R6. The facility was unable to provide the requested information regarding R6's transfers to the hospital on [DATE].On 07/29/2026 at 11:30 AM, Social Services (SS) X stated that Administrative Staff A and she had been discussing who would be responsible for sending notifications to the Ombudsman and family, but they had not decided, so the notifications were not provided. Administrative Staff A stated she was responsible for providing residents or their representatives with the bed hold policy and verified it had not been provided when R6 was transferred to the hospital.On 07/29/2026 at 02:00 PM, Administrative Staff A verified the Ombudsman notification had not been provided when R6 was transferred to the hospital and stated the facility had recently obtained a new Ombudsman, and she did not give her contact information. The facility's Bed Hold Policy, undated, was a form for residents or representatives to fill out when they were transferred to the hospital or therapeutic leave.The facility's Ombudsman Notification and Monthly Discharge Log Policy documented the facility would maintain a monthly discharge log and provide notification to the designated LTCO office regarding resident discharges, transfers, and anticipated returns to the facility.		