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 _____	02/13/2025

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 represents the findings of a resurvey with attached complaint 190482 and 192287 at the above named assisted living facility conducted 02/11/25-02/13/25	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 69 residents with three residents included in the sample. Based on interview and record review the operator failed to ensure that each individual involved in the development of the Negotiated Service Agreement (NSA) signed the agreement for Resident (R) 1, R2, and R3. Findings included: - Record review for R1 revealed an admission date of 09/01/23 with diagnoses of repeated falls, encephalopathy, heart disease, depression, and osteoarthritis. The 08/19/24 Functional Capacity Screen (FCS)	S3101		

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

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S3101	Continued From page 1 identified R1 required physical assistance with bathing, dressing, toileting, transfers, and mobility; was unable to perform management of medications or treatments; was incontinent of bladder; had short-term memory, long-term memory, memory/recall, and decision-making difficulties; and was at risk of falls. The 08/19/24 Negotiated Service Agreement/Health Service Plan (NSA/HSP) identified R1 received assistance of one person for bathing, dressing, toileting, transfers, and mobility; and a team member administered medications. The NSA/HSP listed services of cueing, prompting, monitoring, reminding for bladder incontinence, cognition, falls, and impaired decision making without the provider of the service. The 08/19/24 NSA/HSP lacked a signature page including each individual involved in the development. On 02/13/24 at 11:52 AM Administrative Staff A confirmed via email R1's NSA lacked signatures by all involved in developing the NSA. - Record review for R2 revealed an admission date of 04/03/23 with diagnoses of rheumatoid arthritis, depression, and morbid obesity. The 08/24/24 FCS identified R2 required physical assistance with bathing, dressing, toileting, transfers, and mobility; was unable to perform management of medications or treatments; was incontinent of bladder; and had decision-making difficulties.	S3101		

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S3101	Continued From page 2	S3101		

The 08/24/24 NSA/HSP identified R2 received assistance of two persons for bathing, dressing, toileting, transfers, and mobility; staff administered medications; and staff cared for incontinence needs.

The 08/24/24 NSA/HSP lacked a signature by R2 or her legal representative.

On 02/13/24 at 11:52 AM Administrative Staff A confirmed via email R2's NSA lacked a signature by R2 or her legal representative.

- Record review for R3 revealed an admission date of 11/15/21 with diagnoses of congestive heart failure, dementia, depression, atrial fibrillation, repeated falls, and chronic obstructive pulmonary disease.

The 09/04/24 FCS identified R3 required physical assistance with bathing; was independent with dressing, toileting, transferring, mobility, eating, management of medications and management of treatments; was occasionally incontinent of bladder; and was at risk for falls.

The 09/04/24 NSA/HSP identified facility staff provided physical assistance of one person with bathing; R3 was independent with dressing, toileting, transferring, mobility, eating, management of medications and management of treatments; and received reminders to use call light for assistance to prevent falls.

The 09/04/24 NSA/HSP lacked a signature by R3 or her legal representative.

On 02/13/24 at 11:52 AM Administrative Staff A

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S3101	Continued From page 3 confirmed via email R3's NSA lacked a signature by R3 or her legal representative. The facility's 11/02/98 "Assessing and Evaluating Residents" policy failed to instruct staff on obtaining signatures on the NSA. The operator failed to ensure that each individual involved in the development of the NSA signed the agreement for R1, R2, and R3.	S3101		
S3171 SS=D	26-41-204 (i) Health Care Services Standards of Practice (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(i) The facility reported a census of 69 residents with three included in the sample. Based on observation, interview, and record review the operator failed to ensure a licensed nurse completed an assessment for the purpose to use a bed assist device, ability to use a bed assist safely without risk of entrapment, and to confirm the bed assist device was not a restraint for Residents (R) 3. Findings included: - Record review for R2 revealed an admission date of 04/03/23 with diagnoses of rheumatoid	S3171		

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S3171	Continued From page 4 arthritis, depression, and morbid obesity. The 08/24/24 Functional Capacity Screen (FCS) identified R2 required physical assistance with bathing, dressing, toileting, transfers, and mobility. The 08/24/24 Negotiated Service Agreement/Health Service Plan (NSA/HSP) identified R2 received assistance of two persons for bathing, dressing, toileting, transfers, and mobility. R2's record lacked evidence of documentation of a bed assist device assessment. Observation on 02/11/24 at approximately 04:33 PM revealed a bed assist device was attached to the right side of R2's bed. On 02/11/24 at approximately 04:34 PM R2 stated she used the bed assist device to help her reposition. On 02/11/24 at approximately 03:20 PM Administrative Nurse C confirmed R2's record lacked evidence of documentation a bed rail assessment was completed. The facility's "Bed Safety Program v2.0" page 28 documented that the RCD/HCM (Resident Care Director or Health Care Manager) is responsible for evaluating the resident and bed system monthly. The operator failed to ensure a licensed nurse completed an assessment for the purpose to use a bed assist device, ability to use a bed assist	S3171		

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	N046071	A. BUILDING: _____ B. WING _____	02/13/2025

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S3171	Continued From page 5 safely without risk of entrapment, and to confirm the bed assist device was not a restraint for R2.	S3171		
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, 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)(2) The facility reported a census of 69 residents. The facility had a main kitchen where food was stored and prepared and for all residents. Based on interview and observation, the operator failed to ensure food in cans with significant defects including denting severe enough to prevent normal stacking or opening not be used.	S3298		

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S3298	Continued From page 6 Findings included: - Observation on 02/11/25 at approximately 10:45 AM of the panty revealed two cans of marinara sauce dented on top and bottom rims. On 02/11/25 at approximately 10:46 AM Dietary Staff D confirmed the food cans were dented. The facility's "Food Storage, Preparation and Service" policy last revised 07/08/24 instructed staff to discard any cans that were dented, rusty leaking, swollen, frozen or unlabeled immediately. Cans that were damaged upon delivery were to be labeled "damaged." The operator failed to ensure food in cans with significant defects including denting severe enough to prevent normal stacking or opening not be used.	S3298		
S3299 SS=F	26-41-206 (e) (1) Facility Food Storage (e) Food storage. Facility staff shall store all food under safe and sanitary conditions. (1) Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. This REQUIREMENT is not met as evidenced by: KAR 26-41-206(e) The facility reported a census of 69 residents. The facility had a main kitchen where food was	S3299		

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S3299	Continued From page 7	S3299		

stored and prepared for all residents. Based on observation and interview the operator failed to ensure food items were stored under safe conditions.

Findings included:

- Observation on 02/11/25 at 10:32 AM in the kitchen revealed a "reach-in" refrigerator that contained the following food items for the residents that lacked a date identifying when the food was opened or prepared.

One 20 ounce bottle of ketchup
Two 14 ounce bottles of mustard
One tray with individual servings of coleslaw and potato salad
One tray with individual servings of applesauce and cottage cheese
One gallon container of blue cheese
One gallon of milk with best by date of 01/29/25
One 32 ounce container of half and half with best by date of 02/08/25

A temperature log for the "reach-in" refrigerator was requested which the facility failed to provide.

On 02/11/25 at approximately 10:35 AM Dietary Staff D confirmed the food items lacked labels identifying a date the food was opened or prepared and there was no temperature log for the unit.

- Observation on 02/11/25 at 10:39 AM in the kitchen revealed a walk-in refrigerator that contained the following food items for the residents that lacked a date identifying when the food was opened or prepared.

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	N046071	A. BUILDING: _____ B. WING _____	02/13/2025

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S3299	Continued From page 8 One bowl of onions One bag cheddar cheese cubes with best by date of 12/02/24 Three bags of shredded mozzarella cheese, one with best by date of 10/20/24 One bag feta cheese Eight saran-wrapped blocks of sliced American cheese Two sour cream containers, five pounds each On 02/11/25 at approximately 10:43 AM Dietary Staff D confirmed the food items lacked labels identifying a date the food was opened or prepared. - Observation on 02/11/25 at 10:45 AM in the kitchen revealed a walk-in freezer that contained food items for the residents. A bag of hamburger patties was open and unsealed. On 02/11/25 at approximately 10:46 AM Dietary Staff D confirmed the food item was unsealed. - Observation on 02/11/25 at 11:51 AM in the memory care kitchen revealed a refrigerator that contained the following food items for the residents. One 25 ounce Mayo container with expiration date of 10/15/24 One 11.5 ounce container Chilli lime mayo with expiration date of 8/11/24 1 gallon ranch dressing with expiration of 1/15/25 On 02/11/25 at approximately 11:53 AM Administrative Nurse C confirmed the food items were undated when opened and expired per	S3299		

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S3299	Continued From page 9	S3299		

manufacturer.

- Observation on 02/11/25 at approximately 12:16 PM in the memory care kitchen revealed cabinets that contained the following food items for the residents.

One five pound container of peanut butter with undated on opening with best by date of 08/01/24
One 17 ounce cooking spray with expiration date of 11/05/24
One box of brownie mix dated as opened on 01/20/23 with live bugs inside box
Two containers of cereals lacking label identifying what was inside or date it was opened

On 02/11/25 at approximately 12:20 PM Administrative Staff A confirmed the food items lacked labels identifying what was inside, a date when opened, and/or expired per manufacturer.

The Kansas Department of Agriculture's 2024 "Focus on Food Safety" booklet Page 21 explains that commercially prepared foods must be date marked after the original container was opened and held under refrigeration. Foods prepared on site must be labeled and date marked for consumption or discarded within 24 hours. The temperature DANGER ZONE is from 41? F to 135? F, the range in which rapid growth occurs. Potentially hazardous foods, foods requiring time and temperature control for safety, should not be exposed to the danger zone for more than four hours total, including time spent in preparation, cooling and reheating.

The facility's "Food Storage, Preparation and

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S3299	Continued From page 10 Service" policy last revised 07/08/24 instructed staff to label, date and rotate foods to maintain a system of first in-first out. The policy also stated that expired food was discarded. Temperatures of refrigerators were monitored daily and recorded. The operator failed to ensure foods were stored under safe conditions.	S3299		