STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046071	A. BUILDING: _____ B. WING _____	02/14/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE ASSISTED LIVING OF LENEXA	15055 WEST 87TH ST PARKWAY LENEXA, KS 66215

(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 citations represent the findings of a resurvey with complaint investigations #134453, 129999, 128587, 126881 at the above named assisted living facility conducted on 2-12-19, 2-13-19, and 2-14-19.	S 000		
S3101 SS=E	26-41-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(h) The facility reported a census of 78 residents (48 assisted living residents and 30 memory care residents). The sample included 6 residents. Based on record review and interview for 4 (#231, #232, #235, #236) of 6 sampled residents, the administrator failed to ensure each individual involved in the development of the negotiated service agreement shall sign the agreement. Findings included: - Record review for Resident #231 revealed admission on 1-30-19 with diagnoses Hypertension, Heart Failure, Chronic Kidney Disease, Atrial Fibrillation, Type 2 Diabetes Mellitus and Hyperlipidemia. The Functional Capacity Screen dated 1-29-19	S3101		

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

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S3101	Continued From page 1	S3101		

recorded resident required health care services.

The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 1-29-19 recorded services for assistance with bathing, dressing and medication management.

The NSA/HCSP lacked documentation of any signatures, in particular of a licensed nurse, the resident and/or resident's legal representative.

- Record review for Resident #232 revealed admission on 8-2-16 with diagnoses Dysphagia, Major Depressive Disorder, Anxiety, Type 2 Diabetes Mellitus, Hypertension, Insomnia, Chronic Pain, Inclusion Body Myositis and Mycosis Fungoides.

The Functional Capacity Screen dated 8-22-18 recorded resident required health care services.

The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 10-16-18 recorded services for assistance with bathing and supervision of transfers and mobility.

The NSA/HCSP lacked documentation of any signatures, in particular of a licensed nurse, the resident and/or resident's legal representative.

- Record review for Resident #235 revealed admission on 8-14-17 with diagnoses Hypertension, Hyperlipidemia, Type 2 Diabetes Mellitus, Cardiac Murmur, Diabetic Neuropathy, Osteoporosis, Iron Deficiency Anemia, Chronic Fatigue, Low Back Pain, Ataxic Gait, Spondylolysis, Insomnia, Chronic Kidney Disease, Chronic Obstructive Pulmonary

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S3101	Continued From page 2 Disease, Irritable Bowel Syndrome and Major Depressive Disorder. The Functional Capacity Screen dated 8-29-18 recorded resident required health care services. The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 9-18-18 recorded services for assistance with bathing, hospice and medication management. The NSA/HCSP lacked documentation of any signatures, in particular of a licensed nurse, the resident and/or resident's legal representative. - Record review for Resident #236 revealed admission on 4-27-16 with diagnoses Hypertension, Hypothyroidism, Glaucoma and Chronic Pain. The Functional Capacity Screen dated 10-16-18 recorded resident required health care services. The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 10-24-18 recorded services for assistance with bathing, dressing, toileting, medication management and supervision of transfers and mobility. Resident further required management of behaviors. The NSA/HCSP lacked documentation of any signatures, in particular of a licensed nurse, the resident and/or resident's legal representative. Interview on 2-14-19 at 12:27 pm with Administrative Nurse B confirmed the NSA/HCSP lacked signatures. Administrative Nurse B provided a copy of a progress note which documented that a copy of the resident's	S3101		

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S3101	Continued From page 3 NSA/HCSP was emailed to the responsible party for Resident #236, (though the party failed to sign and return a copy of the signature page). For Residents #231, #232, #235, #236, the administrator failed to ensure each individual involved in the development of the negotiated service agreement signed the agreement.	S3101		
S3280 SS=E	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. This REQUIREMENT is not met as evidenced by: KAR 26-41-104(d)(3) The facility reported a census of 78 residents (48 assisted living residents and 30 memory care residents). The sample included 6 residents.	S3280		

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S3280	Continued From page 4 Based on record review and interview for all residents, the administrator failed to ensure disaster and emergency preparedness by ensuring quarterly review of the facility's entire emergency management plan with all residents. Findings included: - Review of the facility's emergency management plan conducted on 2-12-19 and 2-13-19 with Administrative Staff A and Administrative Staff C who provided documentation of review with staff performed on 2-15-18, 4-26-18, 6-7-18, 8-30-18, 10-18-18 and 1-31-19. Administrative Staff C performed a total facility evacuation on 10-18-18. The plan lacked documentation of quarterly review with all residents. Interview on 2-14-19 at 11:48 am with Administrative Nurse B confirmed the facility lacked documentation of quarterly review of the emergency management plan with all residents. For all residents, the administrator failed to ensure emergency preparedness by ensuring quarterly review of the entire emergency management plan with all residents.	S3280		
S3310 SS=E	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	S3310		

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S3310	Continued From page 5 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) The facility reported a census of 78 residents (48 assisted living residents and 30 memory care residents). The sample included 6 residents. Based on record review and interview for 5 (#232, #233, #234, #235, #236) of 6 sampled residents, the administrator failed to 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. Findings included: - Record review for Resident #232 revealed admission on 8-2-16. The record documented an annual TB (tuberculosis) skin test on 1-5-17. The record lacked documentation of either an annual TB symptom screen or an annual TB skin test in 2018. - Record review for Resident #233 revealed admission on 4-26-15. The record contained a 2-Step TB skin test within 30 days of admission. The record lacked documentation of annual TB symptom screens or annual TB skin tests performed in 2017 and 2018. - Record review for Resident #234 revealed	S3310		

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S3310	Continued From page 6	S3310		

admission on 2-7-17. The record documented a negative TB skin test performed on 2-4-17 at an outside clinic. The record lacked documentation of a second step performed within 30 days of admission.

- Record review for Resident #235 revealed admission on 8-14-17. The record documented a negative TB skin test performed on 7-24-17 at an outside clinic. The record lacked documentation of a second TB skin test performed within 30 days of admission.

- Record review for Resident #236 revealed admission on 4-27-16. The record lacked documentation of an annual TB symptom screen or an annual TB skin test in 2018.

Interview on 2-13-19 at 1:38 pm with Administrative Nurse B confirmed the records lacked documentation of an annual TB symptom screen or an annual TB skin test for the above residents.

The facility policy for "Resident Safety: Tuberculosis" stated:
TB Screening: ...required for all residents...The 2-step skin test is recommended for residents without any known contact with a case of known TB or other significant risk factors...Administer two step testing as follows: Step 1 must be administered and read prior to move-in; Step 2 should be completed within 1-3 weeks after reading Step 1. Residents with a documented history of a positive TB skin test and/or TB blood test, exposure to TB or treated for TB disease require initial and annual symptom surveillance using the TB Symptom Surveillance Form." The policy lacked requirement for an annual symptom surveillance form to be completed on all

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S3310	Continued From page 7 residents. For Residents #232, #233, #234, #235, #236, the administrator failed to 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.	S3310		
S3320 SS=E	28-39-254 CONSTRUCTION (a) The assisted living facility or residential health care facility shall be designed, constructed, equipped and maintained to protect the health and safety of residents, personnel and the public. (b) All new construction, renovation, remodeling and changes in building use in existing buildings shall comply with building and fire codes, ordinances and regulations enforced by city, county, and state jurisdictions, including the state fire marshal. (c) New construction, modifications and equipment shall conform to the following codes and standards: (1) Title III of the Americans with disabilities act, 42 U.S.C. 12181, effective as of January 26, 1992; and (2) "Food Service Sanitation Manual," health, education, and welfare (HEW) publication no. FDA 78-2081, as in effect on July 1, 1981. This REQUIREMENT is not met as evidenced by: KAR 28-39-254(a)	S3320		

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S3320	Continued From page 8 The facility reported a census of 78 residents (48 assisted living residents and 30 memory care residents). The sample included 6 residents. Based on observation and interview for all assisted living residents, the administrator failed to maintain the facility to protect the health and safety of these residents and the public. Findings included: - Observations on 2-12-19 from 10:55 am to 1:09 pm during tour of facility accompanied by the Administrative Staff A revealed the following: Bistro area with unlocked cabinet which contained a can of glass cleaner. One box of multiple units of GenClean disinfectant in an unlocked cabinet in a resident whirlpool room on the second floor. Interviews on 2-12-19 during tour with Administrative Staff A confirmed and removed the above unsecured chemicals. For all assisted living residents, the administrator failed to maintain the facility to protect the health and safety of these residents and the public.	S3320		