STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175539	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIA CHRISTI VILLAGE RIDGE	3636 NORTH RIDGE RD BLDG 400 , WICHITA, Kansas, 67205

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000	INITIAL COMMENTS A complaint survey was conducted regarding the allegations in, 2615963, 2623548 ,2583676, and KS00196373The investigation revealed noncompliance was found related to the allegations and the following deficiencies were cited.	F0000		
F0583 SS = D	Personal Privacy/Confidentiality of Records CFR(s): 483.10(h)(1)-(3)(i)(ii) §483.10(h) Privacy and Confidentiality. The resident has a right to personal privacy and confidentiality of his or her personal and medical records. §483.10(h)(l) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident. §483.10(h)(2) The facility must respect the residents right to personal privacy, including the right to privacy in his or her oral (that is, spoken), written, and electronic communications, including the right to send and promptly receive unopened mail and other letters, packages and other materials delivered to the facility for the resident, including those delivered through a means other than a postal service. §483.10(h)(3) The resident has a right to secure and confidential personal and medical records. (i) The resident has the right to refuse the release of personal and medical records except as provided at §483.70(h)(2) or other applicable federal or state laws. (ii) The facility must allow representatives of the Office of the State Long-Term Care Ombudsman to examine	F0583		

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 reverse for further 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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F0583 SS = D	Continued from page 1 a resident's medical, social, and administrative records in accordance with State law. This REQUIREMENT is NOT MET as evidenced by: The facility reported a census of 72 residents. Three residents were reviewed for privacy and confidentiality in their care at the facility. Based on observation, interview and record review, the facility failed to protect the privacy of Resident (R) 1 when Certified Nurse Aide (CNA) M took a video of R1 without R1's consent. Findings included: - The Electronic Medical Record (EMR) documented R1 had a diagnosis of dementia (progressive mental disorder characterized by failing memory, confusion). R1's "Annual Minimum Data Set" (MDS) dated 05/27/25 revealed a Brief Interview Mental Status BIMS score of 99, indicating severely impaired cognition. The MDS noted R1 required the assistance of one staff member with activities of daily living (ADLs). R1's "Quarterly MDS" dated 08/22/25 indicated a BIMS score of 99, indicating severely impaired cognition. R1 required assistance from one staff member with all ADL. R1's "Care Plan", revised 05/27/25, indicated R1 required extensive assistance from one staff member for bed mobility, toileting, transfers, and incontinent care. R1 had altered elimination due to her physical and cognitive status. The plan noted R1 had severe dementia and directed staff to observe for nonverbal cues that she needed assistance with toileting. The " Investigation Report" dated 09/22/25 indicated that night shift CNA M showed a video regarding R1 to CNA N during shift change. The video shows a fully clothed resident [R1] lying in bed, with bowel movement on her and the wall. CNA N reported the incident to Administrative Staff E. Administrative Staff A suspended CNA M until the investigation was completed. Administrative Staff A notified R1's representative, law enforcement, and the State Agency (SA) of the incident. On 09/23/25 at 09:35 AM, review of the camera footage in the facility for 09/22/25 at 06:08 AM showed the two	F0583		

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F0583 SS = D	Continued from page 2 CNA staff members at the nurses' desk. CNA M showed CNA N her phone. Zooming in on the video, observation revealed that it was unable to tell the identity of the resident in the video. On 09/23/25 at 09:56 AM, CNA N revealed she had come in for the shift. As she received the shift report from CNA M about R1, CNA M showed her a video of a resident from the chest down with BM on the resident and the wall. CNA N said she told CNA M to delete the video immediately and reported the incident to the Administrative Staff E. On 09/23/25 at 02:50 PM, CNA O revealed they had classes on protected health information. CNA O said staff were not to take pictures without the resident's consent, but they had not received any education recently regarding this incident. On 09/23/25 at 03:34 PM, Administrative Staff E said that after the incident, she had gone around to each of the houses and verbally reviewed the expectations on the residents' privacy. Administrative Staff E confirmed she did not have the staff sign off to verify that they had been educated. On 09/22/25 at 04:19 PM, Administrative Staff D stated the facility expected staff not to photograph or video the residents per facility policy. The facility policy "Abuse Prevention" dated 08/25, states that it is the policy of this community to screen employees and volunteers prior to working with residents. Screening components include verification of references, certification, and verification of license. The community will provide training for associates at new hire orientation and through ongoing programs. Prevention protects the residents from invasion of privacy and or abuse that might occur from photographs, videotapes, digital images, and recordings during resident care or other community activities.	F0583		