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 _____	06/07/2023

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) COMPLETE DATE
S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey with complaint (#172566) at the above named facility conducted on 06/07/23.	S 000		
S3171 SS=D	26-41-204 (i) Health Care Services Standards of Practice (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice. This REQUIREMENT is not met as evidenced by: KAR 26-41 204 (i) The census totaled 17 residents. The sample included 3 residents. Based on observation, interview and record review, Operator A failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services in accordance with acceptable standards of practice for the use of bed assistive devices, which met the needs of 1 of 3 sampled residents (R)2. Findings included: - The "Resident Roster" obtained on 06/07/23 identified one resident as having a bed assistive device (R2). R2's "Medical Record" revealed she admitted to the facility on 08/21/22 with diagnoses of chronic obstructive pulmonary disease, hyperlipidemia, anxiety and depression,	S3171		

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

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S3171	Continued From page 1 The "Resident Functional Capacity Screen" (FCS) dated 08/19/22 recorded the resident as independent with dressing, toileting, transfers, walk/mobility, and eating, supervision required for bathing and unable to perform management of medications and treatments. R2 had short term memory impairment, impaired decision making, was at risk for falls/ unsteadiness and had impaired vision. The "Negotiated Service Agreement" (NSA)/ Health Care Service Plan (HCSP) dated 08/22/22 recorded medication and treatments management as services provided by the facility. The NSA/ HCSP failed to identify the use of a bed assist device used for transfers. Record review lacked an annual assessment of the resident to confirm the device was not a restraint, an annual assessment of the resident to determine the purpose of the bedrail/assistive device and the resident's ability to safely use the device, an annual assessment of the bedrail/assistive device to ensure the device was securely attached to the bed or bedframe and posed no risk for entrapment. Observation on 06/07/23 at 01:51 PM in R2's room revealed a bed assist device to the left side of her bed. R2 stated she used the device to get out of bed. The bed assist device was not secured to the bed. Interview on 06/07/23 at 03:26 PM with Licensed Nurse B confirmed no safety checks and bed assistive device assessments for R2 were	S3171		

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S3171	Continued From page 2 completed. The FDA (food and drug administration) Hospital Bed System Dimensional and Assessment Guidance to Reduce Entrapment dated 3/10/06 listed 4 zones of greatest concern with specific measurements to reduce the risk of entrapment as follows: Zone 1 within the rail should measure less than 4 and 3/4 inches Zone 2 under the rail, between the rail supports or next to a single rail support should measure less than 4 and ¾ inches Zone 3 between the rail and the mattress should measure less than 4 and 3/4 inches Zone 4 under the rail at the ends of the rail should measure less than 2 and 3/8 inches. Facility's "Bed Rail" policy (no date) recorded, "If a bed or bed rail is used, the facility will ensure correct installation, use and maintenance of bed rails including but not limited to: Assessment of resident for risk of entrapment from bed rails prior to installation ... Ensure the bed's dimensions are appropriate for resident's size and weight." Operator A failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services which met the needs of R2 regarding use of a bed assistive device.	S3171		
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	S3211		

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S3211	Continued From page 3 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: KAR 26-41-205 (g) (3) The census totaled 17 residents. The sample included 3 residents. Based on observation and interview for 1 sampled resident (R)2 and 3 non-sampled residents (R)4, R5 and R6, Operator A failed to ensure licensed nurses or pharmacists placed the full name of the resident on each package of the resident's over the counter medication. Findings included: - Observation on 06/07/23 at 11:42 AM with Certified Medication Aide (CMA) C revealed a locked medication cart at the nurse's station of the facility. The following over the counter medications were noted without full names: For R2, the cart contained one bottle of Citracal Calcium Supplement, For R4, the cart contained one bottle of Antacid	S3211		

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S3211	Continued From page 4 Tablets, For R5, the cart contained one bottle of One A Day Men's Multivitamin, For R6, the cart contained one bottle of Milk of Magnesia (laxative). Interview on 06/07/23 with CMA C confirmed the above listed medications were without full first and last names for R2, R4, R5 and R6. Facility's "Medication Labeling and Storage" policy (no date) recorded, "Nonprescription medications not labeled by the pharmacy are kept in the manufacturer's original container and identified with the resident's name." Operator A failed to ensure licensed nurses or pharmacists placed the full name of residents on each package of the residents over the counter medication.	S3211		