

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B046052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/18/2025
NAME OF PROVIDER OR SUPPLIER CARE HAVEN HOMES - SUNFLOWER		STREET ADDRESS, CITY, STATE, ZIP CODE 9218 LEE BLVD LEAWOOD, KS 66206		
(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 represents the findings of a resurvey for the above named home plus facility conducted on 06/18/25.	S 000		
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: KAR 26-42-207(c) The facility reported a census of seven residents with three residents included in the sample. Based on interview and record review 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 KAR 26-39-105 for one of five newly hired staff. Findings included:	S5230		

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

TITLE

(X6) DATE

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S5230	Continued From page 1 - Record review for Certified Medication Aide (CMA) D revealed a hire date of 09/10/24. A first step of the TB two-step test (TST) was administered 08/06/24 and read 08/08/24, which was prior to hire. Her record failed to include a second step. On 06/18/25 at 01:29 PM Administrative Staff C confirmed CMA D's record lacked documentation of a completed two step TB TST. The department's June 2013 "Tuberculosis (TB) Guideline for Adult Care Homes" documented each new employee shall receive a two-step TST or Interferon Gamma Release Assay within seven days of employment unless a completed TST documentation is provided from within six months prior to hire. The facility's undated "Tuberculosis Screening" section of "Resident Care Policies and Procedures Manual" located on page 28 stated each new employee will have a two-step skin test upon employment. The test would be performed within seven days of employment unless satisfactory documentation is received providing complete, non-positive test done within six months prior to hire. If a new employee provides a single skin test within six months prior to employment, a single skin test would be administered within seven days of employment. The operator failed to ensure the facility remained in compliance with the State Agency's tuberculosis guidelines for adult care homes adopted by reference in KAR 26-39-105, which had the potential to affect all residents.	S5230		

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S5251 SS=E	26-42-105 (f) (11) Resident Records Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action. This REQUIREMENT is not met as evidenced by: KAR 26-42-105(f)(11) The facility reported a census of seven residents with three residents included in the sample. Based on interview and record review the operator failed to ensure staff provided adequate documentation of incidents including action taken and results of the action when Resident (R) 1 and R2 sustained falls. Findings included: - Record review for R1 revealed an admission date of 07/10/23 with diagnoses of dementia, depression, and atrial fibrillation. The 07/24/24 Functional Capacity Screen (FCS) identified R1 was unable to perform bathing and management of medications and treatments; required physical assistance with dressing, toileting, transfers, and walking/mobility; was independent with eating; was usually continent of bladder; had short-term memory and memory/recall impairments; and was marked at risk for falls.	S5251		

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S5251	Continued From page 3 The 07/30/24 Negotiated Service Agreement (NSA) identified facility would provide R1 supervision and assistance with bathing, dressing, toileting, and walking/mobility; and would provide management of medications. A motion sensor was listed as in room while sleeping for fall prevention. Transfers and cognition were not addressed on the NSA. The "Service Plan Report" which is the facility's Healthcare Service Plan (HSP) initiated 04/16/24 listed motion sensor in room, wheelchair use as needed, and use of a walker as fall interventions. The HSP instructed Certified Nurse Aides to assist R2 to stand from sitting position and to sit after walking. Cognition interventions were not addressed on the HSP. The 10/06/24 at 11:28 AM "Incident Note" by Licensed Nurse E documented R1 was found on floor sitting next to bed. The note failed to provide action taken and result of the action. - Record review for R2 revealed an admission date of 04/23/24 with diagnoses of heart failure and Parkinsonism. The 03/28/25 FCS identified R2 required physical assistance with management of medications and treatments; required supervision with bathing, dressing, toileting, transfers, and walking/mobility; was independent with eating; was usually continent of bladder; had short-term memory and memory/recall difficulties; and was marked at risk for falls. The 04/02/25 NSA identified facility would provide R1 instructions, supervision and	S5251		

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S5251	Continued From page 4 assistance as needed with dressing, toileting, walking/mobility, and transfers; management and administration of medications; and provide activities for cognition. A motion sensor was listed as in room while sleeping for fall prevention. The HSP initiated 04/18/24 listed motion sensor in room, walker, and call button for fall interventions were added to HSP on 04/23/24. The 02/11/25 at 09:15 AM "Incident Note" by Licensed Nurse F documented R2 was heard by staff make a noise, found in recliner, stated he had fallen reaching for an item in closet, and got self back up. The note failed to provide action taken and result of the action. The 02/11/25 "Incident Report Form" duplicated same information from "Incident Note" in electronic medical record. The "Manager's Follow-Up" was blank. The form failed to include intervention or action taken to prevent future falls. The 03/01/25 "Incident Report Form" documented R2 was observed on the floor in his room on 02/28/25 at 08:19 PM. Staff heard a "thud," found the resident, and assisted into recliner. The "Manager's Follow-Up" documented staff would be obtaining a urinalysis. Review of "Progress Notes" revealed no documentation of fall incident on 02/28/25 including date and time of incident, any illness or injury, action taken, and results of the action. The 04/06/25 at 10:27 AM "Incident Note" by	S5251		

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S5251	Continued From page 5 Licensed Nurse E documented R2 reported he sustained a fall while turning. The 04/06/25 "Incident Report Form" documented R2 made a "noise", and staff found the resident on the floor. R2 stated he was getting an item from the closet when he turned and fell. The "Manager's Follow-Up" was blank. The form failed to include intervention or action taken to prevent future falls. The 04/07/25 at 09:49 AM "Incident Note" by Licensed Nurse F documented R2 reported sustaining a fall while turning. The "Manager's Follow-Up" was blank. The form failed to include intervention or action taken to prevent future falls. On 06/18/25 at 03:20 PM Administrative Nurse B confirmed lack of documentation in R2's record including date and time of incident, any illness or injury, action taken, and results of the action after R2 sustained four falls. The facility's undated "Change of Condition" section of "Resident Care Policies and Procedures Manual" instructed on page 30 for staff to notify the nurse of what, when, where, and how situation occurred. The nurse was to review the documentation. Facility caregivers are to notify the nurse of any fall of any kind regardless of signs of injury. The policy did not detail what the nurse was to document in the resident's record. The operator failed to ensure staff provided adequate documentation of incidents including action taken and results of the action when	S5251		

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S5251	Continued From page 6 Resident (R) 1 and R2 sustained falls.	S5251		