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 _____	08/26/2019

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

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S 000	INITIAL COMMENTS The following citations are a result of a survey for re-licensure with attached complaint conducted on 8/20/19, 8/21/19, 8/22/19, 8/26/19, at the above named home plus facility in Holton KS.	S 000		
S5155 SS=E	26-42-204 (a) Health Care Services (a) The administrator or operator in each home plus shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(a) The facility reported a census of 10 residents. The sample included 3 residents. Based on record review, observation and interview for 3 sampled residents (#820, 821, 822), who required health care services, the operator failed to ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement. Findings included: - Record review for resident #820 recorded an admission date of 3/28/18 with diagnoses	S5155		

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

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S5155	Continued From page 1 including: congestive heart failure, diabetes mellitus type 2, atrial fibrillation, chronic obstructive pulmonary disease, coronary artery disease, depression, hypertension and venous insufficiency. Functional Capacity Screen (FCS) dated 4/3/19 recorded resident required physical assistance with bathing, dressing, transfer, and unable to perform toileting, walk/mobility and management of medications and treatments. Has a history of falls/unsteadiness. Negotiated service agreement/health care service plan (NSA/HCSP) dated 4/3/19 recorded staff to provide physical assistance with bathing, dressing, transfer, toileting, walk/mobility and management of medications and treatments. Fall risk: personal alarm on and fall mat by bed. Observation on 8/21/19 at 900am in resident's room revealed resident in bed, fall mat on floor beside bed, no body alarm in place. HCSP inaccurate, staff do no place a body alarm on resident. Interview on 8/21/19 at 1130am with operator #A confirmed resident does not wear a personal alarm. Record review for resident #821 recorded admission date of 7/29/19 with diagnoses including subdural hematoma, congestive heart failure, hypertension, cerebrovascular accident and stage 2 coccyx wound. FCS dated 7/29/19 recorded resident required physical assistance with bathing, toileting, transfer, eating and is unable to perform	S5155		

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S5155	Continued From page 2	S5155		

dressing, walk/mobility and management of medications and treatments.

NSA/HCSP dated 7/29/19 recorded staff to provide physical assistance with bathing, toileting, transfer, eating, dressing, walk/mobility and management of medications and treatments.

Observation on 8/20/19 at 1045am in resident's room revealed twin mattress with a bed cane/halo attached to the right side of the bed, a mattress (for falls) under the bed and a wheel chair with a pressure reduction cushion in place.

HCSP lacked entries for use of a bed cane, fall mattress and pressure reduction cushion.

Interview on 8/21/19 at 1130am with operator #A confirmed HCSP lacked entries for resident use of a bed cane, fall mattress and pressure reduction cushion.

Record review for resident # 822 recorded admission date of 8/15/19 with diagnoses of dementia, irritable bowel syndrome, atrial fibrillation, and history of stroke.

FCS dated 8/15/19 recorded resident required physical assistance with toileting, transfer, walk/mobility, eating and unable to perform bathing, dressing and management of medications and treatments.

NSA/HCSP dated 8/15/19 recorded staff to provide physical assistance with toileting, transfer, walk/mobility, eating, bathing, dressing and management of medications and treatments.

Observation on 8/20/19 at 936am in resident room revealed resident in recliner, a body alarm

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S5155	Continued From page 3 in place and a fall mat under the bed. Observation on 8/20/19 at 1155am and 8/21/19 at 845am, in facility dining room revealed resident in a wheelchair wearing a body alarm. HCSP lacked entries for use of a body alarm and a fall mat. Interview on 8/21/19 at 1130am with operator #A confirmed resident used a fall mat and body alarm and HCSP lacked entries for the use of these assistive devices. For residents #820, 821, 822 the operator failed to ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement.	S5155		
S5192 SS=F	26-42-206 (e) Food Preparation (e) 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	S5192		

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S5192	Continued From page 4 required to meet federal, state, and local laws and regulations. This REQUIREMENT is not met as evidenced by: KAR 26-42-206(e) The facility reported a census of 10 residents. The sample included 3 residents. Based on observation, record review and interview for all residents living in the facility and receiving meal services, the operator failed to ensure facility staff served food at the proper temperature. Findings included: - Observation on 8/20/19 at 1155 AM chicken noodle soup was served for lunch, temperature was 206.9 F (Fahrenheit) in crock pot. On 8/20/19 at 1250 PM requested facility food temperature monitoring logs. Binder contained food temperature logs ending 3/31/19. Requested current temperature logs, received log for 8/19/19 for chicken noodle soup. Interview on 8/20/19 at 1250 PM with operator # A, stated, person who was doing temperatures is on maternity leave. He/she confirmed records lacked current food temperature logs.	S5192		

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S5192	Continued From page 5 Kansas Department of Agriculture Food Safety guidelines records hot food must be maintained at a temperature of 135F or above, cold foods at 41F or below. For all residents of the facility the operator failed to ensure facility staff served food at the proper temperature.	S5192		
S5230 SS=F	26-42-207 (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 setting; (c) Each administrator or operator shall 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. This REQUIREMENT is not met as evidenced by: K.A.R 26-42-207 (c) The facility reported a census of 10 residents. The sample included 3 residents. Based on record review, and interview, for all residents, the	S5230		

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S5230	Continued From page 6 operator failed to ensure compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings included: - On 8/20/19 at 12:00pm, during personnel review with operator #A, facility records lacked documentation for tuberculosis (TB) skin tests according to guidelines for the following recent staff hired: # C, hire date 7/12/19, record lacked documentation of TB testing, lacked symptom screen. # E, hire date 4/1/19, record lacked documentation of TB testing, lacked symptom screen. #F, hire date 11/8/18, record lacked documentation of TB testing, symptom screen lacked date completed. #G, hire date 6/27/19, record lacked documentation of TB testing, lacked symptom screen. Interview on 8/20/19 at 12:20pm with operator #A confirmed staff records lacked documentation of TB testing according to the department guidelines. For all residents, the operator failed to ensure compliance with the department's tuberculosis guidelines for adult care homes adopted by	S5230		

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S5230	Continued From page 7 reference in K.A.R. 26-39-105.	S5230		
S5258 SS=F	26-42-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following information: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult carehome; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to work as a certified nurse aide. This REQUIREMENT is not met as evidenced by: KAR 26-42-102 (d) The facility reported a census of 10 home plus residents. Based on record review and interview for 4 of 5 certified staff (#C, E, F, G), the operator failed to provide supporting documentation for criminal background checks at the time of hire,	S5258		

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S5258	Continued From page 8 and for 4 of 5 certified staff (#C,E,F,G) failed to obtain supporting documentation for evidence of certification at the time of hire. Findings included: - On 8/20/19 at 12:00pm personnel record review for 5 certified staff revealed the following: Certified staff # G, hire date 6/27/19, record showed KBI check was late, done on 7/22/19. Registry late, dated 7/16/19. Certified staff # E, hire date 4/1/19, record showed KBI check was late, done on 7/22/19. Registry late, dated 7/16/19. Certified staff # F, hire date 11/8/18, record showed KBI was late, done on 3/25/19. Lacked evidence of registry check.. Certified staff # C, hire date 7/12/19, record showed KBI was late, done on 7/22/19. Lacked evidence of registry check. Interview on 8/20/19 at 12:25pm with operator #A confirmed records lacked proof of KBI and registry checks upon hire. The operator failed to provide supporting documentation for criminal background checks at the time of hire and failed to obtain supporting documentation for evidence of certification at the time of hire.	S5258		
S5300 SS=E	26-42-205 (d) (1-2) Facility Administration of Medications (d) Home administration of resident ' s medications. If a home is responsible for the administration of a resident ' s medications, the	S5300		

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S5300	Continued From page 9 administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the home has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(d) The facility reported a census of 10 residents. The sample included 3 residents. Based on record review and interview for 2 sampled residents (#820, 821), the operator failed to ensure all medications and treatments were administered in accordance with a medical care provider's written order, professional standards of practice and manufacturer's recommendations. Findings included: - Record review for resident #820 recorded an admission date of 3/28/18 with diagnoses including: congestive heart failure, diabetes mellitus type 2, atrial fibrillation, chronic obstructive pulmonary disease, coronary artery disease, depression, hypertension and venous	S5300		

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S5300	Continued From page 10 insufficiency. Functional Capacity Screen (FCS) dated 4/3/19 recorded resident required management of medications and treatments. Negotiated service agreement/health care service plan (NSA/HCSP) dated 4/3/19 recorded staff to provide management of medications and treatments. Observation on 8/20/19 1030 AM in resident's room revealed two medications on open shelf: Major Brand Nasal Decongestant 12 hour, 15ml (milliliters) sinus spray and Taro Brand Mupirocin (antibiotic) ointment 2 percent, 22 grams. Observation on 8/21/19 at 900 AM medications still on open shelf. Physicians order sheet (POS) electronically signed 7/11/19 recorded Bactroban (antibiotic) ointment to coccyx two times a day, topical ointment. POS lacked order for nasal decongestant. Medication administration record (MAR) for August 2019 recorded Bactroban topical ointment two times a day, lacked location for application. MAR lacked entry for nasal decongestant. Medications unsecured in residents' room. Interview on 8/21/19 at 1130 AM, with Operator #A, confirmed lack of complete physician's orders. POS signed 7/11/19 recorded BLE (bilateral lower extremities) knee high hose (specialized hose for	S5300		

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S5300	Continued From page 11 circulation), on in AM and off in PM. Observation on 8/20/19 at 1155 AM, resident in wheel chair, not wearing knee high hose. Interview on 8/21/19 at 1130 AM, with Operator #A, confirmed resident does not wear knee high hose. Observation on 8/21/19 at 900 AM resident in bed, resident wearing oxygen via nasal cannula via concentrator. POS lacked physician's order for oxygen. NSA/HCSP dated 4/3/19 recorded resident on 2 L (liters) of oxygen when sleeping or when SaO2 (blood oxygen saturation) less than 90 percent. Interview on 8/21/19 at 1130 AM, with Operator #A confirmed that SaO2 were checked weekly. MAR for August 2019 lacked entry for resident use of oxygen and lacked record of SaO2 results. August 2019 MAR recorded: Ativan (anxiety) 0.5mg BID (twice daily) as needed (PRN): administered 10 times by certified staff. Record lacked documentation of nurse consult prior to administration of the medication. Facility policy dated 10/14/16 titled "Medication: PRN med administration" recorded: "Before administering any PRN medication the CMA (Certified medication aide) must contact RN/LPN (registered nurse/ licensed practical nurse) to discuss signs and symptoms that may require pain/anxiety, etcetera medications. RN/LPN must give direction to CMA that it is ok to dispense a PRN medication to the resident. CMA will	S5300		

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S5300	Continued From page 12	S5300		

document narcotic on MAR and count sheet as well as make a note of symptoms displayed by resident and who they contacted to administer medication on the MAR. If multiple doses have to be given in a shift the RN/LPN needs to be notified with each dose."

Interview on 8/21/19 at 1130AM with operator #A confirmed record lacked documentation of nurse consultation prior to administration of PRN medications for anxiety.

Record review for resident #821 recorded admission date of 7/29/19 with diagnoses including subdural hematoma, congestive heart failure, hypertension, cerebrovascular accident and stage 2 coccyx wound.

FCS dated 7/29/19 recorded resident required physical assistance with management of medications and treatments.

NSA/HCSP dated 7/29/19 recorded staff to provide physical assistance with management of medications and treatments.

August MAR recorded: Aspirin (Pain) 81 mg(milligrams) by mouth (PO) daily HS (hour of sleep) recorded as administered daily by staff 8/1/19 to 8/20/19; Zofran (nausea) 4 mg PO PRN (as needed) every six hours, nausea/vomiting; Imodium (diarrhea) 1 tablet PO every 8 hours PRN loose stools.

Most recent signed POS, admission orders, dated 7/31/19 lacked orders for the 3 medications. Record lacked telephone orders for the 3 medications.

Interview on 8/21/19 at 1130AM with operator #A

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S5300	Continued From page 13 confirmed record lacked physician's orders for the 3 medications. August MAR recorded Levothyroxine (thyroid) 100 mcg (micrograms) PO daily, recorded as administered daily 8/1/19 to 8/21/19 at 800AM by staff. 6 additional medications were also recorded as administered at 800AM daily. Website for Levothyroxine (Physician's desk reference: PDR.com) recorded medication is to be administered on an empty stomach, 30 minutes to 1 hour before breakfast. Interview on 8/21/19 at 1130AM with operator #A confirmed resident received all morning medications with breakfast at 800AM. Medications lacked physician's orders and Levothyroxine not administered according to manufacturer's recommendations and standards of practice. For residents #820, 821, the operator failed to ensure all medications and treatments were administered in accordance with a medical care provider's written order, manufacturer's recommendations and professional standards of practice (as evidenced by review of resident records for resident (#820) who receive as needed (PRN) medications administered by the certified staff without seeking instructions from the licensed nurse).	S5300		
S5327 SS=D	26-42-205 (l) (2) Medication Regimen Review Variance Report (l) (2) The licensed pharmacist or licensed nurse shall notify the medical care provider upon	S5327		

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S5327	Continued From page 14 discovery of any variance identified in the medication regimen review that requires immediate action by the medical care provider. The licensed pharmacist shall notify a licensed nurse within 48 hours of any variance identified in the resident ' s regimen review that does not require immediate action by the medical care provider and specify a time within which the licensed nurse must notify the resident ' s medical care provider. The licensed nurse shall seek a response from the medical care provider within five working days of the medical care provider ' s notification of a variance. This REQUIREMENT is not met as evidenced by: KAR 26-42-205 (l) (2) The facility reported a census of 10 residents. The sample included 3 residents. Based on record review and interview for 1 sampled resident (#820) the operator failed to ensure that the licensed pharmacist or licensed nurse shall notify the medical care provider upon discovery of any variance in the medication regimen review. The licensed nurse shall seek a response from the medical care provider within five working days for the medical care provider's notification of a variance. - Record review for resident #820 recorded an admission date of 3/28/18 with diagnoses including: congestive heart failure, diabetes mellitus type 2, atrial fibrillation, chronic obstructive pulmonary disease, coronary artery disease, depression, hypertension and venous insufficiency.	S5327		

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 _____	08/26/2019

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
S5327	Continued From page 15 Functional Capacity Screen (FCS) dated 4/3/19 recorded resident required management of medications and treatments. Negotiated service agreement/health care service plan (NSA/HCSP) dated 4/3/19 recorded staff to provide management of medications and treatments. "Note to attending physician/prescriber" (pharmacy review) dated 12/6/18 recorded "Risperdal 1 MG, (milligram), (antipsychotic), PO (by mouth) BID (twice daily), the use for diagnosis other than schizophrenia, Huntington's or Tourette's is unapproved and discouraged. Schedule pain medication may help with behaviors." Four alternative medication suggestions recorded by pharmacist. Record lacked documentation of response from medical provider. "Note to attending physician/prescriber" (pharmacy review) dated 6/6/19 recorded "Risperdal 1 MG, (milligram), (antipsychotic), PO (by mouth) BID (twice daily), the use for diagnosis other than schizophrenia, Huntington's or Tourette's is unapproved and discouraged." Two alternative medication suggestions recorded by pharmacist. Record lacked documentation of response from medical provider. Interview with operator # A at 1130 AM confirmed record lacked documentation. For resident #820 the operator failed to ensure	S5327		

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S5327	Continued From page 16 that the licensed pharmacist or licensed nurse shall notify the medical care provider upon discovery of any variance in the medication regimen review. The licensed nurse shall seek a response from the medical care provider within five working days for the medical care provider's notification of a variance.	S5327		
S5335 SS=F	28-39-437 Construction (a) Each home-plus 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. This REQUIREMENT is not met as evidenced by: KAR 28-39-437 (a) The facility reported a census of 10 residents. The sample included 3 residents. Based on observation and interview for all residents, the operator failed to ensure the facility was maintained to protect the health and safety of the residents when chemicals were unsecured in the facility laundry and exit alarms were not activated. Findings included: - Observation on 08/21/19 revealed facility laundry door unlocked at the following times;	S5335		

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 _____	08/26/2019

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THE PINES, INC	725 IOWA AVENUE HOLTON, KS 66436

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S5335	Continued From page 17 1040 AM Door shut, unlocked, opened easily. 1100 AM observed certified staff # D enter unlocked laundry, exited, pulled door shut, door not locked, opened easily. Operator # A locked laundry with a key. Certified staff # D returned, unable to open laundry door, stated: "It's locked I can't get in. I didn't know it locked." Operator unlocked with key. Certified staff # D left laundry, pulled door shut, door opened easily, was not locked. Laundry contained chemicals on shelves, including the following; Bottom shelf; finish brand dishwasher tablets, open, 20 tablets; liquid tide 40 oz (ounces) Second shelf; Best choice disinfectant wipes 9 containers, 75 count each; Best choice all purpose cleaner 32 oz; resolve spot and stain 22 oz; 3 bottles all purpose lemon cleaner 28 oz. On the floor: two 5-gallon containers, no label, gel type liquid in top one, lid is ajar. Certified staff # D stated, buckets contained homemade laundry soap. Facility chemical storage policy recorded: "All chemicals and cleaning products will be stored in each facility utility/laundry room. Room must remain securely locked at all times and inaccessible to residents and visitors." Observation 8/20/19 925 AM, upon entering the facility through the back-patio kitchen door, no alarm sounded. No staff observed in active area. Observed North living room exit to back patio, door ajar, no alarm heard. 929 AM 2 staff appeared from the north hall with	S5335		

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S5335	Continued From page 18 1 resident. Certified staff # C, closed the door and stated," Did you come in this way?" 936 AM Front living room exit unlocked, opened the door, no alarm. 1025 AM Interview with Operator # A stated alarm on north living exit was turned off. On 8/21/19 at 1125 AM entered through back-patio kitchen door and no alarm sounded. All exit doors have small white alarm boxes at the top. For all residents, the operator failed to ensure the facility was maintained to protect the health and safety of the residents when chemicals were unsecured in the facility laundry and exit alarms were not activated.	S5335		