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	B043003	A. BUILDING: _____ B. WING _____	04/17/2018

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 the result of a re-survey for licensure conducted at the above named home plus facility in Holton, KS on 4/12, 4/16 & 4/17/18.	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 2 sampled residents (#412, 413), 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 #412 recorded	S5155		

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

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S5155	Continued From page 1	S5155		

admission date of 7/5/17 with diagnoses of: quadriplegia, neurogenic bladder and chronic wounds.

Functional Capacity Screen (FCS) dated 7/5/17 recorded resident unable to perform: bathing, dressing, toileting, transfer, walk/mobility and management of medications and treatments.

Negotiated service Agreement/ Health Care Service Plan (NSA/HCSP) dated 7/5/17 recorded staff to assist with bathing, dressing, transfer with Hoyer lift or 2:1 assist, resident is quadriplegic, medications managed by licensed nurse #B and wound care. Resident has a supra pubic catheter to be changed by [home health] once a month and ileostomy to be assisted by facility staff and licensed nurse #B. Resident has a power wheelchair and shower chair as assistive devices.

Observation/interview with resident in resident's room revealed the following: 2 half side rails attached to each side of the twin bed, air flow mattress, resident sits in electric wheelchair with pressure reduction cushion in place, a stabilizing brace (for placement) attached to left lower leg and resident is a right lower extremity amputee. Catheter to dependent drainage is in place. Resident stated she uses the side rails.

NSA/HCSP lacked entries for resident use of side rails, air mattress, pressure reduction cushion and stabilizing brace.

Interview on 4/12/18 at 4:00pm with licensed nurse #B confirmed HCSP lacked entries for resident use of side rails, air mattress, pressure reduction cushion and stabilizing brace. He/she stated home health no longer changes resident catheter or does wound care, he/she does it now

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S5155	Continued From page 2	S5155		

and HCSP does not reflect that change.

Resident record for resident #413 recorded admission date of 9/2/16 with diagnoses of: dementia, diabetes type 1, obsessive compulsive disease and stroke.

FCS dated 4/20/17 recorded resident unable to perform management of medications and treatments. Resident cognition problems include problems with memory/recall and decision making. Resident has a history of falls/unsteadiness. Resident is independent with transfers, mobility and toileting.

NSA/HCSP dated 9/2/16 (most recent) recorded medication management will be managed by licensed nurse #B, and CMA (certified medication aide) staff. Staff will provide assistance if falls occur, the nurse will be notified of any falls. Mobility: ambulatory. Transferring: independent. Bladder: can have with low blood sugar.

Observation 4/12/18 from 10:00am to 11:25am revealed resident independently ambulatory with walker repeatedly to nearby bathroom from his/her room.

Observation on 4/12/18 at 1:00pm observe resident ambulate with walker independently to chair at kitchen bar. Resident is very unsteady. At 1:07pm resident observed on the floor in front of the fridge next to chair, staff assisted, nurse evaluated. At 2:16pm observed resident on floor in his/her room. Staff assisted, no nurse evaluation. Crash heard prior to each fall.

Nurses notes recorded the following falls:

11/25/17 at 6:30pm "Resident fell in the kitchen

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S5155	Continued From page 3 during supper." 12/17/17 at 2:00am: "Phone call that resident fell in the bathroom. Staff helped stand up and checked blood sugar. Blood sugar 49. Given orange juice and a snack." 12/26/17 at 7:30am: "Resident fell this morning in living room. Resident stood up from chair and fell over, landing n left side. No complaints of pain. Walker was left in kitchen by resident." 2/12/18 at 4:30am: "Resident fell in room while getting out of bed." Interview on 4/12/18 at 11:25pm with facility operator #A stated "He/she does that, forgets he/she has just gone and goes again." HCSP lacked interventions for repeated falls. self-injection of insulin, and interventions for cognitive function. Interview on 4/12/18 at 4:43pm with licensed nurse #B confirmed HCSP lacked interventions for falls and self-injection of insulin. For residents #412 and 413, 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.	S5155		
S5165 SS=D	26-42-204 (e) Delegation of Duties (e) A licensed nurse may delegate nursing procedures not included in the nurse aide or	S5165		

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S5165	Continued From page 4 medication aide curriculums to nurse aides or medication aides, respectively, under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(e) The facility reported a census of 10 home plus residents. The sample included 3 residents. Based on record review and interview for 1(#413) resident requiring insulin administration with a syringe and blood glucose testing with a glucometer, nursing procedures not included in the medication aide curriculum, the operator failed to ensure the licensed nurse delegated the procedures to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. Findings included: - Resident record for resident #413 recorded admission date of 9/2/16 with diagnoses of: dementia, diabetes type 1, obsessive compulsive disease and stroke. Functional Capacity Screen (FCS) dated 4/20/17 recorded resident unable to perform management of medications and treatments. Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 9/2/16 (most recent) recorded medication management will be managed by licensed nurse #B, and CMA (certified medication aide) staff.	S5165		

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S5165	Continued From page 5 Review of personnel hired, completed on 4/12/18 at 1:38pm with facility operator #A confirmed Certified staff #D hire date 2/6/17 worked 2nd shift part time, and Certified Staff #E, hire date 4/13/17 worked 1st shift full time and both staff prepared insulin and conducted blood glucose testing for resident #413. Staff records lacked competency exams for administration of insulin and for blood glucose testing via glucometer. Observation on 4/12/18 at 11:58am in facility dining room, observed certified staff #H test resident's blood glucose using a glucometer followed by drawing up of 4units of Humalog insulin (2 units scheduled and 2 units per sliding scale orders), syringe contained an air bubble and he/she did not wear gloves for either procedure. He/she then handed the syringe to the resident #413 and resident self- injected the insulin into his/her abdomen. Facility policy recorded: " The employee record will contain the following: Information needed to complete the staff record, evidence of training on procedures and policies, health history." Interview on 4/12/18 at 1:38pm with facility operator #A confirmed records for certified staff D, E and H lacked competency exams for administration of insulin and blood glucose testing with a glucometer. He/she confirmed facility has not conducted an in-service with staff regarding diabetes. Interview on 4/12/18 at 1:55pm with licensed nurse #B confirmed he/she was unaware CMAs are not allowed to draw up insulin into syringes and may only dial up insulin pens if determined to be competent in the procedure. He/she stated he/she will administer the insulin until the	S5165		

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S5165	Continued From page 6 physician is consulted. For #413, resident requiring insulin administration with a syringe and blood glucose testing with a glucometer, nursing procedures not included in the medication aide curriculum, the operator failed to ensure the licensed nurse delegated the procedures to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto.	S5165		
S5171 SS=E	26-42-204 (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 26-42-204 (i) The facility reported a census of 10 residents. The sample included 3 residents. Based on record review, observation and interview for 2 sampled residents (#412, 413) the operator failed to ensure all health care services were provided to the resident in accordance with acceptable standards of practice. Findings included: - Record review for resident #412 recorded admission date of 7/5/17 with diagnoses of: quadriplegia, neurogenic bladder and chronic wounds. Functional Capacity Screen (FCS) dated 7/5/17	S5171		

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S5171	Continued From page 7 recorded resident unable to perform: bathing, dressing, toileting, transfer, walk/mobility and management of medications and treatments. Negotiated service Agreement/ Health Care Service Plan (NSA/HCSP) dated 7/5/17 recorded staff to assist with bathing, dressing, transfer with Hoyer lift or 2:1 assist, resident is quadriplegic, medications managed by licensed nurse #B and wound care. Resident has a supra pubic catheter to be changed by [home health] once a month and ileostomy to be assisted by facility staff and licensed nurse #B. Resident has a power wheelchair and shower chair as assistive devices. April Medication administration record (MAR) recorded daily dressing changes. Wet to dry with Santyl (wound debridement), change daily, 8:00am as performed by certified staff. MAR lacked entry for catheter care and output. Record lacked entries for care of catheter including insertion site care, schedule for emptying and recording of urine output. Record lacked plan for repositioning for chronic pressure ulcers. Interview on 4/12/18 at 3:50pm with facility operator #A stated facility does not have a policy on catheters. Interview on 4/12/18 at 4:00pm with licensed nurse #B stated CMA/CNA (certified medication aide/ certified nurse aide) did catheter care. He/she confirmed record lacked entry for catheter care, confirmed staff do not record resident output. He/she confirmed he/she does wound dressing changes not CMAs as documented. He/she stated CMAs recorded dressing changes" probably because I didn't".	S5171		

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S5171	Continued From page 8 Resident record for resident #413 recorded admission date of 9/2/16 with diagnoses of: dementia, diabetes type 1, obsessive compulsive disease and stroke. FCS dated 4/20/17 recorded resident unable to perform management of medications and treatments. Resident cognition problems include problems with memory/recall and decision making. Resident has a history of falls/unsteadiness. Resident is independent with transfers, mobility and toileting. NSA/HCSP dated 9/2/16 (most recent) recorded medication management will be managed by licensed nurse #B, and CMA (certified medication aide) staff. Staff will provide assistance if falls occur, the nurse will be notified of any falls. Mobility: ambulatory. Transferring: independent. Bladder: can have with low blood sugar. Observation 4/12/18 from 10:00am to 11:25am revealed resident independently ambulatory with walker repeatedly to nearby bathroom from his/her room. Observation on 4/12/18 at 1:00pm observe resident ambulate with walker independently to sit on chair at kitchen bar. Resident is very unsteady. At 1:07pm resident observed on the floor in front of the fridge next to the chair, staff assisted, nurse evaluated. At 2:16pm observed resident on floor in his/her room. Staff assisted, no nurse evaluation witnessed. Crash heard prior to each fall. Interview on 4/12/18 at 4:43pm with licensed nurse #B stated staff notify him/her when resident falls. He/she confirmed he/she was here and	S5171		

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S5171	Continued From page 9 assessed resident after fall at 1:07pm but not after fall at 2:16pm. He/she confirmed staff did not take resident's vital signs after either fall and a urinalysis to rule out infection has not been done. Nurse's notes recorded additional falls on the following dates: 11/25/17, 12/17/17, 12/26/17, 2/12/18 and 3/31/18. Interview on 4/12/18 at 4:43pm with licensed nurse #B stated falls are investigated. Interview on 4/12/18 at 4:43pm with facility operator #A confirmed record lacked fall investigations. He/she confirmed facility does not have a policy on falls. Record lacked vital signs after falls, nurse assessment after a fall and investigations as to possible cause of repeated falls for resident. For residents #412 and 413 the operator failed to ensure all health care services were provided to the resident in accordance with acceptable standards of practice.	S5171		
S5215 SS=F	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;	S5215		

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S5215	Continued From page 10 (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 the sample included 3 residents. For all residents, the operator failed to ensure quarterly review of the facility's emergency management plan with employees and residents as evidenced by interviews and review of records. Findings included: - On 4/12/18 at 2:17pm during interview with licensed nurse #B, presented facility's disaster/emergency preparedness plan. Reviews of entire emergency preparedness plan with staff, was recorded as conducted 1/25/17, 3/22/17 and 7/17 with evacuation fire drills 8/8/17 and 10/4/17. The records lacked quarterly reviews with staff and any review of the plan with residents and lacked review of the plan quarterly after 7/17. Interview on 4/12/18 at 2:17pm with facility operator #A confirmed record lacked all quarterly reviews of the emergency management plan with	S5215		

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S5215	Continued From page 11 residents and lacked reviews with staff after 7/17. He/she stated he/she does a review with residents in January but confirmed lack of documentation of review. Facility policy recorded: "Emergency orientation: Monthly staff and residents will review the homes emergency plan. The review will include drills for evacuation, fire and severe weather." For all residents and staff of the facility, the operator failed to ensure quarterly reviews of disaster and emergency preparedness for employees and residents were completed	S5215		
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)	S5230		

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S5230	Continued From page 12 The facility reported a census of 10 residents. The sample included 3 residents. Based on record review, and interview for 5 of 5 staff hired (#C,D,E,F,G) the 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: - Review of personnel records for tuberculosis testing (TB) for staff hired recorded the following: Certified staff #C, hire date 3/6/18, TB test conducted by [hospital] on 11/15/17 at 11:00am, read on 11/15/17 at 3:25pm, negative, [test not read 48-72 hours after administration], 2nd TB test not conducted at facility as required by guidelines. Certified staff #D, hire date 2/6/17, TB test conducted by facility on 2/6/18, read 2/8/18, 0mm. No 2nd step recorded. Certified staff #E, hire date 4/13/17, TB test conducted by facility on 10/2/17, read 10/4/17 [6 months after hire], 0mm. no 2nd step recorded. Certified staff #F, hire date 1/25/18, record lacked TB testing and TB symptom screen.	S5230		

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S5230	Continued From page 13 Certified staff #G, hire date 3/13/18, record lacked TB testing and TB symptom screen. Facility policy recorded: " The employee record will contain the following: TB test according to TB protocol" Interview on 4/12/18 at 1:38pm with facility operator #A, confirmed all 5 staff currently work at the facility and confirmed lack of TB testing according to guidelines. For all residents of the facility based on records for 5 of 5 staff hired (#C,D,E,F,G) the 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.	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	S5258		

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S5258	Continued From page 14 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 (#D,E,F,G), the operator failed to provide supporting documentation for criminal background checks at the time of hire, and for 3 of 5 certified staff (#D,E,F) failed to obtain supporting documentation for evidence of certification at the time of hire. Findings included: - On 4/12/18 personnel record review for 4 certified staff revealed the following: Certified staff #D, hire date 2/6/17, Record lacked a KBI check. KNAR check was recorded on 3/6/18. [13 months after hire date]. Certified staff #E, hire date 4/13/17, KBI check conducted on 4/20/17 [one week after hire date], KNAR check recorded on 12/27/17 [8 months after hire date]. Certified staff #F, hire date 1/25/18, KBI check produced on 2/2/18 [no record of date of	S5258		

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 _____	04/17/2018

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

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S5258	Continued From page 15 submission], KNAR check recorded on 3/6/18 [33 days after hire date]. Certified staff #G, hire date 3/13/18, Record lacked a KBI check, KNAR check conducted on 3/6/18. Facility policy recorded: "Staff Qualifications", "The employee record shall contain the following: evidence of licensure, registration or certification criminal background check." Interview on 4/12/18 with facility operator #A confirmed records lacked KBI/Registry checks upon hire. He/she stated "We are behind". For 4 of 5 certified staff checked, the operator failed to provide supporting documentation for criminal background check and supporting documentation for evidence of certification at the time of hire.	S5258		