| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| SUNFLOWER CARE HOMES LLC- LEGACY | 1600 W 15TH AVENUE EMPORIA, KS 66801 |

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| S 000 | INITIAL COMMENTS<br><br>The following represent the findings of an initial survey for the above named Home Plus facility conducted on 12/29/22 and 01/03/23. | S 000 | | |
| S5085 SS=D | 26-42-201 (c) Functional Capacity Screen Reassessment<br><br>(c) Designated staff shall conduct a screening to determine each resident ' s functional capacity according to the following requirements:<br>(1) At least once every 365 days;<br>(2) following any significant change in condition as defined in K.A.R. 26-39-100; and<br>(3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-42-201(c)(1)<br><br>The facility reported a census of 11 residents. The sample included three residents. Based on interview, and record review the operator failed to ensure designated staff completed a "Functional Capacity Screen" (FCS) for resident (R)101 at least once every 365 days.<br><br>Findings included:<br><br>- R101's medical record revealed the resident moved into the facility on 07/13/20 with a diagnosis of macular degeneration.<br><br>The most current FCS available in R101s | S5085 | | |

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

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| S5085 | Continued From page 1<br>medical records was dated 05/23/22. The previous FCS was completed on 07/10/20 with no documentation to show a FCS was completed for the year 2021.<br><br>On 01/03/23 at 03:47 PM Administrative Nurse A stated the FCS should be completed at least every 365 days but could not find documentation in R101's medical record that an FCS was completed in 2021.<br><br>The operator failed to ensure designated staff completed a FCS for R101 at least once every 365 days. | S5085 | | |
| S5105 SS=F | 26-42-202 (a) Negotiated Service Agreement<br><br>a) The administrator or operator of each home plus shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information:<br>(1) A description of the services the resident will receive;<br>(2) identification of the provider of each service; and<br>(3) identification of each party responsible for payment if outside resources provide a service.<br><br>This REQUIREMENT is not met as evidenced by: | S5105 | | |

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| S5105 | Continued From page 2<br>KAR 26-42-202(a)<br><br>The facility reported a census of 11 residents with three residents included in the sample. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) was fully developed on what triggered in the "Functional Capacity Screen" (FCS) for resident (R)101, R102 and R103.<br><br>Findings included:<br><br>- R101's medical record revealed the resident moved into the facility on 07/13/20 with a diagnosis of macular degeneration.<br><br>The 05/23/22 FCS identified R101 had problems with short term memory, long term memory, memory recall and decision-making. Was usually understandable when expressing information content, and usually had the ability to understand others. Had a recent problem or risk for falls or unsteadiness.<br><br>The 05/23/22 NSA did not address R101's cognition and communication issues or her recent problem of risk for falls. The NSA also did not address R101's use of a bed assistive device.<br><br>On 01/03/23 at 03:47 PM Administrative Nurse A stated if anything triggered on the FCS it should be addressed on the NSA.<br><br>The operator failed to ensure R101's NSA was fully developed to include all items that triggered on the FCS. | S5105 | | |

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| S5105 | Continued From page 3<br><br>- R102's medical record revealed the resident moved into the facility on 07/15/22 with a diagnosis of Parkinson's Disease.<br><br>The 07/15/22 FCS identified R102 was occasionally incontinent, had difficulty with short term memory and had a recent problem or risk for falls or unsteadiness.<br><br>The 07/15/22 NSA did not address R102's triggers for occasionally incontinence, difficulty with short term memory and recent problems or risk for falls or unsteadiness. The NSA also did not address R101's use of a bed assist device.<br><br>On 01/03/23 at 03:13 PM Administrative Nurse A stated if anything triggered on the FCS it should be addressed on the NSA.<br><br>The operator failed to ensure R102's NSA was fully developed to include all items that triggered on the FCS.<br><br>-R103's medical record revealed the resident moved into the facility on 08/18/21 with a diagnosis of Parkinson's Disease.<br><br>The 01/11/22 FCS identified R103 experienced frequent incontinence, impaired cognition concerning decision-making, communication concerning her being usually understandable when expressing information content, falls, unsteadiness, impaired decision-making and inappropriate behavior.<br><br>The 01/11/22 NSA did not address R103's frequent incontinence, impaired cognition | S5105 | | |

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| S5105 | Continued From page 4<br>concerning decision-making, communication concerning her being usually understandable when expressing information content, falls, unsteadiness, impaired decision-making and inappropriate behavior.<br><br>On 01/03/23 at 03:23 PM Administrative Nurse A stated if anything triggered on the FCS it should be addressed on the NSA.<br><br>The operator failed to ensure R103's NSA was fully developed to include all items that triggered in the FCS. | S5105 | | |
| S5116 SS=D | 26-42-202 (d) NSA revisions<br><br>(d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements:<br>(1) At least once every 365 days;(2) following any significant change in condition, as defined in K.A.R. 26-39-100;<br>(3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant; and<br>(4) if requested by the resident or the resident ' s legal representative, staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-42-202(d)(1)<br><br>The facility reported a census of 11 residents. | S5116 | | |

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| S5116 | Continued From page 5<br><br>The sample included three residents. Based on interview, and record review the operator failed to ensure designated staff completed a "Negotiated Service Agreement" (NSA) for resident (R)101 at least once every 365 days.<br><br>Findings included:<br><br>- R101's medical record revealed the resident moved into the facility on 07/13/20 with a diagnosis of macular degeneration.<br><br>The most current NSA available in R101s medical records was dated 05/23/22. The previous NSA was completed on 07/10/20 with no documentation to show a NSA was completed for the year 2021.<br><br>On 01/03/23 at 03:47 PM Administrative Nurse A stated the NSA should be completed at least every 365 days but could not find documentation in R101's medical record that an NSA was completed in 2021.<br><br>The operator failed to ensure designated staff completed a NSA for R101 at least once every 365 days. | S5116 | | |
| S5155 SS=F | 26-42-204 (a) Health Care Services<br><br>(a) The administrator or operator in each home plus shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement. | S5155 | | |

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| S5155 | Continued From page 6 | S5155 | | |

This REQUIREMENT is not met as evidenced by:
KAR 26-42-204(a)

The facility reported a census of 11 residents. The sample included three residents. Based on observation, interview and record review the operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs for one of three sampled residents evidenced by the failure to complete and document an assessment for the purpose to use bed rails, ability to use bed rails safely without risk of entrapment, and to confirm the bed rails were not a restraint for resident (R)102 and by not including fall interventions for R101, R102 and R103 in the "Negotiated Service Agreement/Health Care Service Plan" (NSA/HCSP).

Findings included:

- R101's medical record revealed the resident moved into the facility on 07/13/20 with a diagnosis of macular degeneration.

The 05/23/22 "Functional Capacity Screen" (FCS) documented R101 required physical assistance with transfers and mobility and used a walker and wheelchair. The FCS also triggered for falls, unsteadiness.

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| S5155 | Continued From page 7<br><br>The 05/23/22 "Negotiated Service Agreement" (NSA) documented R101 required staff assistance with transfers and mobility but did not address fall or address the use of a bed assistive device.<br><br>Medical records documented R101 had falls on 06/21/22 and 11/09/22. No fall prevention interventions were included in the NSA/HCSP.<br><br>The 11/09/22 "Chart Note" documented, "Resident was being transferred by this nurse at 2100 to go to bed. This nurse was pulling down blankets so resident could get into bed. Resident got up while this nurse had her back turned. Resident got her feet tangled up in her walker and fell into her bed..." No intervention was included in the NSA/HCSP.<br><br>On 01/03/23 at 02:55 PM there was a u-shaped bed cane improperly attached to R101's bed and R101 sat in her recliner with her walker in front of her.<br><br>On 01/03/23 at 01:41 PM Certified Medication Aide (CMA) D stated R101 used a bed cane to assist herself to sit up in her bed. CMA D stated R101 had a fall a couple of months ago when she stood up from her recliner and got her foot caught up in her walker and fell into her bed.<br><br>On 01/03/23 at 03:47 PM Administrative Nurse A stated if a resident had a fall this should be documented in the "Chart Notes", a "Post Fall Assessment" and a fall investigation should be completed to include any new interventions which should be added to the NSA using an | S5155 | | |

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| S5155 | Continued From page 8<br>addendum.<br><br>The 06/20/22 "Prevention Bed Rail Use Policy" documented, "Resident care plan will include the use of bed rails as assessed ...The staff will conduct an annual inspection of all ...bed rails, as part of a regular maintenance program to identify areas of possible entrapment."<br><br>The 08/30/22 "Fall Management" policy documented, "Once an investigation is complete, the healthcare team will develop a plan of care to implement to reduce the risk of further falls."<br><br>The operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs for R101 regarding falls and the use of a bed assist device.<br><br>- R102's medical record revealed the resident moved into the facility on 07/15/22 with a diagnosis of Parkinson's Disease.<br><br>The 07/15/22 FCS documented R102 required supervision with transfers and mobility, used a walker and wheelchair, triggered for falls, unsteadiness but did not address the use of a bed rail.<br><br>The 07/15/22 NSA documented staff provided standby assist and monitored R102 with transfers. The NSA identified that R102 used a walker for short distances, and a wheelchair for long distances. The NSA did not address the use of a bed rail or that R102 triggered for falls, and unsteadiness. | S5155 | | |

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| S5155 | Continued From page 9<br>Review of R102's medical record failed to locate an assessment for the use of a bed rail.<br><br>Medical records documented R102 had falls on 07/27/22, 07/30/22, 08/17/22, 08/28/22, 09/27/22, 10/02/22, 10/06/22 and 12/25/22. No fall prevention interventions were included in the NSA/HCSP.<br><br>On 01/03/23 at 02:45 PM two quarter rails were observed to be fastened to R102's hospital bed. R102 sat in his wheelchair and appeared to be very shaky due to his Parkinson's. R102 did not have his seatbelt fastened.<br><br>On 01/03/23 at 01:50 PM CMA D stated R102 had a hospital bed with bed rails which he used to help him sit up from his wheelchair. CMA D stated R102 has had some falls due to his having Parkinson's Disease and that most of his falls occurred when he tried to get up from his chair. CMA D stated R102 used to use a walker but was now wheelchair bound due to safety issues. CMA D stated R102 had been re-educated to call for help, and make sure he had his seat belt buckled.<br><br>On 01/03/23 at 03:13 PM Administrative Nurse A stated there was not a bed rail assessment completed for R102 and he used a hospital bed which had rails attached. Administrative Nurse A stated R102 has had some falls, mainly when he tried to get up to use the bathroom during the night. Administrative Nurse A stated an investigation was completed and if a new intervention was put into effect this should be included in an addendum to the NSA. | S5155 | | |

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| S5155 | Continued From page 10 | S5155 | | |

The 06/20/22 "Prevention Bed Rail Use Policy" documented, " ...The facility's leadership will be responsible for completing individual bed rail evaluation on a regular basis ..."

The 08/30/22 "Fall Management" policy documented, "Once an investigation is complete, the healthcare team will develop a plan of care to implement to reduce the risk of further falls."

The operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs for R102 regarding falls and the use of a bed assist device.

- R103's medical record revealed the resident moved into the facility on 08/18/21 with a diagnosis of Parkinson's Disease.

The 01/11/22 FCS documented R103 required physical assistance with transfers and mobility, used a walker and wheelchair, triggered for falls, unsteadiness but did not address the use of a bed rail.

The 01/11/22 NSA documented staff provided physical assistance with transfers and mobility but did not address falls, and unsteadiness.

Medical records documented R103 had falls on 07/03/22, 07/15/22, 12/15/22 and 12/26/22. No fall prevention interventions were included in the NSA/HCSP.

On 01/03/23 at 03:03 PM R103 appeared to be alert and oriented and sat in her recliner. There was a wheelchair located across from the foot of

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| S5155 | Continued From page 11<br>her recliner and a quad-cane located next to her chair to her left.<br><br>On 01/03/23 at 01:45 PM CMA D stated R103 was pretty much independent with transfers and ambulation depending on the day. CMA D stated at times R103 wanted the staff to be next to her for safety purposes when she experienced "Parkinson's legs". CMA D stated R103 has had a couple of falls recently and staff reminded R103 to use her walker and reminded her to call staff when she felt wobbly.<br><br>On 01/03/23 at 03:23 PM Administrative Nurse A stated R103 has had two falls recently due to her Parkinson's Disease where she lost her balance, or her feet got tripped up when she went to the bathroom. Administrative Nurse A stated if R103 had a fall an intervention should be implemented and should be included in an addendum and added to the NSA.<br><br>The 08/30/22 "Fall Management" policy documented, "Once an investigation is complete, the healthcare team will develop a plan of care to implement to reduce the risk of further falls."<br><br>The operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs for R103 regarding falls. | S5155 | | |
| S5192 SS=F | 26-42-206 (e) Food Preparation<br><br>(e) Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature. | S5192 | | |

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| S5192 | Continued From page 12<br>(1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations.(2) Food in cans that have significant defects, including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be used.<br>(3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-42-206 (e)<br><br>The facility had a census of 11 residents. All 11 residents ate food prepared in the same kitchen. The operator failed to ensure food items were served at the proper temperature.<br><br>Findings included:<br><br>- On 12/29/22 at approximately 03:45 PM an observation of the kitchen revealed there was a "Cooking Temperature Log" that did not indicate the month, day or time food temperatures were logged and only had meat dish food temperatures logged.<br><br>Interview on 12/29/22 at 03:56 PM Certified Nurse Aide (CNA) C stated only meat serving temperatures were logged prior to serving to residents. | S5192 | | |

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| (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 |
|---|---|---|---|---|
| S5192 | Continued From page 13<br><br>On 08/31/22 at 09:37 AM Administrative Nurse A acknowledged the "Cooking Temperature Log" lacked documentation of the month, day and time food temperatures were logged. Administrative Nurse A also acknowledged there was only a space to log meat dish food items and lacked a place to document the temperatures of other types of foods served to the residents.<br><br>The 12/01/18 "Infection Control" policy documented, "Cold foods must be maintained at an internal temperature of 41 degrees or below ...Hot foods must be maintained at an internal temperature of 135 degrees or above ...Staff will check and record internal temperatures on a log prior to serving cooked foods to residents ..."<br><br>According to the Kansas Department of Agriculture "Focus on Food Safety" revised August 2017, hot foods must be maintained at an internal temperature of 135 Fahrenheit (F) or higher and cold foods must be maintained at an internal temperature of 41 F or below.<br><br>The operator failed to ensure food items were served at the proper temperature. | S5192 | | |
| S5195 SS=F | 26-42-206 (f) (g) Facility Food Storage<br><br>(f) Staff shall store all food under safe and sanitary conditions. Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving.<br>(g) Each home shall maintain at least a three-day supply of food to meet the requirements of the planned menus. | S5195 | | |

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|---|---|---|---|
| | B056003 | A. BUILDING: _____ B. WING _____ | 01/03/2023 |

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| S5195 | Continued From page 14<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-42-206 (f)<br><br>The facility had a census of 11 residents. All 11 residents ate food prepared in the same kitchen. The operator failed to ensure food items were stored under safe and sanitary conditions by the failure to ensure foods stored in the refrigerator were kept at 41 degrees Fahrenheit (F) or lower and frozen foods stored in a freezer were kept at the recommended frozen storage temperature of 0 degrees F according to Food Safety Guidelines. The operator also failed to ensure chemicals were not stored in the area used for food storage.<br><br>Findings included:<br><br>- On 12/29/22 at approximately 03:45 PM the observation of the facility kitchen revealed the dry goods storage room contained numerous chemicals stored on shelves in the same place food items were stored.<br><br>Review of the "Refrigerator & Freezer Temperature Log" lacked documentation of refrigerator and freezer temperatures for the following dates:<br><br>November 2022: 11/06, 11/19, 11/20, 11/27, and 11/29.<br>December 2022: 12/03, 12/11, 12/16, 12/18, 12/25, 12/30 and 12/31. | S5195 | | |

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| S5195 | Continued From page 15<br><br>The 12/01/18 "Infection Control" Policy documented, "Refrigeration will be closely monitored to make sure that food is stored at a safe temperature ..."<br><br>The operator failed to ensure food items were stored under safe and sanitary conditions by failing to document refrigerator/freezer temperatures and not storing chemicals in the same place where food items were stored. | S5195 | | |
| S5313 SS=F | 26-42-205 (g) (3) Over the counter medication<br><br>(g) (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-42-205(g)(3)<br><br>The facility reported a census of 11 residents. Based on observation and interview the administrator failed to ensure a licensed pharmacist or licensed nurse placed the full name of the resident on the original package of | S5313 | | |

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| S5313 | Continued From page 16<br>over-the-counter medications.<br><br>Findings included:<br><br>- Observation on 12/29/22 at 12:47 PM revealed the north medication cart contained the following over-the counter medications which were not labeled with a resident's full name:<br><br>Resident (R)102:<br>One box of Dulcolax<br>One bottle of KAL Potassium 99 Chloride<br>One bottle of Spring Valley B12<br>One bottle of 21st Century B-12 5000 micrograms (mcg)<br>One bottle of Robitussin<br>One bottle of Tylenol rapid release<br>One bottle of Tylenol 8HR<br><br>R101:<br>One bottle of Nature's Bounty D3<br>Two bottles of Nature Made Iron 65 milligrams (mg.)<br>One tube of Calmoseptine<br>One bottle of Andrew Lessman PROCAPS Essential 1<br><br>R104:<br>One bottle of Tylenol regular strength<br>One bottle of Equate Pain Reliever<br>One bottle of TUMS<br>One bottle of GenTeal Tears<br>One bottle of Equate Eye Itch Relief<br>One bottle of Thera tears eye drops<br>One tube of Calmoseptine<br>One box of Kroger Anti- Diarrheal | S5313 | | |

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| S5313 | Continued From page 17<br><br>R105:<br>One bottle of Tylenol Rapid Release<br>Two bottles of Imodium A-D<br><br>R106:<br>One bottle of Equate stomach relief<br>One bottle of Equate Pain reliever<br>One bottle of Osteo Bi-Flex<br>One bottle of Walgreens Pain Reliever PM<br>One bottle of Spring Valley B12<br>One tube of Diclofenac Sodium Topical Gel<br>One bottle of Equate Lubricant Eye Drops<br>One bottle of Equate Complete Multivitamin<br>One bottle of Pepto Diarrhea<br>One bottle of Equate Allergy Relief.<br><br>The "Medications- Reg. 26-42-205" policy documented, " ...A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer's package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer's medication package and the medication container."<br><br>The operator failed to ensure all over-the-counter medications were labeled with the resident's full name. | S5313 | | |