STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265745	A. Building B. Wing	07/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sunset Home	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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to ensure staff stored food in a sanitary manner and failed to maintain the kitchen in a sanitary manner. This had the potential to affect all residents residing in the facility. The facility census was 23.Review of the facility's Cleaning of Workspaces policy, dated May 2015 showed:-Walls, doors, vents and ceiling must be free from chipped and/or peeling paint and must be kept in good repair;-Walls, doors, vents and ceilings must be washed at least twice a year;-Heavily soiled surfaces must be cleaned more frequently;-Cabinets should be washed with detergent solution and warm water every week and more often if needed.Review of the facility's Storage of Food and Supplies, dated May 2025, showed:-Dry storage rooms must be neat and clean;-Open boxes are to effectively re-sealed;-Date food with open date and use by date;-Food is to be stored a minimum of six inches above the floor.Review of the facility's, General Dish Room Sanitation Policy, dated May 2015, showed:-Dish room work surfaces must be maintained in a clean and sanitary condition;-A test trip should be used and noted on the dish washer log before each meal's dishwashing.Observation of the kitchen on 07/21/25 at 10:46 A.M., showed: - The floors of the kitchen sticky, covered in dirt and debris;- A black rubber mat under the stove and oven area covered with a black sticky substance;- Area under the three compartment sink covered with food debris;- Cabinets under the counter with peeling paint and black spots the size of quarters;-The floor under the prep table covered with dirt and debris;-A metal storage rack above the prep table covered in dirt and dust;-A cake uncovered sat under the dirty and dusty metal storage rack;-The handles of the refrigerator caked with a sticky substance;-The widow by the three compartment sink covered in food debris, dust and cobwebs;- The wall under the dishwasher covered in a black substance;- A black substance along the drain on the floor in the dish room;-The legs of the dishwashing area rusted with peeling paint;-The window in the dish room covered in food debris, dust and cobwebs;-An open gallon of milk in the refrigerator with an expiration date of 07/16/25.Observation of the kitchen on 07/23/25 at 11:12 A.M., showed: -The bottom half of the refrigerator covered in liquid spatter and food debris;-The vent on the wall behind the toaster oven caked in dust with a thick layer of grease;-The storage rack above the food prep table still covered with dust and debris;-Two broken tiles at the exit door of the kitchen;- The floors of the kitchen still sticky and covered in dirt and debris;- A black rubber mat under the stove and oven area still covered with a sticky substance;- Area under the three compartment sink still dirty with food debris;- Cabinets under the counter still with peeling paint and black spots the size of quarters;-The floor under the prep table still covered with dirt and debris;-The metal storage rack above the prep table still covered in dirt and dust;-The widow by the three compartment sink covered in food debris, dust and cobwebs.-The wall under the dishwasher still covered in a black substance;- A black substance still along the drain on the floor in the dish room;-The legs of the dishwashing area still rusted with peeling paint;-The window in the dish room still covered in food debris, dust and cobwebs.Walk in freezer:-A screwdrive held the freezer door shut;-The floor of the freezer covered in water and ice;-A 20 pound turkey sat on the floor;-Two unopened boxes of link sausage sat on the floor;-The unopened boxes of sausages covered in water and chunks of ice;-An open and undated bag of French fries;-An open and (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

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	undated bag of okra;-An open and undated bag of sausage patties; -Chucks of ice the size of golf balls sat on top of boxes of food and on the floor;Dry Storage:-The floor covered with a sticky substance, dirt and debris.Review of the dishwasher sanitization log dated July 2025, on 7/23/25 at 12:32 P.M., showed: -Instructions, record sanitizer concertation before each meal before washing dishes;-The log should be filled in and signed by those who are directly involved in the dishwashing process;-7/01/25, no documentation indicating the sanitizer level had been checked;-7/02/25, no documentation indicating the sanitizer level had been checked;-7/07/25, no documentation indicating the sanitizer level had been checked;-7/10/25, no documentation indicating the sanitizer level had been checked;-7/12/25, no documentation indicating the sanitizer level had been checked;-7/14/25, no documentation indicating the sanitizer level had been checked;-7/15/25, no documentation indicating the sanitizer level had been checked;-7/16/25, no documentation indicating the sanitizer level had been checked;-7/17/25, no documentation indicating the sanitizer level had been checked;-7/18/25, no documentation indicating the sanitizer level had been checked;-7/19/25, no documentation indicating the sanitizer level had been checked;-7/20/25, no documentation indicating the sanitizer level had been checked.Observation and interview on 07/23/25 at 12:45 P.M., showed:-Dietary Aide (DA) B loaded dishes into the dishwasher;-DA B removed the dishes from the dishwasher after the cycle was finished;-DA B did not check the sanitizer before he/she ran the through the dishwasher;-DA B said he/she ran the breakfast dishes through the dishwasher after breakfast and the Dietary Manager (DM) ran pans through dishwasher after breakfast;-DA B said he/she was taught how to use the strips when he/she started but could not remember how to check the sanitizer in the dishwasher;-DA B said he/she worked several shifts a week;-DA B said he/she was not sure how many parts per million (PPM, measurement used to ensure the quality, safety and compliance of products or processes) the strips should read.During an interview on 07/23/25 at 12:58 P.M., the DM said:-All staff in the kitchen should know how to check the sanitizer in the dishwasher;-She was not aware that DA B did not know how to check the sanitizer in the dishwasher;-The sanitizer should be checked at every meal and recorded on the log;-There should be no blank spaces on the sanitizer log;-The PPM should be recorded three times a day;-The PPM should be around 150;-She expects the kitchen to be clean and sanitary and in good repair;-She had put in work orders for maintenance last week for repairs and cleaning of the vents;-All expired food should be disposed of and not in the refrigerator;-No food should be setting on the floor;-All foods should be sealed and dated;-Vents, floors, windows and cabinets should be clean and in good repair;-The kitchen staff is responsible for cleaning the kitchen;-Maintenance cleans the vents in the kitchen;-She said the kitchen staff tried to keep up on the cleaning but there was not enough time.During an interview on 07/23/25 at 01:10 P.M., the Maintenance Supervisor said:-He was in charge of any repairs to the kitchen;-He was not aware of any repairs that needed to be done in the kitchen;-He does not clean the vents in the kitchen;-The kitchen was responsible for cleaning the vents in the kitchen;-The kitchen should be maintained and in good repair. During an interview on 07/23/25 at 01:25 P.M., the Registered Dietitian said:-He expects the kitchen to be clean and in good repair;-He expects the sanitizer to be checked and recored before each each meal service daily;-He expects food to be dated and stored properly;-He expects expired food to be discarded. During an interview on 07/23/25 at 01:35 P.M., the Administrator said:-She expects the kitchen to be clean and in good repair;-She expects the sanitizer to be checked and recorded before each meal service daily;-She expects food to be dated and stored properly;-She expects expired food to be discarded;-She said there should not be ice on the floor of the walk in freezer and no wet boxes;-She said the cooler is keeping foods frozen at the correct temperature;-She has had repairs made to the cooler recently;-She did not know why there was a screw driver in the freezer door. During an interview on 07/30/25 at 03:28 P.M., the Eco Lab Territorial Manger said:-He/She came once a month to inspect and service the dishwasher;-The ppm should be between 50-100;-The sanitizer ppm should be checked before breakfast, lunch and supper to ensure the dishes are sanitized properly;-The dietary staff should know how to check the sanitizer in the dishwasher.

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F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. Based on interview and record review the facility failed to ensure there was a Registered Nurse (RN) providing services at least 8 consecutive hours a day, 7 days a week consistently for the months of January, February, and March 2025. The facility census was 23.A facility staffing policy was requested and none was provided. Review of the Payroll Based Journal (PBJ) Staffing Data Report showed the facility is responsible for submitting staffing data through the PBJ .This data is available through facility's PBJ Staffing Data Report that can be obtained through CMS' survey system. This report must be utilized by surveyors on at least every recertification survey. The report contains information about overall direct care staffing levels as well as if an RN was onsite for 8 hours a day. Review of the facility's PBJ staffing report for 2025., showed for the months of January, February, and March of 2025- No RN Hours on, 01/01 (WE); 01/04 (SA); 01/05 (SU); 01/18 (SA); 01/19 (SU) 02/01 (SA); 02/02 (SU); 02/08 (SA); 02/09 (SU) 03/01 (SA); 03/02 (SU); 03/15 (SA); 03/16 (SU); 03/29 (SA); 03/30 (SU) Review of the facility's staffing sheets for January, February, and March of 2025., showed- No RN coverage in the month of January on 1/1/25, 1/4/,25, 1/5/25, 1/11/25,1/12/25, 1/18/25, 1/19/25. No RN coverage in the month of February on 2/1/25, 2/2/25, 2/8/,25, 2/9/25, 2/25/25, 2/26/25. No RN coverage in the month of March on 3/1/25. 3/2/25. 3/15/25, 3/16/25, 3/26, 253/27/25, 3/29/25, 3/30/25. During an interview on 7/23/25 at 1:35 P.M., the Administrator said she was aware of the regulation regarding RN coverage 8 hours a day, seven days a week, was aware of days and weekends when there was no RN in the building. She was now working on a plan to ensure there was RN coverage on the weekends, and through the week in the facility going forward.

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F 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Post nurse staffing information every day. Based on observation, interview and record review the facility failed to post the daily staffing sheets to included the amount of hours scheduled to work for both licensed and non-licensed nursing staff and additionally failed to have it in an area unobstructed from the public view. The facility census was 23. The facility did not have a policy regarding the posting of daily census and staffing sheets. Observation on 7/22/25 at 2:15 P.M., showed the daily census and staffing sheets were hung on a clip board on a wall and behind a decorative tall Christmas tree in the front lobby which was obstructing the view from the public to see the daily census and staffing sheets of the facility. Review of daily census and staffing sheets attached to the clip board on 7/22/25., showed for the months of June and July no staff hours were posted for licensed or non-licensed staff in view for the public to see. During an interview on 7/22/25 at 3:10 P.M the Administrator said, she new that the daily staffing and census sheets should be posted in view of the public and that the decorative Christmas tree would need to be moved from in front of the clip board holding the daily staffing and census sheets. She was unaware that the daily staffing and census sheets should also include the number of hours worked for both licensed and unlicensed nursing staff.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observations, interviews, and record review, the facility failed to accurately label medication and to facilitate consideration of precautions and safe administration, when nursing staff failed to write the opened date on three insulin pens for two of the 12 sampled residents (Resident #6, #9) The facility census was 23.Review of the facilities Diabetic Infection Control policy, not dated, states:- All multiple dose insulin vials will be assigned to individual residents, labeled appropriately, and dated when opened. Review of NovoLog injection flexpen manufacture guidelines states:- The NovoLog(R) FlexPen(R) you are using should be thrownaway after 28 days, even if it still has insulin left in it. Review of instructions for use of Lantus prefilled pen states:- Only use the pen for up to 28 days after its first use. Throw awaythe LANTUS SoloStar pen you are using after 28 days, even if it stillhas insulin left in it. Review of instructions for Humalog KwikPen states:- The HUMALOG Pen should be thrown away after 28 days, even ifit still has insulin left in it. 1. Review Resident #6's July physician's order sheet showed:Novolog Flexpen U-100 Insulin (insulin aspart u-100)insulin pen; 100 unit/mL (3 mL); amt: Per Sliding Scale; subcutaneousIf Blood Sugar is less than 60, call MD.If Blood Sugar is 120 to 150, give 2 Units.If Blood Sugar is 151 to 200, give 4 Units.If Blood Sugar is 201 to 250, give 6 Units.If Blood Sugar is 251 to 300, give 8 Units.If Blood Sugar is 301 to 350, give 10 Units.If Blood Sugar is 351 to 400, give 12 Units.If Blood Sugar is greater than 400, call physician. Lantus Solostar U-100 Insulin (insulin glargine)insulin pen; 100 unit/mL (3 mL); amt: 30 units; subcutaneousFrequency: At Bedtime Observation on 7/22/25 at 11:02 A.M. showed Lantus insulin pen and Novolog flexpen was undated and unlabeled laying open in the medication cart. During an interview on 7/22/25 at 11:05 A.M. LPN A said both insulin pens should have been labeled and dated when opened. 2. Review of resident #9's July physician's order sheet showed:insulin lispro (Humalog)insulin pen, half-unit; 100 unit/mL; amt: 5 units; subcutaneous Observation on 07/22/2025 at 11:02 A.M. noted two insulin pens for resident #6 were in the top shelf of the medication cart. Both pens were not inside a box with the residents name and had been opened and were not dated. Observation on 07/22/2025 A.M. at 11:08 A.M. noted one insulin pen sitting in the top shelf of the medication cart, outside of it's prescription box, open and not dated for resident #9. During an interview on 07/22/2025 at 2:16 P.M. LPN A said that insulin pens should be dated when opened. During an interview on 07/23/2025 at 8:57 A.M. the DON (Director of Nursing) said that he/she expects insulin pens to be dated when opened. During an interview on 07/23/2025 at 12:18 at P.M. the Administrator said that insulin pens are to be dated when opened.

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure that all services being provided met professional standards of quality of care for one resident (Resident #3) out of the 12 sampled residents. When CMT A failed to clarify medication parameters of when to hold digoxin (an antiarrhythmic medication) if the resident's heart rate dropped below a certain number (standards of quality of care recommend holding this medication for a pulse rate of 60 or below), and additionally failed to clarify with the charge nurse if a dose of digoxin should be administered or held while the resident had a heart rate of 54 (normal heart rate for adults is 60-100 beats per minute); placing the resident at risk for negative impact to their safety and well-being. The facility census was 23. Review of the facilities medication administration policy date 02/07/2013 showed:For administration of digitalis/digoxin and other medication that alter pulse rate: count the pulse for one minute before administration of medication. If the pulse rate is below 60 or above 100 notify the nurse. 1. Review of resident #3's care plan, dated 6/11/2025; showed:- The resident was admitted on [DATE].- Diagnosis of Congestive heart failure.-The use of long term (current) anticoagulants.- The resident has a cognitive deficit. - The resident will be free from complications of cardiac problems.- The care plan did not address parameters in monitoring of digoxin. Observation on 07/22/2025 at 8:48 A.M. showed CMT A was preparing digoxin medication for resident #3. CMT A checked the residents blood pressure, which resulted in 138/60 and heart rate which resulted in 54 beats per minute. CMT A failed to notify the nurse of the residents heart rate. CMT A prepared digoxin into a medication cup and prepared to provide the medication to the resident. During and interview on 07/22/2025 at 8:49 A.M. CMT A was asked by surveyor if he/she would do anything differently with administering the digoxin since the residents heart rate was low. CMT A said that there is not a parameter for this dose of digoxin, the resident gets a different dose tomorrow and there is a parameter on that order to not give the medication if the heart rate is below 60. Then CMT A said he/she would not notify the charge nurse, that the nurse would tell he/she to do what he/she thinks was best. During an interview on 07/22/2025 at 2:16 P.M. LPN (Licensed practical nurse) A said, that if a CMT needs to hold a medication the CMT would notify the nurse and the nurse will double check the order and the computer would also flag abnormal vital signs so the nurse could see it. During an interview on 07/23/2025 at 8:57 A.M. the DON (Director of Nursing) said she would expect CMT A to notify the charge nurse if a medication was held. During an interview on 07/23/2025 at 12:18 P.M., the Administrator said that a CMT is to notify the charge nurse if a medication needed to be held. The Administrator said that nurses are expected to question an order if parameters are not given on a medication that requires vital signs to be checked before administrating the medication.