STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046074	A. BUILDING: _____ B. WING _____	C 09/15/2026

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SUNRISE ASSISTED LIVING OF OVERLAND PARK	12500 W 135TH STREET OVERLAND PARK, KS 66221

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S 000	INITIAL COMMENTS The following represents the findings of a resurvey with attached complaint 198477, 198087, 197860, 197822, 197333, and 195672 at the above-named assisted living facility conducted on 09/09/26 and 09/15/26. The facility reported a census of 59 residents with five included in the sample.	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) Based on observation, interview, and record review the facility failed to ensure designated facility staff documented the residents' functional capacity accurately on the functional capacity screening form for Resident (R) 1 and R2. Findings included: - Record review for R1 revealed an admission date of 04/03/25 with diagnoses of dementia and unsteady gait. The 08/17/26 Functional Capacity Screen (FCS) failed to indicate R1 had a problem of falls or unsteadiness. The 08/18/26 "Service Plan Report" which is the facility's combined Negotiated Service Agreement	S3082		

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

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and Health Service Plan (NSA/HSP) identified facility staff would encourage and invite R1 to attend activities that promote strength building and balance to prevent falls which was added 04/06/26.

Review of 04/06/26 at 11:45 AM "Fall Progress Note" revealed R1 told her son she may have fallen and she was noted to have bruising and an abrasion to her face.

On 09/15/26 at 11:44 AM Administrative Staff A and Administrative Nurse B confirmed R1's FCS failed to identify her problem of falls and unsteadiness.

- Record review for R2 revealed an admission date of 03/05/26 with diagnoses of multiple sclerosis and Parkinson's.

The 08/19/26 FCS identified R2 required physical assistance with bathing, dressing, toileting, transferring, and mobility. The FCS failed to document R2 had a problem of falls.

The 08/31/26 NSA/HSP identified R2 required physical assistance of two caretakers to complete bathing, dressing, toileting, and transfers. R2 required a Hoyer lift for transfers. The NSA/HSP failed to indicate specific parts of each task completed by staff versus what R2 was able to complete himself.

The 04/12/26 "Fall Progress Note" documented R2 slid out of recliner while trying to reposition.

On 09/15/26 at 03:38 PM Certified Medication Aide C stated R2 was unable to perform any parts of bathing, dressing, or transferring and is dependent on staff for all of these tasks.

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S3082	Continued From page 2 On 09/15/26 at approximately 04:55 PM Administrative Nurse B confirmed R2's FCS failed to accurately identify his level of function for bathing, dressing, toileting, and transfers. The facility failed to ensure designated facility staff documented the residents' functional capacity accurately on the functional capacity screening form for Resident (R) 1 and R2.	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; (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) Based on interview, observation, and record	S3085		

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S3085	Continued From page 3	S3085		

review the facility failed to ensure the Negotiated Service Agreement (NSA) was fully developed based on the resident's Functional Capacity Screen (FCS), service needs, and preferences for resident (R)1, R2, and R4 including a description of the services the resident received and the provider of each service.

Findings included:

- Record review for R1 revealed an admission date of 04/03/25 with diagnoses of dementia and unsteady gait.

The 08/17/26 FCS indicated R1 required physical assistance with bathing; was independent with dressing, toileting, transfers, mobility, and eating; was unable to perform management of medications and treatments; had short-term memory, long term memory, memory recall, and decision-making difficulties; and had impaired hearing.

The 08/18/26 "Service Plan Report" which is the facility's combined Negotiated Service Agreement and Health Service Plan (NSA/HSP) failed to indicate services provided to R1 for cognition difficulties.

On 09/15/26 at 11:44 PM Administrative Staff A stated staff provide R1 with reminders and orientation and confirmed her NSA failed to describe the services provided.

The facility failed to ensure R1's NSA described the services she received, and the provider of the service based on her FCS.

- Record review for R2 revealed an admission date of 03/05/26 with diagnoses of multiple

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S3085	Continued From page 4	S3085		

sclerosis and Parkinson's.

The 08/19/26 FCS identified R2 required physical assistance with bathing, dressing, toileting, transferring, and mobility; was unable to perform management of medications and treatments; was incontinent of bladder; usually understood and was usually understandable during communication; and had impaired vision.

The 08/31/26 NSA/HSP identified R2 required physical assistance of two caretakers to complete bathing, dressing, toileting, and transfers. R2 required a Hoyer lift for transfers. The NSA/HSP failed to indicate the use of a wheelchair belt to prevent R2 from sliding out of his motorized wheelchair.

On 09/15/26 at 03:38 PM Certified Medication Aide C stated R2 slid from wheelchair and utilizes a belt for his safety. She confirmed R2 is unable to assist staff with any parts of his activities of daily living and is dependent on staff for bathing, dressing, toileting, and transfers.

On 09/15/26 at 03:41 PM Licensed Nurse E confirmed the wheelchair belt was not included in R2's NSA/HSP and could not state when it was placed.

On 09/15/26 at 04:41 PM R2's spouse stated the wheelchair belt had been in place for a while and was supposed to be adjusted but had not happened yet. She confirmed the wheelchair belt was placed to prevent falls but was unable to indicate when.

The facility failed to ensure R2's NSA described the services he received, and the provider of the service based on his needs and preferences.

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S3085	Continued From page 5 - Record review for R4 revealed an admission date of 08/08/25 with diagnoses including hypothyroidism, depression, and anxiety. The 08/25/25 FCS identified R4 was unable to perform management of medications and had short-term memory, long term memory, memory recall, and decision-making difficulties. The 08/28/25 NSA/HSP indicated R4 was at risk of falls due to dementia and her memory was moderately impaired but failed to list services provided to R4 for cognition difficulties. The NSA/HSP indicated facility staff administered her medications. Review of "Health Status Note" dated 11/20/25 at 11:18 AM revealed R4 self-administered her medications. Review of "Health Status Note" dated 12/05/25 at 04:33 PM revealed staff were able to redirect R4 after offering support and listening to her concerns. The facility failed to ensure R4's NSA described the services she received, and the provider of the service based on her FCS, preferences, and service needs.	S3085		
S3211 SS=F	26-41-205 (g) (3) OVER THE COUNTER DRUGS (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	S3211		

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S3211	Continued From page 6 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 26-41-205(g)(3) Based on observation and interview, the facility failed to ensure a licensed pharmacist or licensed nurse placed the full names of residents on the original packages of ten over the counter (OTC) medications in the medication carts. Findings included: - Observation on 09/09/26 at 12:08 PM revealed the medication cart for apartments 101-114 contained the following OTC medications not labeled with residents' full names: One bottle acetaminophen 500 milligram (mg), 100 tablets Two 26.9 ounce bottles polyethylene glycol 3350 On 09/09/26 at approximately 12:19 PM Licensed Nurse G stated the medication technicians are responsible for labeling the medications and confirmed the OTC medications were not labeled with residents' full names. - Observation on 09/09/26 at 12:29 PM revealed the second-floor medication cart contained the	S3211		

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S3211	Continued From page 7 following OTC medications not labeled with residents' full names: Two tubes voltaren 100 grams labeled with R6's first name One bottle magnesium oxide 250 mg, 250 tablets labeled with R7's initials One bottle loratadine 10 mg, 60 tablets labeled with room number One bottle docusate sodium 50 mg and sennosides 8.6 mg, 240 tablets On 09/09/26 at approximately 12:40 PM Licensed Nurse G confirmed the OTC medications were not labeled with residents' full names. - Observation on 09/09/26 at 12:42 PM revealed the medication cart for rooms 115-127 contained the following OTC medications not labeled with residents' full names: One bottle vitamin D3 4,000 international units & K2 100 micrograms, 120 capsules One bottle vital flora women's probiotic 60 capsules On 09/09/26 at approximately 12:45 PM Administrative Nurse B confirmed the OTC medications were not labeled with residents' full names. The facility failed to ensure a licensed pharmacist or licensed nurse placed the full names of residents on the original packages of ten OTC medications.	S3211		
S3215 SS=E	26-41-205 (h) Medication Storage (h) Storage. Licensed nurses and medication	S3215		

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S3215	Continued From page 8 aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the facility in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the facility in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the facility. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(h) Based on observation and interview, the facility failed to ensure medications were stored in	S3215		

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S3215	Continued From page 9	S3215		

accordance with each pharmacy or manufacturer's recommendations or those of federal and state laws and regulations.

Findings included:

- Observation on 09/09/26 at 12:08 PM of the medication cart for rooms 101 through 114 revealed the following medications:

One zippered bag of ondansetron 4 milligrams (mg), 10 tablets with expiration date of 01/05/26
One 4-ounce tube Biofreeze with expiration date of 05/07/26

On 09/09/26 at approximately 12:19 PM Licensed Nurse G confirmed the medications were past date of use.

- Observation on 09/09/26 at 12:29 PM of the second-floor medication cart revealed one 16 fluid ounce bottle of lactulose 10 grams per 15 milliliters with expiration date of 07/06/26.

On 09/09/26 at approximately 12:36 PM Licensed Nurse G confirmed the medication was past date of use.

- Observation on 09/09/26 at 12:42 PM of the medication cart for rooms 115 through 127 revealed one 90 tablet bottle of furosemide 20 mg with use by date of 06/07/26.

On 09/09/26 at approximately 12:45 PM Administrative Nurse B confirmed the medications were past date of use.

The facility failed to ensure medications were stored in accordance with each pharmacy or manufacturer's recommendations or those of

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S3215	Continued From page 10 federal and state laws and regulations.	S3215		
S3245 SS=F	26-41-102 (a) Staff Qualifications Sufficent Staff (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the provision of a sufficient number of qualified personnel to provide each resident with services and care in accordance with that resident ' s functional capacity screening, health care service plan, and negotiated service agreement. This REQUIREMENT is not met as evidenced by: KAR 26-41-102(a) Based on interview and record review the facility failed to ensure sufficient number of qualified personnel to provide each resident with services in accordance with their functional capacity screening (FCS), health care service plan (HSP), and negotiated service agreement (NSA). Findings included: - Review of the "Resident Roster" provided on 09/09/26 revealed: 1) A total resident census of 59 residents. The roster included 38 residents who resided in the assisted living section of the facility and 21 residents who resident in the locked Memory Care (MC) unit of the facility. 2) The roster identified a total of 29 residents (assisted living and locked MCU) with a Brief Interview for Mental Status score of seven or less	S3245		

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which indicated severe cognitive impairment.
3) The roster identified 9 residents required a two-person transfer.
4) The roster identified 49 residents required physical assistance with activities of daily living.

On 09/09/26 at approximately 10:50 AM Administrative Staff A reported the following number of direct care staff for each shift:

1) Day shift from 07:00 AM to 03:00 PM staffed nine staff between AL and MC.
2) Evening shift from 03:00 PM to 11:00 PM staffed nine staff between AL and MC.
3) Night shift from 11:00 PM to 07:00 AM staffed four staff between AL and MC.

Review of facility's "schedule" for September 2026 revealed on 09/12/26 the 07:00 AM to 03:00 PM shift had three Certified Nurse Aides (CNAs) on the assisted living and on 09/15/26 the 07:00 AM to 03:00 PM shift had three CNAs on the assisted living.

- Record review for R2 revealed an admission date of 03/05/26 with diagnoses of multiple sclerosis and Parkinson's.

The 08/19/26 FCS identified R2 required physical assistance with bathing, dressing, toileting, transferring, and mobility; was unable to perform management of medications and treatments; was incontinent of bladder; usually understood and was usually understandable during communication; and had impaired vision.

The 08/31/26 combined NSA/HSP identified R2 required physical assistance of two caretakers to complete bathing, dressing, toileting, and transfers. R2 required a Hoyer lift for transfers

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and staff administered his medications.

Review of facility's call light "Page Report" for 09/15/26 revealed R2 activated his call light at 09:56 AM and the response was 19.5 minutes later.

On 09/15/26 at 04:40 PM R2 stated the call light response time by staff was too long for him and at times the staff canceled the light, did not complete the cares needed, and returned later. Further, sometimes R2 had to press the light a second time for them to come back. R2 stated 15 minutes is many times too long for him to wait but he has had to wait 30-60 minutes frequently.

- Record review for R3 revealed an admission date of 08/07/24 with a diagnoses of diabetes mellitus type two.

The 03/26/26 FCS identified R3 required physical assistance with bathing, dressing, toileting, and mobility; was unable to perform transfers; had no cognition difficulties; was frequently incontinent of bladder; and was at risk of falls.

The combined NSA/HSP identified R3 required physical assistance of two caretakers and a mechanical lift to complete transfers; two caretakers assisted with bathing and toileting; and was to be provided with diet as ordered by physician.

Review of facility's call light "Page Report" for 09/15/26 revealed R3 activated her call light at 07:30 AM and it was answered 59 minutes later. She reactivated her light at 09:25 AM.

On 09/15/26 at 03:16 PM R3 stated today, and every day when there were only three CNAs, she

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S3245	Continued From page 13 did not get assistance to get out of bed until 10:00 AM. Furthermore, she did not eat breakfast due to getting out of bed so late because she refused to pay the extra fee for delivery of food to her room even though it is not her fault she was not up for breakfast in time to go to the dining room. R3 further explained she regularly missed breakfast two mornings a week on her shower days due to staffing. R3 stated she pulled her call light at 07:30 AM today and the staff did not arrive until 09:00 AM to complete her cares. The facility failed to ensure sufficient number of qualified personnel to provide each resident with services in accordance with their FCS, HSP, and NSA.	S3245		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location.	S3280		

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SUNRISE ASSISTED LIVING OF OVERLAND PARK	12500 W 135TH STREET OVERLAND PARK, KS 66221

(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
S3280	Continued From page 14 This REQUIREMENT is not met as evidenced by: KAR 26-41-104(d)(3)(4) Based on record review and interview, the facility failed to ensure disaster and emergency preparedness by ensuring quarterly review of the facility's emergency management plan (EMP) with all staff and residents and the performance of an emergency drill annually with staff and residents to include an evacuation of the residents to a secure location. Findings included: - On 09/09/26 at approximately 10:48 AM reviews of the emergency management plan since the last survey and the last evacuation were requested. Review of evacuations since last survey revealed a full evacuation was last completed on 04/30/25. The facility failed to complete an evacuation since 04/30/25 which was 132 days overdue. The facility failed to provide documentation regarding emergency management plan reviews with staff and residents for the third and fourth quarter of 2025 and the first quarter of 2026. On 09/09/26 at 01:16 PM Maintenance Staff D confirmed an evacuation had not been completed since 04/30/25. On 09/15/26 at 01:54 PM Administrative Staff A confirmed there was no documentation of reviews for each quarter since the last survey. The facility failed to ensure disaster and	S3280		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S3280	Continued From page 15 emergency preparedness by ensuring quarterly review of the facility's EMP with all staff and residents and the performance of an emergency drill annually with staff and residents.	S3280		
S3310 SS=F	26-41-207 (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; and (c) Each administrator or operator shall ensure the facility ' 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 26-41-207(c) Based on interview and record review the facility failed to ensure compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in KAR 26-39-105 for one resident which had the potential to affect all residents. Findings included: - Record review for Resident (R) 1 revealed an	S3310		

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S3310	Continued From page 16 admission date of 04/03/25 with a diagnosis of dementia. R1's record lacked evidence of documentation an initial TB symptom screen, a first-step of TB skin test (TST) was administered within seven days of residency, and a second step of the two-step TST was administered. On 09/15/26 at 12:50 PM Administrative Staff A confirmed R1's record did not include a TB symptoms screen from admission or a completed TST. The June 2013 department's "Tuberculosis (TB) Guidelines for Adult Care Homes" documented each new resident shall receive a two-step TB skin test and symptom screen questionnaire within seven days of employment or admission. The facility failed to ensure compliance with the department's TB guidelines for adult care homes adopted by reference in KAR 26-39-105 for one resident which had the potential to affect all residents.	S3310		
S3420 SS=E	28-39-256 MECHANICAL REQUIREMENTS (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	S3420		

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S3420	Continued From page 17 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. (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 REQUIREMENT is not met as evidenced by: KAR 28-39-256(c)(2)(B) Based on observation and interview, the facility failed to ensure the facility water distribution system maintained a safe hot water temperature between 98- and 120-degrees Fahrenheit (F).	S3420		

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S3420	Continued From page 18 Findings included: - Facility water temperature checks during the initial tour on 09/09/26 at 11:45 AM revealed water temperature in the open dietary serving area sink where all assisted living residents have access was 124.4 degrees F per department thermometer. On 09/09/26 at 11:45 AM Maintenance Staff D confirmed the water temperature was out of acceptable range. - Observation on 09/15/26 at 03:46 PM of R1's kitchenette sink water temperature revealed 133.2 degrees F and R2's kitchenette sink water temperature was 128.1 degrees F per department thermometer. - Observation on 09/15/26 at 03:55 PM of bistro area sink revealed a water temperature of 132.8 degrees F per department thermometer and 133.1 degrees F per facility thermometer. On 09/15/26 at 03:55 PM Maintenance Staff D stated he turned the thermostat down earlier in the morning because it was running hot, around 120 degrees F, and confirmed the water temperature was out of acceptable range. The facility failed to ensure the facility water distribution system maintained a safe hot water temperature between 98- and 120-degrees F.	S3420		