

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265745	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/05/2025
NAME OF PROVIDER OR SUPPLIER Sunset Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 S Polk Maysville, MO 64469	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

TITLE

(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265745	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/05/2025
NAME OF PROVIDER OR SUPPLIER Sunset Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 S Polk Maysville, MO 64469	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0689 Level of Harm - Actual harm Residents Affected - Few	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to prevent one of the three sampled residents, (Resident #1) from accidents and hazards when Resident #1 eloped from the facility and was found by a nearby business laying on the ground. The resident was transported to the hospital and found to have fractured in his/her left arm. The facility census was 29. Review of the facility's Elopement Protocol, dated April 2006 showed:Elopement, for the purpose of these guidelines is defined as that situation where a resident with impaired decision-making ability, who is oblivious to his/her own safety needs, and therefore at risk for injury outside the confines of the facility, has left the facility without knowledge of staff. The definition of elopement does not include a resident who is at risk for elopement, but whose exit from the facility is known to staff who is responding to the exit. Furthermore, the definition of elopement does not include residents: who are not at risk for elopement due to their cognitive abilities. Who leave the facility with the intent to return within a short period of time. Who have the ability to leave and return safely. Residents who fit this description, are requested to sign in and out or in some similar manner, to let staff know of their departure and anticipated time of return. The purpose of the elopement guidelines is to: identify residents at risk for elopement, protect residents that are not capable of protecting themselves and provide the techniques and equipment to minimize safety risks. A specific system has been developed to notify staff that an external door has been opened in an area accessible to residents. Door alarms are tested at least once a month. The results of the test are recorded. Testing of the system includes not only the alarm's function, but also the staff's appropriate response to the alarms. Only the Administrator may authorize disabling the alarm system and is responsible for the method of monitoring for residents' safety and resetting the alarms. All new employees are in-serviced on elopement guidelines during orientation. All employees will be in-serviced on elopement procedures annually.The Charge Nurse (CN) is responsible for coordinating a building search followed by an immediate search of the facility grounds if a resident is discovered missing or an elopement is evident. The CN will take the following steps: search the facility in teams. If non-nursing personnel are present, they initiate a search outside the building; otherwise, nursing will initiate the search. CN is to remain in the facility coordinating the search. Prepare to provide a picture and description of the resident, including clothing, height, weight, hair and eye color, etc. Administrator and Director of Nursing (DON) are to be notified within 20 minutes of the discovery. Administrator or designee calls in the off-duty department heads or staff as needed to assist with the search. Narrow the time frame in which the resident was last noted in the facility. Assign a staff member to complete a search of places in the community frequented by the resident. Call 911 for law enforcement assistance to aid in the search (if not found during facility and grounds search). Notify family/responsible party and physician within two hours of discovery. When found, assess for injuries and document. Make sure a plan has been developed to ensure protective oversight. Notify all those involved in search that the resident has returned. The care plan is to be revised to include further preventative interventions to prevent re-occurrence. In-service staff on the plan of care that will be implemented within 48 hours of incident and address to all personnel involved in direct care of the resident and alerting non-nursing staff of precautions and elopement guidelines. The Department of Health and Senior Services may be notified if there is reason to believe the resident is likely to be in harm or danger. Review of the facility's undated policy for Elopement- Missing Resident showed:Guidelines: Determine: when the resident was last seen and by whom, description of clothing and where the resident was last seen.Notify all departments and begin a thorough search of the facility and grounds, including bathrooms, closets, storage areas and crawl spaces. Search streets and neighborhood adjacent to the facility.Notify DON and Administrator.Notify attending physician.Notify responsible party. Request notification if resident makes contact with them.If absence exceeds 30 minutes, notify local law enforcement agency. Give dispatcher the following information: resident's name, sex, age, time discovered missing, where last seen, physical description (height, weight, race, hair, eyes, etc.), physical impairments, mental conditions, description of clothing, if harmful to self or others, home address, address of known relatives or friends and photograph of resident.When located, be certain to notify all appropriate people/agencies. Assess for injuries. Review of the facility's undated policy for Resident Condition Change (Observing, Recording, and Reporting) (Includes Fall or Injury) showed:The purpose is to observe, record, and report any condition change to the attending physician so that proper treatment can be implemented. After all resident falls, injuries or changes in physical</p>		