Kansas Department for Aging and Disability Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N015006	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNSET HOME INC	620 SECOND AVENUE , CONCORDIA, Kansas, 66901

(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) COMPLETION DATE
S0000	INITIAL COMMENTS The following citations represent the findings of the licensure resurvey for the above named facility conducted on 04/15 and 4/21/26.	S0000		
S3420 SS = F	MECHANICAL REQUIREMENTS CFR(s): 28-39-256 (c) Mechanical requirements. (1) Heating, air conditioning, and ventilating systems. (A) The system shall be designed to maintain a year-round indoor temperature range of 70oF or 21oC to 85oF or 26oC. (B) Each apartment or individual living unit shall allow the resident to control the temperature. (2) Plumbing and piping systems. (A) Backflow prevention devices or vacuum breakers shall be installed on fixtures to which hoses or tubing can be attached. (B) Water distribution systems shall be arranged to provide hot water at outlets at all times. The temperature of hot water shall range between 98oF and 120oF at bathing facilities, sinks, and lavatories in resident use areas. (3) Electrical requirements. (A) All spaces occupied by persons or machinery and equipment within the buildings, approaches to buildings, and parking lots shall have adequate lighting. (B) Minimum lighting intensity levels shall be as required in Table 1.	S3420		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N015006	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNSET HOME INC	620 SECOND AVENUE , CONCORDIA, Kansas, 66901

(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) COMPLETION DATE
S3420 SS = F	Continued from page 1 (C) Each corridor and stairway shall remain lighted at all times. (D) Each light in resident use areas shall be equipped with shades, globes, grids, or glass panels. This LICENSURE REQUIREMENT is NOT MET as evidenced by: KAR 28-39-256 (c) (2) (B) The census equaled 30 residents. The sample included 3 residents. Based on record review, observation, and interview for all residents, Administrator A failed to ensure the facility water distribution system maintained a safe hot water temperature between 98- and 120-degrees Fahrenheit (F) at the sinks in resident use areas. Findings included: - Facility water temperature checks during the initial tour on 04/15/26 at 10:55 AM revealed water temperatures as follows: Third floor public restroom sink: 125 degrees F (department thermometer) Second floor public restroom sink: 70.1 degrees F (department thermometer) Facility water temperature check on 04/15/26 at 01:50 PM in Resident (R)1's restroom sink: 126 degree F (department thermometer). Recheck of water temperature with Maintenance Staff C and License Nurse (LN) B on 04/15/26 at 02:05 PM revealed water temperatures as follows: R4's restroom sink: 67.8 degree F (department thermometer), 70.1 degree F (facility thermometer) R5's restroom sink: 134.2 degree F (department thermometer) Recheck of water temperature on 04/15/26 at 02:05 PM in R1's restroom sink: 130 degree F (department thermometer). Facility water temperature check on 04/15/26 at 03:23 PM with LN B of the first-floor public restroom: 70.1 degree F (department thermometer).	S3420		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N015006	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNSET HOME INC	620 SECOND AVENUE , CONCORDIA, Kansas, 66901

(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) COMPLETION DATE
S3420 SS = F	Continued from page 2 Observations on 04/15/26 revealed all 30 residents in the facility were mobile and able to access the public restrooms. Observation on 04/15/26 at 02:35 PM revealed the boiler room, which contained two hot water heaters. The hot water heaters were set at 130 degrees F. Interview on 04/15/26 at approximately 02:35 PM with Maintenance Staff C stated water temperature checks were done by maintenance staff monthly and documentation of logs requested. Facility's "Monthly Inspection Water Temp. Readings" revealed water temperature checks had been higher than 120 degrees every month from June 2025 through April 2026 in designated water temperature check areas throughout the facility. Facility's "Monthly Inspection Water Temp. Readings" revealed the following water temperature checks on 04/01/26: Resident apartment: 129.9 degree F Resident apartment: 134.7 degree F Resident apartment: 130.1 degree F Public restroom: 132.3 degree F Resident room: 126.8 degree F Resident room: 126.1 degree F Interview on 04/15/26 at 02:49 PM with Maintenance Staff D confirmed she obtained the monthly water temperature checks and further confirmed she was unaware of the safe water temperature range. Interview on 04/15/26 at approximately 02:20 PM with R2 stated her shower after lunch on 04/15/26 was ice cold. Facility's "Monitoring Water Temperatures" policy dated 04/15/26 recorded, "…the facility will ensure that residents remain free from avoidable accidents and hazards related to hot water exposure. Water temperatures accessible to residents will be maintained between 98°F and 120°F, and the facility will implement systems to identify, monitor, and mitigate risks associated with scalding…Procedure 1.Routine Monitoring (Hazard Identification & Prevention): Maintenance Staff Perform weekly water temperature checks, including: Monitoring Water	S3420		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N015006	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNSET HOME INC	620 SECOND AVENUE , CONCORDIA, Kansas, 66901

(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) COMPLETION DATE
S3420 SS = F	Continued from page 3 Temperatures. Minimum 33.3% of resident room sinks per unit, rotating to achieve 100% quarterly." For all residents, Administrator A failed to ensure the facility water distribution system maintained a safe hot water temperature between 98 and 120 degrees Fahrenheit at the sinks in resident use areas.	S3420		
S3085 SS = D	Negotiated Service Agreement CFR(s): 26-41-202 (a) (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; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This LICENSURE REQUIREMENT is NOT MET as evidenced by: KAR 26-41-202 (a) (1) The facility reported a census of 30 residents. The sample included 3 residents. Based on record review, observation and interview for 1 sampled resident (R)8, Administrator A failed to ensure the Negotiated Service Agreement (NSA) was fully developed based on the resident's Functional Capacity Screen (FCS), service needs, and preferences. Findings included: - Record review for R8 revealed an admission date of 10/06/25 with diagnoses of unspecified dementia with behaviors, psychotic disturbances, mood disturbances and anxiety disorder. The "Resident Functional Capacity Screen" (FCS)	S3085		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N015006	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNSET HOME INC	620 SECOND AVENUE , CONCORDIA, Kansas, 66901

(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) COMPLETION DATE
S3085 SS = D	Continued from page 4 dated 05/07/25 recorded the resident was independent with dressing, toileting, transfer, walk/ mobility and eating, required supervision with bathing and walking/ mobility and was unable to perform management of medications and treatments. The FCS further recorded, R8 had impaired short term memory, memory/ recall impairment, impaired decision making and usually understood communication. R8 was at risk for falls/ unsteadiness and impaired vision. Review of R8's current "Negotiated Service Agreement (NSA) dated 05/08/25 recorded staff provided set up assistance for showering twice weekly and as needed, provided standby assistance as needed for mobility, resident was independent with toileting, transfer and dressing and facility staff managed medications. The NSA failed to identify R8's cognitive impairment and impaired decision making. Facility's "Progress Notes" dated 04/13/26 recorded, "Resident came up to another resident [resident initials] and touched his chest and breast commenting about the size. Then told CNA [certified nurse aide] he wanted to grab her chest and breast." Signed by Certified Medication Aide (CMA) F. Facility's "Progress Notes" dated 02/19/26 recorded, "Spoke with [R8's family member] today, noting resident invading personal space and commenting on weight of staff and residents this past week and have had many complaints…When he's finished eating at breakfast, he will go table to table asking other residents up close if they like what they're eating, most residents will tell resident to leave, or they don't want to talk right now; resident will leave at times or avoid what they tell him and continue to ask questions. Staff has been instructed to redirect resident as needed…" Signed by Licensed Nurse (LN) B. Interview on 04/22/26 at approximately 11:45 AM with CMA F stated she had observed R8 try to touch other residents and had observed him make residents in the facility uncomfortable. Interview on 04/22/26 at 11:55 AM with R9 in her room stated R8 had come into her room on multiple	S3085		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N015006	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNSET HOME INC	620 SECOND AVENUE , CONCORDIA, Kansas, 66901

(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) COMPLETION DATE
S3085 SS = D	Continued from page 5 occasions without her permission. Interview on 04/22/26 at 11:59 AM with R10 in dining room stated she observed R9 try to touch another resident. Interview on 04/22/26 at 02:49 PM with LN B confirmed R8's NSA did not identify the cares provided by staff for R8's cognitive impairment and impaired decision making. Administrator A failed to ensure the NSA was fully developed based on the resident's FCS, service needs, and preferences.	S3085		
S9999	Final Observations K.S.A. 39-928 scope/severity of F Upon receipt of an application for license, the licensing agency with the approval of the state fire marshal shall issue a license if the applicant is fit and qualified and if the adult care home facilities meet the requirements established under this law. A license, unless sooner suspended or revoked, shall remain in effect upon filing by the licensee, and approval by the licensing agency and the state fire marshal or their duly authorized agents, of an annual report upon such uniform dates and containing such information in such form as the licensing agency prescribes and payment of an annual fee. It shall be posted in a conspicuous place in the adult care home. Findings included: Department records revealed the facility failed to file and pay the 2023, 2024 and 2025 annual renewal licensing fees. Observation on 04/15/26 at 10:55 AM revealed the facility license located near the nurse's station. The facility failed to file and pay the 2023, 2024 and 2025 annual renewal licensing fees to the department and post the license in a conspicuous	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N015006	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNSET HOME INC	620 SECOND AVENUE , CONCORDIA, Kansas, 66901

(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) COMPLETION DATE
S9999	Continued from page 6 place as required by KSA 39-928.	S9999		