STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087199	A. BUILDING: _____ B. WING _____	08/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNFLOWER Z HOMES LLC	524 N MAIN STREET GARDEN PLAIN, KS 67050

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S 000	INITIAL COMMENTS The following citations represent the findings of a Re-Licensure survey with complaint investigation KS00184214 for the above-named Home Plus facility conducted on 08/28/24 and 08/29/24.	S 000		
S5095 SS=E	26-42-201 (d) Functional Capacity Screen Accurate (d) Designated staff shall ensure that each resident ' s functional capacity at the time of screening is accurately reflected on that resident ' s screening form. This REQUIREMENT is not met as evidenced by: KAR 26-42-201(d) The facility reported a census of four residents (R) and one adult day care resident. The sample included three residents and one focused record review. Based on observation, interview and record review the operator failed to ensure the licensed nurse completed two (R4 and R6) of three sampled residents accurately. Findings included: - Review of R4's medical record revealed admitted into the facility on 10/27/24 with a diagnoses of dementia and seizures. R4's "Functional Capacity Screen" (FCS) dated 08/16/24 identified the resident could not participate in bathing, dressing, toileting, transfers, or eating.	S5095		

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

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S5095	Continued From page 1	S5095		

R4's 'Negotiated Service Agreement" (NSA) dated 08/19/24 identifies the resident transferred with assistance of two staff and used a wheelchair for mobility.

Observation on 08/28/24 at 02:26 PM Certified Medication Aide (CMA) D and Certified Nurse Aide (CNA) E brought R4 to the sunroom avia wheelchair, put a gait belt on him, and then completed a pivot transfer into the recliner. Resident took a few very small steps with his toes to assist in getting close enough to the chair.

Observation on 08/29/24 at 08:28 AM CNA E and CMA F went into R4 room to get him up for the day. Resident aroused easily and CNA E had his legs and CMA F had support of his upper torso as they turned him and sat him on the side of the bed. R4 was on the very edge so staff attempted to scoot him a little farther back on the edge and then put a gait belt on him. R4 moved his right leg back closer to the bed and CNA F helped him to move his left leg back in order to help him to stand better. Both staff then assisted him into a standing position using the gait belt and then CMA F moved to the front and took ahold of his hands while CNA E held onto the gait belt from behind and then walked him into the bathroom.

Interview on 08/29/24 at 08:34 AM CMA F reported he needed assistance of two staff to help him get to a standing position to transfer him.

Interview on 08/29/24 at 09:38 AM Administrative Nurse B stated she coded transfers as a "3" because he really doesn't help. Administrative Nurse B reviewed the FCS manual directions and acknowledged based on the manual guidance and that he does bear weigh during the transfer

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S5095	Continued From page 2	S5095		

she should have coded a "2" for needing physical assistance.

The operator failed to ensure the licensed nurse completed R4's FCS accurately at the time of completion.

- Review of R6's medical record revealed she admitted into the facility on 10/27/24 with diagnoses of dementia and knee pain.

R6's "Functional Capacity Screen" (FCS) dated 08/21/24 identified R6 was unable to participate in bathing, dressing, toileting, transfers, and mobility.

R6's "Negotiated Service Agreement" (NSA) dated 08/21/24 revealed staff needed to assist R6 with transfers and she used a wheelchair for mobility.

Observation on 08/28/24 at 01:27 PM Certified Medication Aide (CMA) D and Certified Nurse Aide (CNA) E pushed R6 into her restroom from the dining room table via wheelchair. CMA D and CNA E had put a gait belt on R6, and then lifted her using the gait bel for her to take a few tiny steps to position in front of the toilet. When she finished, staff lifted her up off the toilet and completed a pivot transfer into her wheelchair.

Interview on 08/29/24 at 8:32 AM CMA F reported she is a full assist of two staff for everything. CMA F reported they used a gait belt for all transfers, and she could help bear some weight during the transfers and occasionally will move her feet when we ask her to.

Interview on 08/29/24 at 09:42 AM Administrative Nurse B stated she coded transfers and mobility

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S5095	Continued From page 3 a "3" because she really doesn't help. Administrative Nurse B reviewed the FCS manual directions and acknowledged based on the manual guidance and that she does bear weigh during the transfer and is not bed fast, those two areas should have been coded a "2" for needing physical assistance. Interview on 08/29/24 at 09:56 AM Operator A acknowledged that occasionally R6 could mover her feet while she sat in the wheelchair to move a little in the facility. The operator failed to ensure the licensed staff completed R6's FCS accurately at the time of completion.	S5095		
S5230 SS=F	26-42-207 (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; (c) Each administrator or operator shall ensure the home ' 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 26-42-207(c)	S5230		

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S5230	Continued From page 4 The facility reported a census of three residents(R) and one adult day care resident. The sample included three residents, one adult day care resident, and five newly hired staff. Based on interview and record review for two of five newly hired staff, the operator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings included: - Review of five newly hired employee files revealed the following: Licensed Nurse G hired on 07/15/24 had a TB symptom screen completed on 07/08/24 but did not have a two-step TB skin test completed. Certified Medication Aide (CMA) H hired on 07/06/24 had a TB symptom screen completed on 07/04/24 and a prior on-step TB skin test completed. CMA H did not have a second TB skin test completed. On 08/28/24 at 2:30 PM Operator A stated she would look for the TB skin tests because she thought they had been done. On 08/29/24 at 11:13 AM Operator A reported she was not able to find Licensed Nurse G's two-step skin test or CMA H's second Tb skin test. Review of the "Tuberculosis (TB) Guidelines for Adult Care Homes" June 2013 revealed each new employee shall have an initial TB symptom screen that includes the components of the TB questionnaire and a two step TB skin test or	S5230		

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S5230	Continued From page 5 equivalent, within seven days of employment. It also provides guidance for the skin test to be read within 48 to 72 hours of administration. The operator failed to ensure two of five newly hired staff had a TB skin testing in accordance with TB guidelines.	S5230		
S5313 SS=E	26-42-205 (g) (3) Over the counter medication (g) (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 26-42-205(g)(3) The facility reported a census of four residents (R) and one adult day care resident. Based on observation and interview the operator failed to ensure a licensed pharmacist or licensed nurse placed the full name of the resident on each package and/or bottle/tube of over-the-counter medications. Findings included:	S5313		

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S5313	Continued From page 6 - On 08/28/24 at 10:48 AM Certified Medication Aide C unlocked the medication cabinets for inspection. Observation revealed the following over-the-counter medications with either just a residents first name or no name at all: BHR Arthritis pain relief tablets, tube of Neosporin, tube of Voltaren gel, bottle of "Relief", Bottle of organic castor oil, bottle of total omega, and another bottle of castor oil. On 08/28/24 at 10:55 AM Administrative Nurse B reported she did not realize they needed the residents full name. The operator failed to ensure each over-the-counter medication included the residents' full name on the package and the medication container.	S5313		