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 _____	C 01/04/2017

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 licensure re-survey with attached complaint conducted at the above named home plus facility on 12/29/16, 1/3/16 and 1/4/16.	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 11 residents. The sample included 3 residents. Based on record review, observation and interview for 3 sampled residents (#229, #230 and #231), 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 #229 recorded an	S5155		

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

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admission date of 10/28/15 with diagnoses of: atrial fibrillations, debility, hypothyroidism, anemia, dementia, SAIDH (syndrome of inappropriate antidiuretic hormone secretion), and hypernatremia.

Functional Capacity Screen (FCS) dated 1/10/16 recorded resident required assistance with bathing, dressing, toileting, transfer, walk/mobility and eating, and unable to perform management of medications and treatments. Resident has problems with cognitive function and is at risk for falls.

Negotiated Service Agreement/ Health Care service Plan (NSA/HCSP) dated 1/10/16 recorded staff to assist resident with bathing, dressing, toileting, transfer, walk/mobility, management of medications and treatments.

NSA addendum dated 7/18/16 recorded [resident] never to be left alone while in wheelchair.

Interview on 12/29/16 at 10:15am licensed nurse #B stated resident uses a body alarm and a fall mat.

Observation on 12/29/16 at 12:37pm in facility dining room, observed resident in a wheelchair at the table with a body alarm in place.

NSA/HCSP lacked entry for use of a body alarm and a fall mat.

Record review for resident #230 recorded an admission date of 9/26/16 with diagnoses of: hematochezia and functional decline.

FCS dated 9/26/16 recorded resident required assistance with bathing, dressing, toileting,

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S5155	Continued From page 2 transfer, walk/mobility and was unable to perform management of medications and treatments. NSA/HCSP dated 9/26/16 recorded resident to receive staff assistance with bathing, dressing, transfer (2:1 assist) walk/mobility and facility staff to administer medications and administer breathing treatments. Resident has no problems with cognitive functioning. Fax to physician dated 11/14/16 recorded orders for left resting hand splint when patient is in bed to manage digital contractures. Fax to physician dated 11/18/16 recorded order for nectar thick liquids. Resident treatment record for December 2016 recorded pressure reduction boots and low air loss overlay surface to bed, continue with repositioning every 2 hours and as needed. Record listed as FYI (For Information Only) and lacked staff initials as completed. Observation on 12/29/16 at 1:30pm in resident ' s room revealed a sara lift (for transfers) and an air mattress on the bed. Resident had a plastic drink glass with thickened liquids at bedside, resident confirmed thickened liquids. NSA/HCSP lacked entries for: staff assistance with toileting, use of a hand splint for contractures, use of an air mattress, use of pressure reduction boots, staff repositioning every 2 hours, use of a sara lift for transfers and need for thickened liquids. Interview on 12/29/16 at 2:45pm with licensed nurse #B confirmed resident receives staff assistance with toileting, resident requires a hand	S5155		

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S5155	Continued From page 3	S5155		

splint to his/her left hand, resident has an air mattress, uses pressure reduction boots, is to be repositioned every 2 hours by staff, he/she requires assistance of 2 to transfer with a sara lift and requires thickened liquids. He/she confirmed NSA/HCSP lacked entries for these interventions.

Record review for resident #231 recorded admission date of 9/2/16 with diagnoses of: diabetes mellitus type 1, and obsessive compulsive disease (OCD).

FCS dated 9/2/16 recorded resident as unable to perform management of medications and treatments.

NSA/HCSP dated 9/2/16 recorded nurse and certified medication aides to administer medications.

Nursing notes dated 9/2/16 recorded resident is insulin dependent and does self-inject insulin.

Resident treatment record for December 2016 recorded accucheck before meals and at bedtime, initialed as completed by staff 4 times daily.

NSA/HCSP lacked entries for resident self-injection of insulin, staff preparation of insulin pen and staff monitoring of blood sugars via accu-checks.

Interview on 12/29/16 with licensed nurse #B confirmed NSA/HCSP lacked entries for resident self-injection of insulin, staff preparation of insulin pens and staff monitoring of blood sugars via accu-checks.

For residents (#229, #230 and #231), who

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S5155	Continued From page 4 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		
S5161 SS=E	26-42-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(d) The facility reported a census of 11 residents. The sample included 3 residents. Based on record review and interview for 2 sampled residents (#230 and #231) who required health care services, the operator failed to ensure the negotiated service agreement contained the name of the licensed nurse responsible for the implementation and supervision of the plan. Findings included: - Record review for resident #230 recorded an admission date of 9/26/16 with diagnoses of: hematochezia and functional decline.	S5161		

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S5161	Continued From page 5 Functional Capacity Screen (FCS) dated 9/26/16 recorded resident required assistance with bathing, dressing, toileting, transfer, walk/mobility and was unable to perform management of medications and treatments. Negotiated Service Agreement/ Health Care Service Plan (NSA/HCSP) dated 9/26/16 recorded resident to receive staff assistance with bathing, dressing, transfer (2:1 assist) walk/mobility and facility staff to administer medications and administer breathing treatments. Resident has no problems with cognitive functioning. NSA/HCSP lacked the name of the nurse responsible for the supervision and implementation of the Health Care Service plan. Interview on 12/29/16 at 2:40pm with licensed nurse #B confirmed the NSA lacked the name of the nurse responsible for the supervision and implementation of the Health Care Service plan. Record review for resident #231 recorded admission date of 9/2/16 with diagnoses of: diabetes mellitus type 1, and obsessive compulsive disease (OCD). FCS dated 9/2/16 recorded resident as unable to perform management of medications and treatments. NSA/HCSP dated 9/2/16 recorded nurse and certified medication aides to administer medications. NSA/HCSP lacked the name of the nurse responsible for the supervision and implementation of the Health Care Service plan.	S5161		

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S5161	Continued From page 6 Interview on 12/29/16 at 2:45pm with licensed nurse #B confirmed the NSA lacked the name of the nurse responsible for the supervision and implementation of the Health Care Service plan. For residents #230 and #231 who required health care services, the operator failed to ensure the negotiated service agreement contained the name of the licensed nurse responsible for the implementation and supervision of the plan.	S5161		
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; (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 11 the sample included 3	S5215		

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S5215	Continued From page 7	S5215		

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 12/29/16 at 2:30pm during interview with administrative staff #A, presented facility ' s disaster/emergency preparedness plan. Facility conducted fire drills on 1/26/16, 2/29/16, 3/23/16 (at 7:30pm with all staff, an evacuation drill) on 4/11/16 (at 7:35pm an evacuation drill with all staff), 6/7/16, 8/8/16, 9/15/16 and 10/18/16. A tornado in-service was conducted on 4/11/16.

Resident roster recorded 2 residents who required assistance of 2 staff for all transfers.

Interview on 12/29/16 at 2:45pm with administrative staff #A confirmed 2 residents required assistance of 2 staff to transfer and facility staffs only 2 staff members from 2pm-5pm and 8pm to 6am. He/she confirmed no quarterly reviews of the disaster/emergency plan have been conducted with staff or residents.

The records lacked quarterly reviews with staff and with residents and a fire evacuation drill of all residents with only 2 staff present.

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.

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