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 _____	02/12/2026

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 investigations 191605 and 197123 for the above named Home Plus facility conducted on 02/11/26 and 02/12/26.	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 five residents(R). The sample include three residents and two closed record reviews. Based on observation, interview, and record review the operator failed to ensure designated staff completed two (R3 & R5) of three sampled resident's "Functional Capacity Screen" accurately and completely to reflect the resident's functional ability. Findings Included: - Review of R3's record revealed he moved into the facility on 12/01/25 with a diagnosis of dementia.	S5095		

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

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S5095	Continued From page 1 R3's "Functional capacity Screen" dated 12/01/25 identified he needed physical assistance with activities of daily living including toileting and had coded a "4" for bladder incontinence. Observation on 02/11/26 at 12:35 PM R3 walked down the hall using his two-wheeled walker with Certified Medication Aide (CMA) E walking beside him holding onto the gait belt and pulling the wheelchair with them. When he got to the side of the table CMA E helped him to sit in the wheelchair and then hooked his indwelling catheter under the chair. Interview on 01/12/26 at 08:19 AM CMA C reported the resident has an indwelling catheter and staff provide catheter care each shift or as needed. Interview on 01/12/26 at 10:53 AM Administrative Nurse B reported she coded it a "4" because without the catheter he is incontinent. Review of the "Resident Functional Capacity Screen Manual" updated on 07/11/08 revealed if a resident had an indwelling urinary catheter, bladder continence needed to be coded a "0". The operator failed to ensure designated staff completed R3's FCS accurately to reflect his indwelling catheter which resulted in him being continent of bladder. - Review of R5's record revealed she moved into the facility on 09/17/25 with diagnosis of hypothyroidism.	S5095		

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S5095	Continued From page 2 R2's :Functional capacity Screen" (FCS) dated 09/17/25 identified she had impaired hearing and vision. Observation on 02/11/26 at 01:45 PM R5 sat in her recliner reading a book that was regular small print and surveyor was able to visit with her in a normal tone without raising her voice. Resident did not have any trouble hearing surveyor. Interview on 01/12/26 at 11:11 AM Administrative Nurse B reviewed R5's FCS and confirmed impaired hearing and impaired vision should not have been marked because with glasses and hearing aides she has no impairment. The operator failed to ensure designated staff completed R5's FCS accurately to identify she did not have hearing or vision impairment.	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.	S5230		

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S5230	Continued From page 3 This REQUIREMENT is not met as evidenced by: K.A.R 26-42-207(c) The facility reported a census of five residents(R). The sample included three residents and review of five newly hired staff records. Based on interview and record 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 for one of five newly hired employees and one (R3) of three sampled residents. Findings included: - Review of the five newly hired employee files revealed the following irregularities: Administrative Licensed Nurse B hired on 10/30/25 did not have a TB symptom screen questionnaire completed until 01/13/26. Interview on 02/11/26 at 01:10 PM Administrative Licensed Nurse B confirmed she did not have the TB questionnaire done initially because she had the QuantiFERON Gold TB blood testing done and just missed not doing the questionnaire. - Review of R3's medical record revealed he moved into the facility on 12/1/25 with diagnosis of dementia. R3's medical record included an order summary with staff to administer a second step TB skin	S5230		

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S5230	Continued From page 4 test 11/27/25 and to read it on 11/30/25. The information lacked results of what was done and only included this one TB skin test instead of two. Interview on 02/12/26 at 10:52 AM Administrative Nurse B reported when a new resident moves into the facility, they are to have a TB questionnaire and a two-step TB skin test. Administrative Nurse B confirmed what they got from the prior facility did not include evidence to the actual date administered or read and did not include additional required information for reading a TB skin test. Review of the undated "Tuberculosis Policy and Procedure" revealed Each new employee shall have an admission TB symptom screen that includes completion of the symptom review questionnaire. Each new resident shall receive a two-step tuberculin test within 7 days of residency unless specific criteria is met. Review of the "Tuberculosis (TB) Guidelines for Adult Care Homes" June 2013 revealed each new employee shall have an initial TB symptoms screen that includes the components of the Tuberculosis Screen Questionnaire within seven days of employment and shall receive a two-step skin test or equivalent testing within seven days of employment. Each new resident shall have an initial two-step TB skin test unless other qualifying conditions exists. The operator failed to ensure designated staff completed TB screens and skin-testing according to the department's guidelines.	S5230		

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S5258	Continued From page 5	S5258		
S5258 SS=E	26-42-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following information: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires 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 carehome; 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 work as a certified nurse aide. This REQUIREMENT is not met as evidenced by: KAR 26-42-102(d)(1) The facility reported a census of five residents. Based on record review and interview for two of five newly hired certified staff, the operator failed to ensure certified employee records contained evidence of registration/certification check upon hire for two of five staff who required specialized	S5258		

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S5258	Continued From page 6 education and training. Findings included: - Review of Certified Medication Aide (CMA) C"s employee record revealed she was hired on 05/30/25 and her registry check was not completed until 08/14/25. Review of Certified Nurse Aide D's employee record revealed she was hired on 07/20/25 and did not have her registry check completed until 08/14/25. Interview on 02/11/26 at 01:10 PM Administrative staff A reported she was probably doing an audit and realized she had not printed their registry checks, so she printed them on 08/14/25. The operator failed to ensure newly hired employee records contained evidence that designated staff completed Kansas Registry Check upon hire.	S5258		
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	S5313		

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S5313	Continued From page 7 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 five residents (R). 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 medication the facility was responsible for administering. . Findings included: - Observation on 02/11/26 at 09:36 AM Certified Medication Aide (CMA) E unlocked the medication cabinet for inspection which revealed the following: bottle of liquid protein, Thera Tears in a box, box of Refresh Mega-3 eye drops, Box of liquid IV, bottle of acetaminophen, Mucinex, Laxative powder, Acetaminophen, Woman's Formula Vitamins, and bottle of Allergy Nasal Spray. Each bottle either had no resident name on it or, had only the first or last name of the resident. Interview on 02/11/26 revealed Administrative Staff A reported over the counter medications are supposed to have the resident's full name on them. Review of the undated policy revealed all over the counter meds (OTC) shall be in their original	S5313		

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S5313	Continued From page 8 container and labeled with the resident's 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		