

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046072	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/22/2023
NAME OF PROVIDER OR SUPPLIER SUNRISE ASSISTED LIVING OF LEAWOOD		STREET ADDRESS, CITY, STATE, ZIP CODE 11661 GRANADA AVENUE LEAWOOD, KS 66211		
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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey with attached complaint (#180832) at the above named facility conducted on 08/21/23 and 08/22/23.	S 000		
S3005 SS=F	26-41-101 (b) Administrator/Operator Criteria (b) Administrator and operator criteria. Each licensee shall appoint an administrator or operator who meets the following criteria: (1) Is at least 21 years of age; (2) possesses a high school diploma or the equivalent; (3) holds a Kansas license as an adult care home administrator or has successfully completed an operator training course and passed the test approved by the secretary of Kansas department of health and environment pursuant to K.S.A. 39-923 and amendments thereto; and (4) has authority and responsibility for the operation of the facility and compliance with licensing requirements. This REQUIREMENT is not met as evidenced by: KAR 26-41-101 (b) (3) (4) The facility reported a census of 70 residents. Based on interview and record review, the facility failed to appoint an administrator or operator who held a Kansas license as an adult care home administrator or has successfully completed an	S3005		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S3005	Continued From page 1 operator training course and passed the test approved by the secretary of Kansas department of health and environment pursuant to K.S.A. 39-923 and amendments thereto; and had authority and responsibility for the operation of the facility and compliance with licensing requirements as of 06/05/23, which at the start of the survey was 77 days. Findings included: Interview on 08/21/23 at approximately 01:20 PM, Executive Director A stated the previous administrator no longer worked at the facility and she took over as administrator on 06/05/23. Executive Director A stated she had an administrator's license in the state of Georgia, but not in the state of Kansas. The facility failed to appoint an administrator or operator who held a Kansas license as an adult care home administrator or has successfully completed an operator training course and passed the test approved by the secretary of Kansas department of health and environment pursuant to K.S.A. 39-923 and amendments thereto; and had authority and responsibility for the operation of the facility and compliance with licensing requirements as of 06/05/23, which at the start of the survey was 77 days.	S3005		
S3101 SS=F	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	S3101		

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S3101	Continued From page 2 the resident or the resident's legal representative. This REQUIREMENT is not met as evidenced by: KAR 26-41-202 (h) The census equaled 70 residents. The sample included 6 residents. Based on record review and interview for 6 Residents (R)1, R2, R3, R4, R5 and R6, the facility failed to ensure each individual involved in the development of the negotiated service agreement (NSA) signed the agreement. Findings included: Interview on 08/22/23 at 02:47 PM with Licensed Nurse (LN) B confirmed document titled "Individualized Service Plan" was the facility's NSA. - R1's medical record revealed she admitted to the facility on 05/14/21 with diagnoses of diabetes mellitus type II, hypothyroidism, cerebrovascular disease and muscle weakness. The "Functional Capacity Screen" (FCS) dated 06/09/23 recorded the resident was independent with eating, required physical assistance with bathing, dressing, toileting, transfer and walk/mobility, and was unable to complete management of medications and treatments. The FCS recorded R1 had short term memory impairment and was at risk for falls/unsteadiness.	S3101		

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S3101	Continued From page 3 The "Individualized Service Plan" dated 06/10/23 recorded R1 required physical assistance from staff for bathing, dressing, toileting, transfer, walk/mobility and medication and treatment administration. R1 used a sit to stand lift with two person staff assistance for transfers and a wheelchair for ambulation. The "Individualized Service Plan" lacked signatures of the individuals involved at the time of development of the agreement including R1, any legal representatives or family members and a licensed nurse. - R2's medical record revealed she admitted to the facility on 03/29/23 with diagnoses of diabetes mellitus type II, chronic obstructive pulmonary disease, chronic kidney disease, anemia, anxiety disorder, hyperlipidemia, hypertension and major depressive disorder. The "Functional Capacity Screen" (FCS) dated 03/28/23 recorded the resident was independent with eating and walk/mobility, required physical assistance with bathing, dressing, toileting and transfer, and was unable to complete management of medications and treatments. The "Individualized Service Plan" dated 06/20/23 recorded R2 required physical assistance from staff for bathing, dressing, toileting, transfer and medication administration. R2 used a sliding board with two-person staff assistance for transfers and a wheelchair for ambulation. The "Individualized Service Plan" lacked signatures of the individuals involved at the time	S3101		

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S3101	Continued From page 4 of development of the agreement including R2, any legal representatives or family members and a licensed nurse. - R3's medical record revealed she admitted to the facility on 03/13/21 with diagnoses of multiple sclerosis, Vitamin D deficiency, age-related osteoporosis, vitamin B12 deficiency, hypothyroidism and restless leg syndrome. The "Functional Capacity Screen" (FCS) dated 08/08/23 recorded the resident was independent with eating and walk/mobility, required physical assistance with bathing, dressing, toileting and transfer, and was unable to complete management of medications and treatments. The "Individualized Service Plan" dated 06/01/23 recorded R3 required physical assistance from staff for bathing, dressing, toileting, transfer and walk/mobility. R3 used a full lift with two person staff assistance for transfers and a wheelchair for ambulation. The "Individualized Service Plan" lacked signatures of the individuals involved at the time of development of the agreement including R3, any legal representatives or family members and a licensed nurse. - R4's medical record revealed he admitted to the facility on 06/01/22 with diagnoses of diabetes mellitus type II, hyperlipidemia, hypertension, depression and osteoarthritis. The "Functional Capacity Screen" (FCS) dated 06/01/23 recorded the resident was independent bathing, dressing, toileting, transfer,	S3101		

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S3101	Continued From page 5 walk/mobility and eating and was unable to complete management of medications and treatments. The "Individualized Service Plan" dated 05/23/23 recorded R4 required physical assistance from staff for medication and treatment administration. The "Individualized Service Plan" lacked signatures of the individuals involved at the time of development of the agreement including R4, any legal representatives or family members and a licensed nurse. - R5's medical record revealed he admitted to the facility on 07/31/21 with diagnoses of Parkinson's disease, hypertension, anemia, weakness and vascular dementia with behavioral disturbances. The "Functional Capacity Screen" (FCS) dated 07/27/23 recorded the resident required supervision with eating, required physical assistance with bathing, dressing, toileting, transfer, walk/mobility and was unable to complete management of medications and treatments. R5 was incontinent, had short- and long-term memory impairment, impaired memory/recall, impaired decision making and impaired vision. The "Individualized Service Plan" dated 07/27/23 recorded R5 required physical assistance from staff for bathing, dressing, toileting, transfer and walk/mobility. R5 used a hooyer lift with two person staff assistance for transfers and a wheelchair for ambulation.	S3101		

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S3101	Continued From page 6 The "Individualized Service Plan" lacked signatures of the individuals involved at the time of development of the agreement including R5, any legal representatives or family members and a licensed nurse. - R6's medical record revealed he admitted to the facility on 04/20/21 with diagnoses of diabetes mellitus type II, Dementia with behavioral disturbances and hyperlipidemia. The "Functional Capacity Screen" (FCS) dated 04/18/23 recorded the resident was independent with eating, required physical assistance with bathing, dressing, toileting, transfer, walk/mobility and was unable to complete management of medications and treatments. R6 had short and long term memory impairment, impaired memory/ recall, impaired decision making, and usually understandable/ sometimes understood. R6 was frequently incontinent, was at risk for falls/ unsteadiness and had socially inappropriate behavior. The "Individualized Service Plan" dated 04/25/23 recorded R6 required physical assistance from staff for bathing, dressing, toileting, transfer and walk/mobility. R6 used a trapeze bar for transfers in and out of bed and a wheelchair for ambulation. The "Individualized Service Plan" lacked signatures of the individuals involved at the time of development of the agreement including R6, any legal representatives or family members and a licensed nurse. Interview on 08/22/23 at 03:04 PM with LN B	S3101		

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S3101	Continued From page 7 confirmed R1, R2, R3, R4, R5 and R6's current "Individualized Service Plan" in place were not signed by any individuals. Facility A failed to ensure each individual involved in the development of the NSA signed the agreement.	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: KAR 26-41-205 (g) (3) The census totaled 70 residents. The sample included 6 residents. Based on observation and interview for 2 sampled residents (R)4 and R6 and 12 non- sampled residents (R8, R9, R10, R11, R12, R13, R14, R15, R16, R17, R18 and R19), facility failed to ensure licensed nurses or pharmacists placed the full name of the resident	S3211		

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S3211	Continued From page 8 on each package of the resident's over the counter medication. Findings included: - Observation on 08/21/23 at 02:13 PM with Certified Medication Aide (CMA) D revealed a locked medication cart on the first floor of the facility. The following over the counter medications were noted without full names: For R8 the cart contained one bottle of Melatonin (sleep hormone), For R9, the cart contained one bottle of Aspirin (nonsteroidal anti-inflammatory drug) and one bottle of Cetirizine (antihistamine), For R10 the cart contained one bottle of PreserVision AREDS 2 (eye vitamin), For R11, the cart contained one bottle of Aspirin, For R12, the cart contained one bottle of Claritin (antihistamine), Interview on 08/21/23 with CMA D confirmed the above listed medications were without full first and last names for R8, R9, R10, R11 and R12. - Observation on 08/21/23 at 02:42 PM with CMA E revealed a locked medication cart on the second floor of the facility. The following over the counter medications were noted without full names: For R13, the cart contained one bottle of Vitamin C (supplement), one bottle of Vitamin B12 (supplement) and one bottle of ClearLax (laxative). Interview on 08/21/23 with CMA E confirmed the	S3211		

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S3211	Continued From page 9 above listed medications were without full first and last names for R13. - Observation on 08/21/23 at 02:56 PM with CMA E revealed a second locked medication cart on the second floor of the facility. The following over the counter medications were noted without full names: For R17, the cart contained one bottle of Aspirin, For R18, the cart contained one bottle of Calcium (supplement), For R4, the cart contained one bottle of Naproxen Sodium (nonsteroidal anti-inflammatory drug) and one bottle of Acetaminophen (pain reliever), For R19, the cart contained one bottle of Tylenol (pain reliever) and two tubes of Arthritis Pain Relief Cream. Interview on 08/21/23 with CMA E confirmed the above listed medications were without full first and last names for R17, R18, R4 and R19. - Observation on 08/21/23 at 03:10 PM with CMA C revealed a locked medication cart on the third floor of the facility. The following over the counter medications were noted without full names: For R6, the cart contained one bottle of Tylenol, one bottle of Vitamin B-1 (supplement) and two bottles of Folic Acid (supplement), For R14, the cart contained one bottle of PreserVision AREDS 2. Interview on 08/21/23 with CMA C confirmed the above listed medications were without full first	S3211		

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S3211	Continued From page 10 and last names for R6 and R14. - Observation on 08/21/23 at 03:16 PM with CMA C revealed a second locked medication cart on the third floor of the facility. The following over the counter medications were noted without full names: For R15, the cart contained one bottle of Vitamin D3 (supplement), For R16, the cart contained one bottle of Vitamin D3. Interview on 08/21/23 with CMA C confirmed the above listed medications were without full first and last names for R15 an R16. Facility failed to provide a policy on labeling over the counter medications. Facility failed to ensure licensed nurses or pharmacists placed the full name of residents on each package of the resident's over the counter medication.	S3211		
S3215 SS=D	26-41-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the facility in a locked medication room, cabinet, or medication cart. Licensed	S3215		

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S3215	Continued From page 11 nurses and medication aides shall store controlled medications managed by the facility in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the facility. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (h) The census equaled 70 residents. The sample included 6 residents. Based on observation, interview and record review for all residents living in the facility and receiving medication services, the facility failed to ensure medications and biologicals were securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations.	S3215		

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S3215	Continued From page 12 Findings included: - On 08/21/23 at 03:04 PM, Executive Director A provided a "Resident Roster" which included 70 residents and noted 48 of the 70 residents had impaired cognitive abilities. Observation during the initial tour on 08/21/23 at 02:56 PM with CMA E revealed a locked medication cart on the second floor of the facility. The cart contained one bottle of Men's Health One Daily Vitamins for R4 and one bottle of One a Day Multivitamins for R7. Both medication bottles were covered with a plastic cup and bag on top instead of the proper manufacturer's lid. Interview on 08/21/23 with Executive Director A confirmed medications were not to be stored without the proper manufacturer's lid. Facility failed to ensure medications and biologicals were securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations.	S3215		
S3248 SS=F	26-41-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following documentation: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires	S3248		

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S3248	Continued From page 13 specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult care home; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to have worked as a certified nurse aide. This REQUIREMENT is not met as evidenced by: KAR 26-41-102 (d) (2) The facility census equaled 70 residents. The sample included 6 residents and record review of 5 newly hired employees. Based on interview and personnel record review, Executive Director A failed to obtain evidence of supporting documentation for criminal background checks when the background checks were not conducted on Executive Director A through the Kansas Department for Aging and Disability Services according to K.S.A 39-970 (d). Findings included:	S3248		

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S3248	Continued From page 14 - On 08/21/23, personnel record review for staff revealed the following: Executive Director A start date 06/05/23, no evidence of criminal background check completed through the Kansas Department for Aging and Disability Services according to K.S.A 39-970 (d). Interview on 08/21/23 at 04:53 PM with Executive Director A confirmed criminal background check was not completed through the Kansas Department for Aging and Disability Services according to K.S.A 39-970 (d) on herself. For all residents, facility failed to obtain evidence of supporting documentation for criminal background checks for Executive Director A, pursuant to K.S.A. 39-970 and amendments thereto.	S3248		
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	S3280		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046072	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/22/2023
NAME OF PROVIDER OR SUPPLIER SUNRISE ASSISTED LIVING OF LEAWOOD		STREET ADDRESS, CITY, STATE, ZIP CODE 11661 GRANADA AVENUE LEAWOOD, KS 66211		
(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
S3280	Continued From page 15 drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-41-104 (d) (3) (4) The census equaled 70 residents. The sample included 6 residents. Based on record review and interview, the facility failed to ensure disaster and emergency preparedness by ensuring the performance of quarterly review of the facility's entire "Emergency Management Plan" with residents and staff and an annual emergency drill with staff and residents to include an evacuation of all residents to a secure location. Findings included: - Review of the facility "Emergency Management Plan" revealed the plan contained procedures to manage potential emergencies and disasters including fire, flood, severe weather, tornado, explosion, natural gas leak, lack of electrical or water service, and missing residents. Review of the facility's quarterly reviews of the emergency management plan with assisted living residents revealed the following review dates: 07/12/22. Facility failed to provide quarterly reviews of the emergency management plan with assisted living residents for the second and fourth quarters of	S3280		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046072	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/22/2023
NAME OF PROVIDER OR SUPPLIER SUNRISE ASSISTED LIVING OF LEAWOOD		STREET ADDRESS, CITY, STATE, ZIP CODE 11661 GRANADA AVENUE LEAWOOD, KS 66211		
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S3280	Continued From page 16 2022 and the first and second quarters of 2023. Facility failed to provide quarterly reviews of the emergency management plan with memory care unit residents for the second, third and fourth quarters of 2022 and the first and second quarters of 2023. Review of the facility's quarterly reviews of the emergency management plan with staff revealed the following review dates: 05/18/22, 06/21/22 and 05/18/23. Facility failed to provide quarterly reviews of the emergency management plan with staff for the third and fourth quarters of 2022 and the first quarter of 2023. Facility failed to perform an annual emergency drill since last survey conducted with all residents and the minimum number of staff on duty at one time that included an evacuation of all residents to a secure location. Interview on 08/21/23 at 04:15 PM with Maintenance Staff G confirmed unable to locate a full evacuation completed with all residents and the minimum number of staff on duty at one time. Interview on 08/21/23 at 04:53 PM with Administrative Staff F confirmed unable to locate documented reviews completed with memory care unit residents. Administrative Staff F further confirmed unable to locate reviews completed with assisted living residents for the second and fourth quarters of 2022 and the first and second quarters of 2023 and unable to locate reviews completed with staff for the third and fourth	S3280		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046072	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/22/2023
NAME OF PROVIDER OR SUPPLIER SUNRISE ASSISTED LIVING OF LEAWOOD		STREET ADDRESS, CITY, STATE, ZIP CODE 11661 GRANADA AVENUE LEAWOOD, KS 66211		
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S3280	Continued From page 17 quarters of 2022 and the first quarter of 2023. Facility failed to ensure disaster and emergency preparedness by the failure to ensure the performance of quarterly reviews of the facility's entire "Emergency Management Plan" with residents and staff and an annual emergency drill with staff and residents to include an evacuation of the residents to a secure location.	S3280		