STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046074	A. BUILDING: _____ B. WING _____	06/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE ASSISTED LIVING OF OVERLAND PARK	12500 W 135TH STREET OVERLAND PARK, KS 66221

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S 000	INITIAL COMMENTS The following citations represent the findings of the licensure resurvey with attached complaint numbers 175827, 171649, and 169623, for the above named facility conducted on 06/07/2023 and 06/08/23	S 000		
S3101 SS=D	26-41-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-202 (h) The facility reported a census of 56 residents. The sample included 3 "Residents'" ((R's)1, 2, and 3). Based on record review and interview the administrator failed to ensure each individual involved in the development of the "Negotiated Service Agreement" (NSA) signed the agreement for R2. Findings include: - Record review on 06/07/23 for R2 revealed an admission date of 01/31/21 with diagnoses of atherosclerotic heart disease, malignant neoplasm of the prostate, polyosteoarthritis, vascular dementia with behavioral disturbance,	S3101		

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

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S3101	Continued From page 1	S3101		

insomnia, angina pectoris, type 2 diabetes mellitus, and essential hypertension.

Record review of R2 "Functional Capacity Screen" (FCS) dated 06/06/23 reveled he required physical assistance with bathing, dressing, toileting, and transferring. He lacked the ability to feed himself and manage his own medications. He was incontinent of bladder, and had impaired short-term memory, impaired long-term memory, impaired memory recall and impaired decision making. He was marked with falls, impaired vision, and impaired decision making. He used a wheelchair mobility device.

Record review of the NSA/ "Health Service Plan" revised on 06/06/23 identified the following health services to be provided and instructed staff on how to provide the health services for R2: he was a two person transfer with a sit to stand mechanical lift, 2 persons to assist with dressing and undressing, a two person with the sit to stand mechanical lift for bathing, custom assistance with a team member for meals due to a pureed diet, two persons to assist with toileting, and facility nurse to administer insulin. Identification of the outside hospice provider and the services they would provide identified.

Record review of the NSA/HSP signature page revealed the document was signed on 12/28/21 by R2 "Durable Power of Attorney" (DPOA) and "Licensed Nurse" (LN)H.

The document dated 06/06/23 lacked signatures of those involved in the development of the NSA/HSP, and the signatures on file were greater then 365 days old.

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S3101	Continued From page 2 Interview on 06/08/23 at 02:57 PM with LN C and administrator D, they confirmed the NSA/HSP for R2 lacked the required signatures for those involved in the development of the NSA/HSP. The administrator failed to ensure each individual involved in the development of the "Negotiated Service Agreement" (NSA) signed the agreement for R2.	S3101		
S3211 SS=E	26-41-205 (g) (3) OVER THE COUNTER DRUGS (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. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-205 (g) (3) The facility reported a census of 56 residents. Based on observation, interview, and record review, the administrator failed to ensure a licensed nurse or licensed pharmacist placed the	S3211		

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S3211	Continued From page 3 full name of the resident on the "Over-The-Counter" (OTC's) medications. Findings include: Observation on 06/07/23 at 09:25 AM of the second-floor assisted living medication cart revealed the following: "Licensed Nurse" (LN) A, opened the locked medication and in the first drawer was an opened bottle of One A Day vitamins. Observation on 06/07/23 at approximately 09:45 AM, "Certified Medication Aide" (CMA) B opened the locked medication cart in the third drawer done were the following OTC's that lacked the full name of the resident: 1 bottle of Benefiber Prebiotic 2 bottles of Tylenol Extra Strength 1 bottle of Miralax 1 bottle of Laxaclear 1 box of Ducolax Pink Record Review of the facility provided document titled "Medication Oversight Program" revealed under section D "Medication Storage" on page18 revealed the following statement: "Medications are stored in a safe, secure manner according to the manufacturer's recommendations and applicable laws/regulations. Interview on 06/08/23 at 02:57 PM with Licensed Nurse C and Administrator D, they confirmed the OTC's should be labeled by the licensed nurse with the resident full name. The administrator failed to ensure a licensed nurse or licensed pharmacist placed the full	S3211		

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S3211	Continued From page 4 name of the resident on the "Over-The-Counter" (OTC's) medications.	S3211		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-104 (d) (3) The facility reported a census of 56 residents. Based on record review and interview the administrator failed to ensure the facility's emergency management plan was reviewed quarterly with all residents. Findings include:	S3280		

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S3280	Continued From page 5 - Interview on 06/07/23 at 03:15 P.M. with administrator D, he confirmed the facility lacked the documentation for the required emergency management quarterly reviews with all residents since the last survey on 12/02/21. The administrator failed to ensure the facility's emergency management plan was reviewed quarterly with all residents.	S3280		
S3310 SS=E	26-41-207 (b) (5-6) (c) Infection Control Policies (b) (5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident ' s food, or resident care equipment until the condition is no longer infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; and (c) Each administrator or operator shall ensure the facility ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-207 (c) The facility reported a census of 56 residents. The sample included 3 residents and 5 newly hired employees. Based on record review and interview the administrator failed ensure the	S3310		

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S3310	Continued From page 6	S3310		

facility's compliance with the department's "Tuberculosis" (TB) guidelines adopted by reference in K.A.R. 26-39-105 for 2 of the 5 newly hired employees ("Executive Director/Administrator" D, and "Certified Nurse Aide" (CNA) G.

Findings include:

- Record review on 06/08/23 for newly hired Administrator D revealed he started employment on 09/26/22. The facility provided document titled "Team Member Tuberculin Skin Test" revealed the first step of the two-step test was implanted on 09/07/22 and read negative on 09/09/22. The second step was implanted on 10/10/22 and the document lacked a date read and the result.

Record review for newly hired CNA G revealed she started employment on 01/10/23. The facility provided document titled "Team Member Tuberculin Skin Test" revealed the first step of the two-step test was implanted on 12/27/22 and read negative on 12/29/22. The record lacked documentation of the required second step of the two-step test.

Interview on 06/08/23 at 02:57 PM with Administrator D and Licensed Nurse C, they confirmed the newly hired records lacked the required documentation of the required two step TB skin test.

The administrator failed ensure the facility's compliance with the department's "Tuberculosis" (TB) guidelines adopted by reference in K.A.R. 26-39-105 for 2 of the 5 newly hired employees

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S3310	Continued From page 7 ("Executive Director/Administrator" D, and "Certified Nurse Aide" (CNA) G.	S3310		
S3320 SS=E	28-39-254 CONSTRUCTION (a) The assisted living facility or residential health care facility shall be designed, constructed, equipped and maintained to protect the health and safety of residents, personnel and the public. (b) All new construction, renovation, remodeling and changes in building use in existing buildings shall comply with building and fire codes, ordinances and regulations enforced by city, county, and state jurisdictions, including the state fire marshal. (c) New construction, modifications and equipment shall conform to the following codes and standards: (1) Title III of the Americans with disabilities act, 42 U.S.C. 12181, effective as of January 26, 1992; and (2) "Food Service Sanitation Manual," health, education, and welfare (HEW) publication no. FDA 78-2081, as in effect on July 1, 1981. This REQUIREMENT is not met as evidenced by: K.A.R. 28-39-254 (a) The facility reported a census of 56 residents. Based on observation and interview, the administrator failed to ensure the safety of the	S3320		

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S3320	Continued From page 8 residents in the secured unit related to unsecured chemicals. Findings include: - Observation on 06/07/23 at 09:45 AM during the initial facility tour of the secure key padded unit on the second floor revealed the following unsecured chemicals: The kitchen cabinet on the south wall freely opened and in a white plastic bag was a container of Clorox wipes. The upper kitchen cabinet on the west wall freely opened and a can of "Sure Scents" air freshener sat on the lower right shelf. In the "Reflections room sitting on the floor on next to the north wall sat a pink storage container full of bottles of fingernail polish, and in a basket under the pink storage container was a can of "Nail polish dryer" and a container of 100% Acetone fingernail polish remover. Interview on 06/07/23 at 09:48 AM with Administrator A, confirmed the chemicals should be in secured storage. The administrator failed to ensure the safety of the residents in the secured unit related to unsecured chemicals.	S3320		