STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046072	A. BUILDING: _____ B. WING _____	R 09/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE ASSISTED LIVING OF LEAWOOD	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
{S 000}	INITIAL COMMENTS The following citations represent the findings of the revisit for correction order 24-SCCC-184 conducted on 09/09/24 and 09/10/24.	{S 000}		
S3080 SS=E	26-41-201 (a) (b) Functional Capacity Screen on Admission a) On or before each individual ' s admission to an assisted living facility or residential health care facility, a licensed nurse, a licensed social worker, or the administrator or operator shall conduct a screening to determine the individual ' s functional capacity and shall record all findings on a screening form specified by the department. The administrator or operator may integrate the department ' s screening form into a form developed by the facility, which shall include each element and definition specified by the department. (b) A licensed nurse shall assess any resident whose functional capacity screening indicates the need for health care services. This REQUIREMENT is not met as evidenced by: KAR 26-41-201(b) The facility reported a census of 75 residents with seven residents included in the sample. Based on interview and record review the administrator failed to ensure a licensed nurse documented they assessed Residents (R) 2, R5, R6, R7, R8, and R9 when their "Functional Capacity Screens" indicated health care services were required. Findings included: - Record review for R2 revealed an admission	S3080		

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

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S3080	Continued From page 1 date of 09/09/23 with diagnoses of hemiplegia and hemiparesis following cerebral infarction and diabetes mellitus. The 06/04/24 "FCS" identified R2 required physical assistance with dressing, toileting, transfers, and walking/mobility. The 06/05/24 "NSA/HSP" (negotiated service agreement/health care service plan) documented "I need physical assistance of one person" for dressing, toileting, transfers, and mobility when moving about in his room. The 06/04/24 "FCS" lacked evidence of documentation a licensed nurse completed the assessment. - Record review for R5 revealed an admission date of 07/22/24 with diagnoses of dementia and heart failure. The 07/10/24 FCS identified R5 required physical assistance with bathing, dressing, toileting, transfers, and management of treatments. The 07/10/24 combined "NSA/HSP" documented "I need physical assistance of 1 person" for bathing and dressing. The "NSA/HSP" documented a sit-to-stand lift was required for toileting and transfers. The 07/10/24 "FCS" lacked evidence of documentation a licensed nurse completed the assessment. - Record review for R6 revealed an admission date of 07/22/24 with diagnoses of visual loss and multiple sclerosis.	S3080		

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S3080	Continued From page 2 The 03/13/24 FCS identified R6 required assistance with bathing and transfers. The 03/13/24 "NSA/HSP" for R6 documented "I need physical assistance of 2 persons with bathing," and "I need a hoyer life with transfers." The 03/13/24 "FCS" lacked evidence of documentation a licensed nurse completed the assessment. - Record review for R7 revealed an admission date of 06/10/16 with a diagnosis of dementia. The 06/24/24 "FCS" identified R7 was unable to perform management of treatments. The 08/25/23 combined "NSA/HSP" (most recently signed) failed to describe services provided for management of treatments. The 06/24/24 "FCS" lacked evidence of documentation a licensed nurse completed the assessment. - Record review for R8 revealed an admission date of 04/20/21 with a diagnosis of dementia. The 07/07/24 "FCS" identified R8 was unable to perform management of treatments and sometimes understood others during communication. The 09/24/23 (most recently signed) combined "NSA/HSP" for R8 failed to describe services provided for management of treatments and communication. The 07/07/24 "FCS" lacked evidence of	S3080		

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S3080	Continued From page 3 documentation a licensed nurse completed the assessment. - Record review for R9 revealed an admission date of 06/10/21 with diagnoses of dementia and cognitive communication disorder. The 05/21/24 "FCS" identified R9 was unable to perform management of treatments. The 09/23/23 (most recently signed) combined "NSA/HSP" failed to describe services provided for management of treatments. The 05/21/24 "FCS" lacked evidence of documentation a licensed nurse completed the assessment. On 09/10/24 at approximately 12:53 PM Certified Nurse Aide (CNA) C stated she completed the residents' "FCS's." On 09/10/24 at approximately 12:53 PM Administrative Nurse B confirmed CNA C completed the residents' "FCS's." The administrator failed to ensure a licensed nurse documented they assessed R2, R5, R6, R7, R8, and R9 when their "Functional Capacity Screen" indicated health care services were required.	S3080		
{S3085} SS=E	26-41-202 (a) Negotiated Service Agreement (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening,	{S3085}		

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{S3085}	Continued From page 4 service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: KAR 26-41-202 (a) The facility reported a census of 75 residents with seven residents included in the sample. Based on interview and record review the administrator failed to ensure the "Negotiated Service Agreements" (NSA) for Residents (R) 2, R5, R6, R7, R8 and R9 described the services they received based on their "Functional Capacity Screen" (FCS) service needs, and preferences. Findings included: - Record review for R2 revealed an admission date of 09/09/23 with diagnoses of hemiplegia and hemiparesis following cerebral infarction and diabetes mellitus. The 06/04/24 "FCS" identified R2 required physical assistance with dressing, toileting, transfers, and walking/mobility. The 06/05/24 "NSA/HSP" documented "I need physical assistance of one person" for dressing,	{S3085}		

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{S3085}	Continued From page 5 toileting, transfers, and mobility when moving about in his room. R2's "NSA/HSP" was completed one day before the "FCS" and therefore could not have been based on the "FCS." The "NSA" failed to describe the services provided for dressing, toileting, transfers, and mobility. - Record review for R5 revealed an admission date of 07/22/24 with diagnoses of dementia and heart failure. The 07/10/24 FCS identified R5 required physical assistance with bathing, dressing, toileting, transfers, and management of treatments. The 07/10/24 combined "NSA/HSP" documented "I need physical assistance of 1 person" for bathing and dressing. The "NSA/HSP" documented a sit-to-stand lift was required for toileting and transfers. The "NSA/HSP" for R5 failed to identify the services provided for bathing, dressing, toileting, transfers and management of treatments. - Record review for R6 revealed an admission date of 07/22/24 with diagnoses of visual loss and multiple sclerosis. The 03/13/24 FCS identified R6 required assistance with bathing and transfers. The 03/13/24 "NSA/HSP" for R6 documented "I need physical assistance of 2 persons with bathing," and "I need a hoyer life with transfers." The "NSA/HSP" failed to describe the services provided for bathing and transfers.	{S3085}		

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{S3085}	Continued From page 6 - Record review for R7 revealed an admission date of 06/10/16 with a diagnosis of dementia. The 06/24/24 "FCS" identified R7 was unable to perform management of treatments. The 08/25/23 combined "NSA/HSP" (most recently signed) failed to describe services provided for management of treatments. Designated facility staff failed to ensure the 08/24/23 "NSA" was based on the most recent "FCS" since it was completed 304 days before the 06/24/24 "FCS." - Record review for R8 revealed an admission date of 04/20/21 with a diagnosis of dementia. The 07/07/24 "FCS" identified R8 was unable to perform management of treatments and sometimes understood others during communication. The 09/24/23 (most recently signed) combined "NSA/HSP" for R8 failed to describe services provided for management of treatments and communication. Designated facility staff failed to ensure the 09/24/23 "NSA" was based on the most recent "FCS" since it was completed 287 days before the 07/07/24 "FCS." - Record review for R9 revealed an admission date of 06/10/21 with diagnoses of dementia and cognitive communication disorder. The 05/21/24 "FCS" identified R9 was unable to perform management of treatments. The 09/23/23 (most recently signed) combined "NSA/HSP" failed to describe services provided	{S3085}		

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{S3085}	Continued From page 7 for management of treatments. Designated facility staff failed to ensure the 09/23/23 "NSA" was based on the most recent "FCS" since it was completed 241 days before the 05/21/24 "FCS." On 09/10/24 at appproximately 12:53 PM Administrative Nurse B confirmed R2, R5, R6, R7, R8, and R9's "NSA's" failed to describe the services they received based on their "FCS's," service needs, and preferences. On 08/07/24 at approximately 02:49 PM an "NSA" policy was requested which the facility failed to provide. The administrator failed to ensure the "NSA's" for R2, R5, R6, R7, R8, and R9 described the services they received based on their "FCS's" service needs, and preferences.	{S3085}		
S3092 SS=E	26-41-202 (d) Negotiated Service Agreement Revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements:(1) At least once every 365 days; (2) following any significant change in condition, as defined in K.A.R. 26-39-100; (3) at least quarterly, if the resident receives assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s legal representative, facility staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family.	S3092		

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S3092	Continued From page 8 This REQUIREMENT is not met as evidenced by: KAR 26-41-202(d)(1) The facility reported a census of 75 residents with seven residents included in the sample. Based on interview and record review the administrator failed to ensure facility staff completed a "Negotiated Service Agreement" (NSA) based on residents' "Functional Capacity Screen" (FCS), service needs, and preferences for Residents (R) 7, R8, and R9 every 365 days. Findings included: - Record review for R7 revealed an admission date of 06/10/16 with a diagnosis of dementia. The 06/24/24 "FCS" identified R7 was unable to perform management of medications and management of treatments. The 08/25/23 (most recently signed) combined "Negotiated Service Agreement/Healthcare Service Plan" (NSA/HCP) identified facility staff would provide management of medications. The "NSA" failed to describe services provided for management of treatments. R7's record lacked evidence of a signed "NSA" since 08/25/23 which was 381 days from date of the revisit survey. - Record review for R8 revealed an admission date of 04/20/21 with diagnoses of dementia and type two diabetes mellitus. The 07/07/24 "FCS" identified R8 required physical assistance with bathing, dressing,	S3092		

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S3092	Continued From page 9	S3092		

toileting, transfers, and walking mobility; was unable to perform management of medications and treatments; was frequently incontinent of bladder; had short-term and long-term memory, memory/recall, and decision-making cognitive difficulties; sometimes understood others during communication; and was marked at risk for falls, impaired decision-making, and inappropriate behavior.

The 09/24/23 (most recently signed) combined "NSA/HCP" identified facility staff would provide R8 physical assistance with bathing, dressing, toileting, transfers, and walking/mobility; management of medications; needs provided for bladder incontinence; offer limited choices and options for cognitive difficulties and impaired decision-making; frequent checks to prevent injury from falls; and validation by speaking in calm manner, divert attention, and offer explanations of care activities for inappropriate behavior . The "NSA" failed to describe services provided for management of treatments and communication.

R8's record lacked evidence of an "NSA" since the 09/24/23 "NSA."

- Record review for R9 revealed an admission date of 06/10/21 with a diagnosis of dementia.

The 05/21/24 "FCS" identified R9 was unable to perform bathing, dressing, toileting, transfers, walking/mobility, management of medications and treatments; required physical assistance with eating; had short-term and long-term memory and memory/recall, and decision-making cognitive difficulties; and was marked at risk for falls and impaired decision making.

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S3092	Continued From page 10 The 09/03/23 (most recently signed) combined "NSA/HCP" identified facility staff would provide R9 bathing, dressing, toileting, transfers with two staff using a mechanical lift, physical assistance with walking/mobility and eating; management of medications; assistance to meals and activities, cues, reorientation, supervision, and assistance as needed for cognitive difficulties; anticipate and meet needs to prevent injury from falls; and assistance to meals and activities, cues, reorientation, supervision, and assistance as needed for impaired decision-making. R9's record lacked evidence of an "NSA" since the 09/03/23. On 09/10/24 at approximately 12:53 PM Administrative Nurse B stated the facility combined each residents' "NSA" and "HCP" into one document. Designated facility staff failed to complete "NSA's" for R7, R8, and R9 every 365 days with signatures obtained upon every change to each resident's' "NSA." On 08/07/24 at approximately 02:49 PM an "NSA" policy was requested which the facility failed to provide. The administrator failed to ensure facility staff completed an "NSA" based on residents' "FCS," service needs, and preferences for R7, R8, and R9 every 365 days.	S3092		
{S3299} SS=E	26-41-206 (e) (1) Facility Food Storage (e) Food storage. Facility staff shall store all food under safe and sanitary conditions. (1) Containers of poisonous compounds and cleaning supplies shall not be stored in the areas	{S3299}		

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{S3299}	Continued From page 11 used for food storage, preparation, or serving. This REQUIREMENT is not met as evidenced by: KAR 26-41-206(e) The facility reported a census of 75 residents total with 23 living in the memory care unit. The facility had a main kitchen where dietary staff stored, prepared, and served food and a satellite kitchen in the memory care unit where dietary staff stored and served food. Based on observation and interview the administrator failed to ensure designated staff stored food items under safe conditions. Findings included: - Observation on 09/10/24 at approximately 11:26 AM of the memory care kitchen revealed one upright refrigerator and kitchen cabinets that were accessible to the residents. In the (unrefrigerated) cabinet under the coffee pot was a small clear plastic pitcher that contained nine individually prepared one-serving size plastic containers. Three of the containers contained reddish brown crumbles; three other containers contained a yellowish orange colored shredded substance; and the last three containers contained a creamy white substance with a consistency similar to mayonnaise. All nine containers lacked labels and prepared dates. The refrigerator contained the following food items:	{S3299}		

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{S3299}	Continued From page 12 One gallon of milk that was opened with 2/3 missing and lacked an open date. One 46-ounce (oz) bottle of Hormel Thick and Easy thickened cranberry juice cocktail that was opened, almost empty, and lacked an open date. Five ½-gallon sized pitchers of prepared drinks which lacked labels and prepared dates. On 09/10/24 at approximately 11:34 AM CNA C stated the three of the nine prepared one-serving size containers contained salad toppings of bacon bits, shredded cheese, and ranch salad dressing. She confirmed designated staff failed to store the high-risk food items under refrigeration and facility staff failed to label and write the date the items were prepared on the containers. CNA C further confirmed designated staff failed to label and write the dates items were prepared or opened on containers stored in the refrigerator. The August 2017 Kansas Department of Agriculture's "Focus on Food Safety" booklet documented potentially hazardous foods were any food or food ingredient that required time or temperature controls for safety to limit pathogenic microorganism growth or toxin formation. Food items could be held up to seven days if refrigeration was adequate at 41 degrees Fahrenheit or less. Food items must be date marked when prepared on -site or after the original container was opened and must be held under refrigeration. The 12/08/21 facility's "Food Storage, Preparation, and Service" policy documented safe food handling practices were followed during storage, preparation, and service of food. Communities would comply with applicable state laws and regulations.	{S3299}		

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{S3299}	Continued From page 13 The administrator failed to ensure designated staff stored food items under safe conditions.	{S3299}		
{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: KAR 28-39-254(a) The facility reported a census of 75 total residents with 25 residents in the memory care unit. Based on observation and interview the administrator failed to ensure the facility was maintained to protect the health and safety of the residents and	{S3320}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046072	A. BUILDING: _____ B. WING _____	R 09/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE ASSISTED LIVING OF LEAWOOD	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
{S3320}	Continued From page 14 visitors by ensuring all chemicals were stored within locked areas in the memory care unit. Findings included: - Observation on 09/10/24 at approximately 11:23 AM of the memory care kitchen, which was accessible to residents, revealed an unlocked cabinet. The cabinet contained one 38 ounce (oz) bottle of Dawn Antibacterial Dishwashing Liquid and one one-quart spray bottle of Virex sanitizing solution with labels that read "Keep out of reach of children." On 09/10/24 at approximately 11:32 PM Administrative Staff A confirmed the chemicals were stored in an unlocked area that was accessible to the residents. The 11/11/05 facility's Chemical Safety: Resident Risk Reduction" policy documented communities must take the appropriate precautions to minimize resident's risk of injury from chemicals and other hazardous materials through a combination of diligent monitoring, proper chemical selection, safe dispensing systems, proper usage, and restricted access." The administrator failed to ensure the building was maintained to protect the health and safety of the residents and visitors by ensuring all chemicals were stored within a locked areas in the memory care unit.	{S3320}		