STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B043003	A. BUILDING: _____ B. WING _____	07/01/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PINES INC	725 IOWA AVENUE HOLTON, KS 66436

(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 are the result of a survey for re-licensure conducted on 6/29/21 and 7/1/21 at the above named home plus facility in Holton, KS.	S 000		
S5215 SS=E	26-42-104 (d) Disaster and Emergency Preparedness Education (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 home ' s emergency management plan; (2) education of each resident upon admission to the home regarding emergency procedures; (3) quarterly review of the home ' 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 26-42-104 (d) (3) The census equaled 10 residents. Based on interviews and review of records, for all residents, the operator failed to ensure disaster and emergency preparedness when the operator failed to ensure quarterly reviews of the facility's emergency management plan with staff and residents. Findings included:	S5215		

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

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S5215	Continued From page 1	S5215		

- Review of the facility's disaster and emergency management plan on 6/29/21 at 12:30pm with operator #A recorded the following:

Reviews with staff were conducted on 2/19/19 and 5/27/21.

Reviews with residents were conducted on 1/10/19 and 5/27/21.

Most recent evacuation drill was conducted on 2/19/19.

Facility roster recorded 5 residents who required assist of 2 staff to transfer. 2 staff are on duty all shifts at the facility. Evacuation was conducted with more than 2 staff, facility is sprinkled. Records lacked a recent evacuation drill with the least number of staff on duty.

Records lacked quarterly reviews of the emergency management plan with staff and residents for 3 quarters of 2019, all quarters of 2020 and 1st quarter of 2021.

Interview on 6/29/21 at 2:00pm with operator #A confirmed most recent evacuation drill was in 2019 and disaster reviews were not completed quarterly.

For all residents of the facility, the operator failed to ensure disaster and emergency preparedness when the operator failed to ensure quarterly reviews of the facility's emergency management plan with staff and residents.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S5328	Continued From page 2	S5328		
S5328 SS=E	26-42-205 (l) (3) Medication Regimen Review Documentation (3) The administrator or operator, or the designee, shall ensure that the medication regimen review is kept in each resident ' s clinical record. This REQUIREMENT is not met as evidenced by: KAR 26-42-205 (l)(3) The facility reported a census of 10 residents. The sample included 3 residents. Based on record review and interview for 2 residents (#629, 631), the operator failed to ensure a licensed pharmacist conducted a medication regimen review at least quarterly for each resident whose medication is managed by the facility and each time the resident experiences any significant change in condition. The operator, or the designee, shall ensure that the medication regimen review is kept in each resident's clinical record. Findings included: - Resident roster recorded all residents received services for management of medications and treatments. Record review for resident #629 admission date of 6/13/17, recorded one medication review dated 6/16/21, record lacked medication reviews for 2020 and the first quarter of 2021. Record review for resident #630 admission date of 1/27/16, recorded one medication review dated 6/16/21, record lacked medication reviews for	S5328		

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S5328	Continued From page 3 2020 and the first quarter of 2021. Interview on 6/29/21 at 1:05pm with operator #A and Licensed nurse #B confirmed records lacked pharmacy/medication reviews quarterly and the 6/16/21 reviews had not been submitted to the physicians because they just received the documents on 6/29/21. For residents #629 and 631 the operator failed to ensure a licensed pharmacist conducted a medication regimen review at least quarterly for each resident whose medication is managed by the facility and each time the resident experiences any significant change in condition. The operator, or the designee, shall ensure that the medication regimen review is kept in each resident's clinical record.	S5328		