

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 03/11/2026
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
S 000	INITIAL COMMENTS The following represents the findings of a resurvey with attached complaints 197985, 197415, 197257, 196601, 196221, and 196148 at the above named assisted living conducted on 03/09/26, 03/10/26, and 03/11/26 .	S 000		
S3082 SS=E	26-41-201 (d) Functional Capacity Screen Accurate d) Designated facility 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 26-41-201(d) The facility reported a census of 83 residents with six residents included in the sample and one focused review. Based on observation, interview, and record review the administrator failed to ensure designated staff ensured the "Functional Capacity Screen" (FCS) for Residents (R) 1, R2, R3, R5, and R6 accurately reflected their functional capacity. Findings included: - Record review for R1 revealed an admission date of 02/14/24 with diagnoses of type two diabetes mellitus, unsteadiness on feet, cognitive communication deficit, and muscle weakness. The 11/09/25 "FCS" identified R3 scored "3" for	S3082		

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

TITLE

(X6) DATE

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S3082	Continued From page 1 short-term and long-term memory and decision making. He scored "2" for memory recall. The total score was "11." The 01/08/25 "NSA" failed to describe the services R1 received for cognitive difficulties. On 03/11/26 at approximately 10:45 AM Administrative Nurse B confirmed R1's "FCS" was not accurate for cognition. - Record review for R2 revealed an admission date of 06/09/25 with diagnoses of osteoporosis and anxiety. The 02/20/26 "Functional Capacity Screen " (FCS) identified R2 was independent with bathing, dressing, and toileting. The 06/12/25 "NSA" identified R2 received physical assistance by one staff member for bathing, stand-by assistance for dressing, and staff assistance at bedtime and during the night for toileting. On 03/11/26 at approximately 11:14 AM Administrative Nurse B confirmed R2's "FCS" was not accurate for bathing, dressing, and toileting. - Record review for R3 revealed an admission date of 01/27/21 with diagnoses of Alzheimer's Disease and osteoporosis. The 02/17/26 "FCS" identified R3 scored "2" for short-term and long-term memory and scored "3" for memory/recall and decision-making for a total score of "10."	S3082		

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S3082	Continued From page 2 The 02/24/26 "NSA" identified R3 failed to describe the services R3 received for cognitive difficulties. - Record review for R5 revealed an admission date of 06/10/21 with diagnoses of dementia and need for assistance with personal care. The 09/24/25 "FCS" identified R5 scored "0" for short-term and long-term memory, memory/recall, and decision-making cognitive difficulties. In the "Mobility Appliance/Devices" section of the "FCS" R5 was marked "None of the Above." The 01/10/26 "NSA" identified facility staff anticipated R5's needs, tried at a different time when she resisted cares, and gave clear step-by-step explanations of all care activities prior to and during contact for cognitive difficulties. Observation on 03/09/26 at 01:01 PM revealed R5 sat at a table in the dining area in a wheelchair. On 03/11/26 at 11:42 AM Administrative Nurse B confirmed R5's "FCS" was not accurate for cognition because she had difficulties, and it was not accurate for appliances/devices because she used a wheelchair. - Record review for R6 revealed an admission date of 02/03/26 with diagnoses of type two diabetes mellitus, severe protein-calorie malnutrition, and muscle weakness.	S3082		

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S3082	Continued From page 3 The 02/20/26 "FCS" identified R6 required physical assistance with transfers and walking/mobility. The "Mobility Appliance/Devices" section was blank. The 02/03/26 "NSA" identified R6 received assistance by two staff for transfers and assistance by one staff with a wheelchair for walking/mobility. On 03/11/26 at approximately 11:55 AM Administrative Nurse B confirmed R6's "FCS" was not accurate for mobility appliances/devices. On 03/11/26 at 12:20 PM A "Functional Capacity Screen" policy was requested, which the facility did not provide. The administrator failed to ensure designated staff ensured the "FCS" for R1, R2, R3, R5, and R6 accurately reflected their functional capacity.	S3082		
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, 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;	S3085		

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S3085	Continued From page 4 (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)(1)(2) The facility reported a census of 83 residents with six residents included in the sample and one focused review. Based on interview and record review the administrator failed to ensure the "Negotiated Service Agreements" (NSA) for Residents (R) 1, R2, R3, R6, and R7 described the services they received based on their "Functional Capacity Screens" (FCS). Findings included: - Record review for R1 revealed an admission date of 02/14/24 with diagnoses of type two diabetes mellitus, unsteadiness on feet, cognitive communication deficit, and muscle weakness. The 11/09/25 "FCS" identified R3 required physical assistance with management of medications and was unable to perform management of treatments. He had short-term and long-term memory, memory/recall, and decision making cognitive difficulties. The 01/08/25 "NSA" failed to describe the services R1 received for management of medications and treatments and cognitive	S3085		

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S3085	Continued From page 5 difficulties. On 03/11/26 at approximately 11:14 AM Administrative Nurse B confirmed R1's "NSA" failed to describe the services he received based on his "FCS." - Record review for R2 revealed an admission date of 06/09/25 with diagnoses of osteoporosis and anxiety. The 02/20/26 "FCS" identified R2 required physical assistance with management of medications and was unable to perform management of treatments. The 06/12/25 "NSA" failed to describe the services R2 received for management of medications and treatments. On 03/11/26 at approximately 11:14 AM Administrative Nurse B confirmed R2's "NSA" failed to describe the services R2 received based on her "FCS." - Record review for R3 revealed an admission date of 01/27/21 with diagnoses of Alzheimer's Disease and osteoporosis. The 02/17/26 "FCS" identified R3 required physical assistance with transfers and management of treatments. She had short-term and long-term memory, memory/recall, and decision-making cognitive difficulties. The 02/24/26 "NSA" failed to describe the services R3 received for transfers, management of treatments, and cognitive difficulties.	S3085		

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S3085	Continued From page 6 On 03/11/26 at approximately 11:31 AM Administrative Nurse B confirmed R3's "NSA" failed to describe the services she received for transfers and management of treatments. - Record review for R6 revealed an admission date of 02/03/26 with diagnoses of type two diabetes mellitus, severe protein-calorie malnutrition, and muscle weakness. The 02/20/26 "FCS" identified R6 required physical assistance with management of medications and treatments. He had short-term and long-term memory, and decision-making cognitive difficulties and was at risk for falls. The 02/03/26 "NSA" failed to describe the services R6 received for management of medications and treatments, cognitive difficulties, and falls. On 03/11/26 at 11:55 AM Administrative Nurse B confirmed R6's "NSA" failed to describe the services R6 received for management of medications and treatments, cognitive difficulties, and falls. - Record review for R7 revealed an admission date of 08/20/25 with a diagnosis of multiple sclerosis. The 08/20/25 "FCS" identified R7 required physical assistance with management of treatments. The 08/20/25 "NSA" failed to describe the services R7 received for management of	S3085		

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S3085	Continued From page 7 treatments. On 03/11/26 at 12:13 PM Administrative Nurse B confirmed R7's "NSA" failed to describe the services R7 received for management of treatments. The undated facility's "Individualized Service Plan" policy documented the service plan addressed interventions to meet the preferences, psychosocial, cognitive, physical, safety, and functional needs of the resident. The administrator failed to ensure the "NSAs" for R1, R2, R3, R6, and R7 described the services they received based on their "FCS."	S3085		
S3165 SS=E	26-41-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(d) The facility reported a census of 83 residents with six included in the sample and one focused review. Based on interview and record review the administrator failed to ensure the "Negotiated Service Agreement" (NSAs) for Residents (R) 2, R3, R6, and R7 named the licensed nurse responsible for implementing and supervising	S3165		

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S3165	Continued From page 8 their "Healthcare Service Plans" (HSP). Findings included: - Record review for R2 revealed an admission date of 06/09/25 with diagnoses of osteoporosis and anxiety. The 02/20/26 "Functional Capacity Screen " (FCS) identified R2 required physical assistance with management of medications, was unable to perform management of treatments and was at risk for falls. The 06/12/25 "NSA" identified facility staff provided a clutter-free environment, ensured R2's bed was in the lowest position at night, ensured her assistive device was available and in good repair, R2's personal items and call light were kept within reach, and non-glare soft lighting was on at night for falls. The "NSA" failed to describe the services R2 received for management of medications and treatments. R2's "NSA" failed to name the nurse responsible for implementing and supervising her "HSP." On 03/11/26 at approximately 11:14 AM Administrative Nurse B confirmed R2's "NSA" failed to name the nurse responsible for implementing and supervising her "HSP." - Record review for R3 revealed an admission date of 01/27/21 with diagnoses of Alzheimer's Disease and osteoporosis. The 02/17/26 "FCS" identified R3 required	S3165		

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S3165	Continued From page 9 physical assistance with bathing, dressing, toileting, transfers, walking/mobility, management of medications, and management of treatments. She was incontinent of bladder. R3 had short-term and long-term memory, memory/recall, and decision-making cognitive impairments. She was sometimes understood and sometimes understandable during communication and was at risk for impaired decision-making. The 02/24/26 "NSA" identified R3 received physical assistance of one staff member on Tuesday and Saturday for bathing, and physical assistance of one staff with dressing, and toileting. R3 used a walker for walking/mobility and she received administration of medications by facility staff. She used protective underwear for bladder incontinence. Staff asked yes/no questions, spoke clearly and slowly, used brief, consistent words and cues, and allowed enough time to process information and time to respond for communication. R3 received encouragement from staff to use her walker while she was in her room to prevent injury from falls and she had a durable power of attorney (DPOA) for impaired decision-making. The "NSA" failed to describe the services R3 received for transfers, cognitive difficulties, and management of treatments. R3's "NSA" failed to name the nurse responsible for implementing and supervising her "HSP." On 03/11/26 at approximately 11:31 AM Administrative Nurse B confirmed R3's "NSA" failed to name the nurse responsible for implementing and supervising her "HSP."	S3165		

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S3165	Continued From page 10 - Record review for R6 revealed an admission date of 02/03/26 with diagnoses of type two diabetes mellitus, severe protein-calorie malnutrition, and muscle weakness. The 02/20/26 "FCS" identified R6 required physical assistance with bathing, dressing, toileting, transfers, walking/mobility, management of medications and treatments. He was incontinent of bladder and had short-term and long-term memory, and decision-making cognitive difficulties. R6 was at risk for falls and impaired decision-making. The 02/03/26 "NSA" identified R6 received physical assistance of one staff member with bathing, dressing, toileting, walking/mobility with a wheelchair, and bladder incontinence. R6 had a DPOA for impaired decision-making. The "NSA" failed to describe the services R6 received for management of medications and treatments, cognitive difficulties, and falls. R6's "NSA" failed to name the nurse responsible for implementing and supervising her "HSP." On 03/11/26 at 11:55 AM Administrative Nurse B confirmed R6's "NSA" failed to name the nurse responsible for implementing and supervising his "HSP." - Record review for R7 revealed an admission date of 08/20/25 with a diagnosis of multiple sclerosis. The 08/20/25 "FCS" identified R7 required physical assistance with management of treatments and was at risk for falls.	S3165		

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S3165	Continued From page 11 The 08/20/25 "NSA" identified R7 received encouragement to attend activities that promoted exercise, strength building, and balance; reminders to use his walker and call pendant for assistance when needed for falls. The "NSA" failed to describe the services R7 received for management of treatments. R7's "NSA" failed to name the nurse responsible for implementing and supervising his "HSP." On 03/11/26 at 12:13 PM Administrative Nurse B confirmed R7's "NSA" failed to name the nurse responsible for implementing and supervising his "HSP." The undated facility's "Individualized Service Plan" policy did not address identification of the nurse responsible for implementing and supervising the "HSP." The administrator failed to ensure the "NSAs" for R2, R3, R6, and R7 named the licensed nurse responsible for implementing and supervising their "HSPs."	S3165		
S3298 SS=F	26-41-206 (d) Food Preparation (d) Food preparation. Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature. (1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations. (2) Food in cans that have significant defects,	S3298		

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S3298	Continued From page 12 including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be used. (3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations. This REQUIREMENT is not met as evidenced by: KAR 26-41-206(d) The facility reported a census of 83 residents. The facility had a main kitchen where food was prepared and served and kitchen in the memory care unit where food was served. Based on observation and interview the administrator failed to ensure designated staff ensured served food at the proper temperature. Findings included: - Review of the facility's food temperature log for the month of February and from 03/01/26 to 03/09/26 were requested. The food temperature logs were arranged with one page for each of three daily meals. Pages for all three meals were not provided for three days in February on 02/03/26, 02/10/26, and 02/17/26. Pages for breakfast and lunch on 02/06/26, breakfast on 02/21/26, and dinner on 02/24/26 were not provided. Pages for all three meals for two days in March on 03/07/26 and 03/08/26 were not	S3298		

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S3298	Continued From page 13 provided. Pages for dinner on 03/02/26 and breakfast and lunch on 03/04/26 and 03/06/26 were not provided. That was a total of 23 out of 108 total possible meals the facility failed to provide documentation of food temperatures. Review of the food temperature logs revealed lack of documentation of food temperatures for the following meals: 02/01/26 - breakfast and lunch 02/04/26 - dinner 02/05/26 - breakfast, lunch, and dinner 02/07/26 - lunch and dinner 02/08/26 - breakfast, lunch, and dinner 02/13/26 - breakfast, lunch, and dinner 02/14/26 - breakfast and lunch 02/15/26 - breakfast, lunch, and dinner 02/18/26 - breakfast and lunch 02/19/26 - breakfast 02/23/26 - dinner 02/26/26 - dinner 02/28/26 - breakfast and lunch 03/01/26 - dinner 03/05/26 - breakfast and lunch 03/06/26 - dinner That was a total of 30 out of 108 total possible meals the food temperature logs were blank. In all, the facility's food temperature logs lacked documentation of food temperatures for 53 of 108 total possible meals which was 51%. On 03/09/26 at approximately 02:06 PM Administration Staff A confirmed the food temperature logs lacked evidence of documentation.	S3298		

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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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S3298	Continued From page 14 The facility's 2015 "Food Safety and Seniors" policy documented to use a calibrated thermometer to check the temperature of food items. Hot foods should be held at 140 degrees Fahrenheit (F) or higher and cold foods should be held at 41 degrees F or lower. The "Dietary Guidelines for Americans 2005 recommended to make sure food was cooked and held at proper temperatures and to keep cold food cold. Keep food out of the "danger zone" (40 degrees Fahrenheit to 140 degrees Fahrenheit) where bacteria can multiply rapidly. The administrator failed to ensure designated staff ensured served food at the proper temperature.	S3298		