STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175422	A. BUILDING _____ B. WING _____	C 03/16/2023

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) COMPLETION DATE
F 000	INITIAL COMMENTS The following citations are the result of abbreviated complaint survey KS00178378 and KS00177746. The 2567 was sent electronically on 03/28/23.	F 000		
F 657 SS=E	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii)Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is not met as evidenced by:	F 657		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 03/28/2023

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.

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F 657	Continued From page 1	F 657		

The facility identified a census of 43 residents. The sample included 13 residents. Based on observation, record review, and interview, the facility failed to provide timely and comprehensive care plan meetings for Resident (R) 1, R2, R3, and R4. This deficient practice placed these four residents at risk for not having their needs, strengths, limitations and goals assessed and met within a ninety-day period.

Findings included:

- R1 had diagnoses of hemiplegia (paralysis of one side of the body) and hemiparesis (muscular weakness of one half of the body) following a cerebral infarction (sudden death of brain cells due to lack of oxygen caused by impaired blood flow to the brain by blockage or rupture of an artery to the brain) affecting the right dominant side and Parkinson's disease (slowly progressive neurologic disorder characterized by resting tremor, rolling of the fingers, masklike faces, shuffling gait, muscle rigidity and weakness). R1 required one staff assistance with ambulation, transferring, and bed mobility. Staff were directed to provide R1 rehabilitative/restorative therapy specifically regarding ambulation, active range of motion, dressing and grooming, and group exercise. The facility's Electronic Medical Record (EMR) documented no care plan conference had been held from 10/19/22 through 03/02/23.

R2 had diagnoses of spinal stenosis (degenerative condition of the spine that could cause weakness and loss of use of extremities), disc degeneration (a condition of the discs in the back having loss of cushioning, fragmentation, and herniation related to aging), and hypertension (high blood pressure). R2 required one staff

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F 657	Continued From page 2	F 657		

assistance with ambulation, transferring, and bed mobility. Staff were directed to provide R2 rehabilitative/restorative therapy specifically regarding ambulation and active range of motion. The facility's EMR documented no care plan conference had been held from 10/05/22 through 03/16/23.

R3 had diagnoses of weakness, heart failure (a condition with low heart output and the body becomes congested with fluid), and hypertension. R3 required assistance with ambulation, bathing, toileting, and personal hygiene. Staff were directed to provide R3 with rehabilitation/restorative therapy specifically regarding ambulation, active range of motion, dressing and grooming, and transfer training. The facility's EMR documented no care plan conference had been held from 10/17/22 through 02/23/23.

R4 had diagnoses of hemiplegia and hemiparesis following a cerebral infarction affecting the left non-dominant side, abnormalities of gait and mobility, and hypertension. R4 required assistance with ambulation, bathing, toileting, transferring, and personal hygiene. Staff were directed to provide R4 with rehabilitation/restorative therapy specifically regarding ambulation, active range of motion, dressing and grooming, and transfers. The facility's EMR documented no care plan conference had been held from 10/19/22 through 03/16/23.

On 03/16/23 at 09:30 AM, observation revealed R1 sitting in her recliner looking out the window. R1's hands were trembling as they rested on the recliner arms.

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F 657	Continued From page 3	F 657		

On 03/16/23 at 09:45 AM, observations revealed R3 sat in his recliner with oxygen on via nasal canula. R3 had his feet elevated in the air and his head leaned back. R3 did not appear to be dressed for the day.

On 03/16/23 at 01:30 PM, Administrative Nurse D stated the care plan conference had not been done in the 90-day period because she was doing everything and the care plan conferences had been missed. Now that the facility has a social services designee the care plans should be held timely. Administrative Nurse D verified that the care plan conference should occur at least every ninety days.

The facility's undated "Person Centered Comprehensive Care Plan," policy, documented the facility should provide an individualized, person-centered, interdisciplinary plan of care for all residents that is appropriate to the residents needs, strengths, limitations and goals based on initial, recurrent and continual needs of the resident. The comprehensive care plan will meet professional standards of quality. Care, treatment and services are planned and provided to each resident in an interdisciplinary comprehensive and collaborative manner to ensure that all interventions are appropriate to the needs of the resident. At 90-day intervals or more frequently based on response to the resident's condition, the interdisciplinary team will evaluated the resident's progress toward meeting the goals of care, treatment, and services; revise the plan of care, treatment and services; and collaborate with the resident and/or representative and family in reviewing and revising the plan for care, treatment, and services.

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F 657	Continued From page 4 The facility failed to provide timely and comprehensive care plan meetings for R1, R2, R3, and R4. This deficient practice placed these four residents at risk for not having their needs, strengths, limitations and goals assessed and met within a ninety-day period.	F 657		
F 688 SS=E	Increase/Prevent Decrease in ROM/Mobility CFR(s): 483.25(c)(1)-(3) §483.25(c) Mobility. §483.25(c)(1) The facility must ensure that a resident who enters the facility without limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; and §483.25(c)(2) A resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. §483.25(c)(3) A resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a reduction in mobility is demonstrably unavoidable. This REQUIREMENT is not met as evidenced by: The facility identified a census of 43 residents. The sample included 13 residents. Based on observation, record review, and interview, the facility failed to provide restorative therapy for Resident (R) 1, R2, R3, and R4, who required restorative therapy after discontinuing physical therapy and occupational therapy to ensure the residents did not lose progress in performing	F 688		

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F 688	Continued From page 5	F 688		

activities of daily living. This deficient practice placed these four residents at risk for functional decline in activities of daily living.

Findings included:

- R1 had diagnoses of hemiplegia (paralysis of one side of the body) and hemiparesis (muscular weakness of one half of the body) following a cerebral infarction (sudden death of brain cells due to lack of oxygen caused by impaired blood flow to the brain by blockage or rupture of an artery to the brain) affecting the right dominant side and Parkinson's disease (slowly progressive neurologic disorder characterized by resting tremor, rolling of the fingers, masklike faces, shuffling gait, muscle rigidity and weakness). R1 required one staff assistance with ambulation, transferring, and bed mobility. Staff were directed to provide R1 rehabilitative/restorative therapy specifically regarding ambulation, active range of motion, dressing and grooming, and group exercise. The facility's Electronic Medical Record (EMR) documented no rehabilitative/restorative therapy or services was performed with R1 from 02/15/23 through 03/16/23.

R2 had diagnoses of spinal stenosis (degenerative condition of the spine that could cause weakness and loss of use of extremities), disc degeneration (a condition of the discs in the back having loss of cushioning, fragmentation, and herniation related to aging), and hypertension. R2 required one staff assistance with ambulation, transferring, and bed mobility. Staff were directed to provide R2 rehabilitative/restorative therapy specifically regarding ambulation and active range of motion. The facility's EMR documented no

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F 688	Continued From page 6	F 688		

rehabilitative/restorative therapy or services was performed with R2 from 02/15/23 through 03/16/23.

R3 had diagnoses of weakness, heart failure (a condition with low heart output and the body becomes congested with fluid), and hypertension. R3 required assistance with ambulation, bathing, toileting, and personal hygiene. Staff were directed to provide R3 with rehabilitation/restorative therapy specifically regarding ambulation, active range of motion, dressing and grooming, and transfer training. The facility's EMR documented no rehabilitative/restorative therapy or services was performed with R3 from 02/15/23 through 03/16/23.

R4 had diagnoses of hemiplegia and hemiparesis following a cerebral infarction affecting the left non-dominant side, abnormalities of gait and mobility, and hypertension. R4 required assistance with ambulation, bathing, toileting, transferring, and personal hygiene. Staff were directed to provide R4 with rehabilitation/restorative therapy specifically regarding ambulation, active range of motion, dressing and grooming, and transfers. The facility's EMR documented no rehabilitative/restorative therapy or services was performed with R4 from 02/15/23 through 03/16/23.

On 03/16/23 at 09:30 AM, observation revealed R1 sitting in her recliner looking out the window. R1's hands were trembling as they rested on the recliner arms.

On 03/16/23 at 09:45 AM, observations revealed

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F 688	Continued From page 7	F 688		

R3 ssat in his recliner with oxygen on via nasal canula. R3 had his feet elevated in the air and his head leaned back. R3 did not appear to be dressed for the day.

On 03/16/23 at 10:30 AM, Restorative Aide (RA) GG stated that she was hired at the facility in October of 2022 to provide restorative services to the residents. RA GG stated the facility uses her as an aide on the floor and there was not time for her to perform restorative therapies with the residents.

On 03/16/23 at 11:00 AM, Certified Nursing Aide (CNA) M stated that the facility did not provide restorative services for the residents in the facility, but CNA's were told to chart restorative services.

On 03/16/23 at 11:30 AM, Physical Therapy Assistant (PTA) HH stated that the facility did not have any restorative services for the residents of the facility. PTA HH stated physical therapy and occupational therapy work hard to get residents to their optimal functioning status and then the residents are taken off of therapies and then regress because there is no restorative therapy working with them.

On 03/16/23 at 01:00 PM, Therapy Coordinator II, stated the facility administrator wanted CNA's to perform restorative therapy with the residents but CNA's have not been trained to perform restorative therapy. Therapy Coordinator II stated it was frustrating not having restorative therapy to assist the residents to maintain their progress that they have made with physical and occupational therapy and to see them digress.

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F 688	Continued From page 8	F 688		

On 03/16/23 at 01:30 PM, Administrative Nurse D stated the residents residing in the facility that had restorative therapy ordered were not receiving restorative therapy.

The facility's undated "Restorative" policy documented the care plan will list approaches to use to reach each elder's agreed upon goals. Staff may not "pick and choose" which approaches to use. Goals of the approaches include: meeting the needs of each elder as assessed, enhance and promote quality of life for each elder, be realistic, focus on the individual elder's assessed needs and goals, be unique and specific to the elder, focus on identified strengths and ability of each elder, be purposeful, for repetitive goals give the elder choices of functional tasks to perform once or more than once daily, seek on-going input from elder and all care partners, list frequency and duration of each treatment, meet or exceed standards of care at all time, allow enough time to complete restorative plan tasks, and include time of day elder prefers the restorative activity.

The facility failed to provide restorative therapy for R1, R2, R3, and R4, who required restorative therapy after discontinuing physical therapy and occupational therapy to ensure the residents did not lose progress in performing activities of daily living. This deficient practice placed these four residents at risk for functional decline in activities of daily living.