

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175514	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/29/2025
NAME OF PROVIDER OR SUPPLIER Derby Health & Rehabilitation, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 731 Klein Circle 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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>The facility reported a census of 69 residents. The sample included seven residents with three residents reviewed for accident hazards. Based on observation, interview and record review, the facility failed to ensure an environment free from accident hazards for two residents, Resident (R)1 and R2 when staff failed to provide adequate hands-on stabilization of the resident from the second staff member during full body mechanical lift transfers. This deficient practice placed R1 and R2 at risk for accidents and injuries related to mechanical lift transfers.</p> <p>Findings included:</p> <p>- During an observation on 04/29/25 at 12:19 PM, Certified Medication Aide (CMA) G and Certified Nurse Aide (CNA) H performed a full body mechanical lift transfer for R1 from her recliner to a wheelchair. CMA G operated the controls of the lift with the legs positioned wide. CMA G raised R1 into the air using the lift. While R1 was in the raised position, CNA H released physical control and stabilization of R1, walked around the lift, R1 and CMA G and stood behind R1's wheelchair. CMA G then pushed the lift with R1 in the up and dangling position over to R1's wheelchair. CNA H then reached out and guided R1 down into the wheelchair as CMA G operated the control. CNA H and CMA G then unhooked the sling from the lift and repositioned R1 in her wheelchair.</p> <p>During an observation on 04/29/25 at 12:51 PM - CNA E and CNA F transferred R2 from her wheelchair to the bed using the full body mechanical lift. CNA E operated the controls with the legs positioned wide. Using the lift, staff raised R2 into the air and when R2 was in the up-position, CNA F let go of R2, opened the bathroom door that was positioned behind the wheelchair and moved the wheelchair into the bathroom. CNA F then walked around CNA E while R2 remained in the up and dangling position. CNA E then moved the legs of the lift into the narrow position and pushed the lift around to the side of R2's bed while lowering R2. CNA F then lifted R2's legs from beside the bed as CNA E pushed the lift into the final position over R2's bed. Staff lowered R2 onto the bed and disconnected the sling from the lift.</p> <p>During an interview on 04/29/25 at 12:28 PM, CMA G and CNA H revealed that they would not have performed the lift task differently. CMA G and CNA H then confirmed that CNA H had let go of R1 to walk around and stand behind R1's wheelchair while CMA G pushed the lift with R1 in the up position .</p> <p>During an interview on 04/29/25 at 12:30 PM, Licensed Nurse (LN) D revealed that mechanical lifts should always be operated with two staff members, one to operate the controls, and the other to ensure resident safety. LN D said the staff who ensured the resident remained safe should not let go of the resident to manipulate other objects or walk around the lift and the other staff member.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 175514	Facility ID: 175514 If continuation sheet Page 1 of 2

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 04/29/25 at 12:58 PM, CNA E and CNA F reported they would not have performed the lift task differently. CNA E and CNA F then confirmed that CNA F let go of R2 while CNA E narrowed the legs of the lift and moved the resident while the lift was being lowered.</p> <p>During an interview on 04/29/25 at 02:58 PM, Administrative Nurse B revealed two staff should operate mechanical lifts with one staff operating the controls and the other maintaining hands-on contact with the resident to ensure safety; additionally, the legs of the lift should always be in the wide position for safety and stability.</p> <p>The facility's undated Hoyer Mechanical Lift policy lacked documentation related to positioning of the legs of mechanical lift. Further, the policy lacked documentation related to staff ensuring resident safety by maintaining contact with resident while lift was in operation.</p>		