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 05/24/2023

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 survey and complaint investigation KS00179294. The 2567 was sent electronically on 06/05/23.	F 000		
F 726 SS=F	Competent Nursing Staff CFR(s): 483.35(a)(3)(4)(c) §483.35 Nursing Services The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.35(a)(3) The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. §483.35(a)(4) Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding to resident's needs. §483.35(c) Proficiency of nurse aides. The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident	F 726		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 06/05/2023

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 726	Continued From page 1	F 726		

assessments, and described in the plan of care. This REQUIREMENT is not met as evidenced by:

The facility identified a census of 37 residents. Based on record review and interview, the facility failed to ensure nursing staff possessed current licensure as required. This deficient practice placed all the resident residing in the facility at risk for not attaining or maintaining the highest practicable physical, mental, and psychosocial well-being.

Findings included:

- The "Kansas State Board of Nursing License Verification," printed on 05/24/23, documented Licensed Nurse (LN) G's Licensed Practical Nursing (LPN) license expired on November 30, 2022.

Review of Nursys.com/License verification revealed LN G had a Kansas LPN license which expired in November 2022, and no evidence of an active multi-state license present from another state.

The "Facility's Working Schedule," for the month of January, documented LN G worked sixteen days out of thirty-one days as an LPN after LN G's license had expired. The resident census for the month of January was forty.

The "Facility's Working Schedule," for the month of February, documented LN G worked twelve out of twenty-eight days as an LPN after LN G's license had expired. The resident census for the month of February was forty-two.

The "Facility's Working Schedule," for the month

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F 726	Continued From page 2	F 726		

of March, documented LN G worked thirteen out of thirty-one days as an LPN after LN G's license had expired. The resident census for the month of March was forty-one.

The "Facility's Working Schedule," for the month of April, documented LN G worked fourteen days out of thirty days as an LPN after LN G's license had expired. The resident census for the month of April was thirty-eight.

The "Facility's Working Schedule," for the month of May, documented LN G worked twelve days out of twenty-three days as an LPN after LN G's license had expired. The resident census for the month of May was thirty-seven.

On 05/24/23 LN G was unavailable for interview.

On 05/24/23 at 10:30 AM, Administrative Nurse D stated that she had no idea that LN G had let her license expire. Administrative Nurse D verified LN G had been on the working schedule for the facility and had been providing nursing care to the residents of the facility.

On 05/24/23 at 11:00 AM Administrative Staff A stated she expected licensed nursing staff to be aware of when their nursing license expired and take care of renewing their license. Administrative Staff A stated the facility did not have any system or policy regarding ensuring licensed nursing staff employed by the facility maintained their licensure. Administrative Staff A stated the only time the facility checked for active nursing license was upon hire.

The facility lacked a policy regarding tracking licensure for licensed nurses.

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F 726	Continued From page 3 The facility failed to ensure nursing staff possessed current licensure as required which placed all the resident residing in the facility at risk for not attaining or maintaining the highest practicable physical, mental, and psychosocial well-being.	F 726		
F 835 SS=F	Administration CFR(s): 483.70 §483.70 Administration. A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: The facility identified a census of 37 residents. Based on record review and interview, the facility failed to ensure adequate administrative oversight when the facility failed to monitor and ensure all nurses practicing in the facility maintained active license as required to provide the residents residing in the facility with the care they needed to attain or maintain the highest practicable physical, mental, and psychosocial well-being. This deficient practice placed the resident's residing in the facility at risk for lack of quality nursing care. Findings included: - The "Kansas State Board of Nursing License Verification," printed on 05/24/23, documented Licensed Nurse (LN) G's Licensed Practical Nursing (LPN) license had expired on November 30, 2022.	F 835		

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F 835	Continued From page 4	F 835		

Review of Nursys.com/License verification revealed LN G had a Kansas LPN license which expired in November 2022, and no evidence of an active multi-state license present from another state.

The "Facility's Working Schedule," for the month of January, documented LN G worked sixteen days out of thirty one days as an LPN after LN G's license had expired.

The "Facility's Working Schedule," for the month of February, documented LN G worked twelve out of twenty-eight days as an LPN after LN G's license had expired.

The "Facility's Working Schedule," for the month of March, documented LN G worked thirteen out of thirty-one days as an LPN after LN G's license had expired.

The "Facility's Working Schedule," for the month of April, documented LN G worked fourteen days out of thirty days as an LPN after LN G's license had expired.

The "Facility's Working Schedule," for the month of May, documented LN G worked twelve days out of twenty-three days as an LPN after LN G's license had expired. The resident census for the month of May was thirty-seven.
On 05/24/23 LN G was unavailable for interview.

On 05/24/23 at 10:30 AM, Administrative Nurse D stated that she had no idea that LN G had let her license expire. Administrative Nurse D verified LN G had been on the working schedule for the facility had had been providing nursing care to the residents of the facility.

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F 835	Continued From page 5 On 05/24/23 at 11:00 AM Administrative Staff A stated she expected licensed nursing staff to be aware of when their nursing license expired and take care of renewing their license. Administrative Staff A stated the facility did not have any system or policy regarding ensuring licensed nursing staff employed by the facility maintained their licensure. Administrative Staff A stated the only time the facility checked for active nursing license was upon hire. The facility lacked a policy regarding ensuring ongoing licensure for facility-employed licensed nurses. The facility failed to provide adequate administrative oversight when the facility failed to monitor and ensure all nurses practicing in the facility maintained active license as required to provide the residents residing in the facility with the care they needed to attain or maintain the highest practicable physical, mental, and psychosocial well-being. This deficient practice placed the resident's residing in the facility at risk for lack of quality nursing care.	F 835		