Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N015006	A. BUILDING: _____ B. WING _____	C 03/25/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNSET HOME INC	620 SECOND AVENUE CONCORDIA, KS 66901

(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) COMPLETE DATE
S 000	INITIAL COMMENTS The following citations represent the findings of complaint investigations #160709 and #161167. The 2567 was electronically sent to the facility on 03/30/21.	S 000		
S 255 SS=D	28-39-149(d) WRITTEN POLICIES (d) The facility shall have written policies and procedures which ensure the security of each resident's personal possessions. (1) A written inventory of the resident's personal possessions, signed by the resident or the resident's legal representative shall be completed at the time of admission and updated at least annually. (2) If a resident requests that the facility hold personal possessions within the facility for safekeeping, the facility shall: (A) Maintain a written record; and (B) give a receipt to the resident or the resident's legal representative. This REQUIREMENT is not met as evidenced by: The facility had a census of 33 residents. The sample included six residents, with three reviewed for personal property. Based on record review and interview, the facility failed to complete a written inventory of Resident (R) 4's personal property, signed by the resident or the family member, at the time of R4's discharge from the facility.	S 255		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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S 255	Continued From page 1 Findings included: - R4's "Quarterly Minimum Data Set" (MDS), dated 09/10/20, documented the resident had a Brief Interview for Mental Status (BIMS) score of nine, indicating moderately impaired cognition. The MDS recorded the resident required extensive assistance of one staff with bed mobility, transfers, dressing, eating, and toilet use. The "Admission Return to Community Care Area Assessment" (CAA), dated 12/23/19, documented the resident and family anticipated her return to the home after skilled stay for therapies. The resident lived in her own home with her daughter who provided 24/7 care. The "Discharge Care Plan," dated 09/10/20 directed staff to encourage the resident to discuss her feelings and concerns with impending discharge, monitor for and address episodes of anxiety, fear, distress, and evaluate the resident's motivation to return to the community. The care plan directed staff to arrange required community resources to support independence post-discharge and prepare and give R4 and family member contact numbers for all community referrals. The "Progress Note," dated 09/23/20 at 01:58, documented the facility discharged the resident to home at 01:10 PM accompanied by family members. All belongings were sent with resident, liquid medications sent with resident, and other medications were returned to the pharmacy. The note lacked documentation the facility provided the family an inventory sheet of the resident's belongings.	S 255		

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S 255	Continued From page 2 Review of a letter dated 01/05/21 sent to the administrator from the resident's family member indicated the resident was missing three flannel nightgowns when the resident left the facility and two were returned to the resident by an anonymous person. The letter stated one nightgown remained missing and valued at $86.75. On 03/25/21 at 01:51 PM, Social Service Designee (SS) X stated families or residents sign inventory sheets either printed out by herself or the nurses upon a resident's discharge. SS X stated if a grievance was filed by a resident or family regarding missing possessions, she and the administrator would work on resolving the problem and staff would search the facility for the missing items. SS X stated she was not involved in the letter from the resident's family member to the administrator about the missing nightgown and was told the letter was sent to the facility's attorney to be resolved. On 03/25/21 at 05:14 PM, Licensed Nurse (LN) G stated the nurses print the inventory sheets from the computer when a resident is dismissed from the facility. LN G stated the nurse reviewed the sheet with the resident or family member for accuracy and the family member or resident would sign the inventory sheet. LN G stated if the resident or family member had a dispute about any missing items, the nurse would notify SS X and laundry to search for any missing clothing. On 03/25/21 at 05:30 PM, Administrative Staff A verified the facility investigated the missing nightgown and talked with housekeeping staff and previous SSD who packed up R4's clothing. Administrative Staff A stated she sent the letter	S 255		

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S 255	Continued From page 3 from R4's daughter to the facility attorney for resolution. Administrative Staff A verified upon a resident's discharge from the facility, either the SSD or the discharging nurse should obtain a signed personal effects inventory sheet from the resident or family. Administrative Staff A verified she could not locate a signed personal effects inventory sheet with the family or resident for R4 who was discharged home from the facility. Upon request, the facility did not provide a policy regarding dismissal and resident's personal effects inventories. The facility failed to complete a signed written inventory of R4's personal property at the time of her discharge from the facility, placing the resident at risk for loss of property.	S 255		