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 _____	R 01/21/2016

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

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{S 000}	INITIAL COMMENTS The following citations are the result of a Revisit and Correction Order visit #16-1 at the above named Home Plus Facility in Holton, Kansas on 01/19/16, 01/20/16, and 01/21/16.	{S 000}		
S5080 SS=D	26-42-201 (a) (b) Functional Capacity Screen on Admission (a) On or before each individual ' s admission to a home plus, a licensed nurse, a licensed social worker, or the administrator or operator shall conduct a screening to determine the individual ' s functional capacity and shall record all findings on a screening form specified by the department. The administrator or operator may integrate the department ' s screening form into a form developed by the home, which shall include each element and definition specified by the department. (b) A licensed nurse shall assess any resident whose functional capacity screening indicates the need for health care services. This REQUIREMENT is not met as evidenced by: KAR 26-42-201(a)(b) The census equalled 10 the sample included three Residents. Based on reviews of records and interviews, for one of one sampled Resident admitted since the last resurvey, the Operator failed to ensure a functional capacity screen (FCS) conducted on or before a Resident's admission to the facility.	S5080		

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

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S5080	Continued From page 1 Findings included: - Review of record revealed #1077 admitted to facility 01/16/16 with diagnoses of Previous fall, Atrial fibrillation, Myocardial infarction, Pacemaker, Congestive heart failure, High cholesterol, Renal insufficiency, and Acid reflux. The 01/16/16 negotiated service agreement documented #1077 to receive health care services of bathing assistance, dressing assistance, transfer assistance, medication and treatment management, and potential Physical Therapy services. The medical record lacked an admission FCS. On 01/19/16 at 6:10pm, Facility Nurse #B stated the FCS has not been completed yet... in list to be done today. By interview on 01/19/16 at 6:10pm, Operator #C and Facility Nurse #B not aware the FCS had to be done on or before admission. The Operator failed to ensure an FCS conducted on or before #1077's admission to the facility.	S5080		
{S5105} SS=D	26-42-202 (a) Negotiated Service Agreement a) The administrator or operator of each home plus shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal	{S5105}		

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{S5105}	Continued From page 2 representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: KAR 26-42-202 The census equalled ten the sample included three Residents. Based on observation, interview and review of record, for one of three sampled (#1075), the Operator failed to ensure the negotiated service agreement (NSA) contained a description of the services the Resident to receive. Findings included: - Review of record revealed #1075 admitted to facility 9/30/15 with diagnoses of Fractured hip, Aortic stenosis, Gout, Arthritis, Hypertension, Diabetes, Vascular insufficiency, and Dementia. Current functional capacity screen of 01/10/16 assessed #1075 in need of physical assistance with bathing, dressing, toileting, transfers, and mobility; unable to perform medication and treatment management; with incontinence, impaired communication, impaired memory, impaired cognition, impaired decision making; with falls and unsteadiness. The 01/10/16 negotiated service agreement	{S5105}		

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{S5105}	Continued From page 3 (NSA) documented facility staff to provide services for bathing, dressing, toileting, transfers, mobility, incontinent care, medication and treatment management. The NSA lacked interventions or services to address unsteadiness/falls and fall prevention. On 01/19/16 at 6:25pm, Facility Nurse #B confirmed the NSA lacked fall interventions... stated had a pressure sensitive mattress alarm on bed and a chair alarm when up... did not get that on the NSA. On 01/19/16 at 6:25pm, #1075 observed at dining room table in wheelchair with alarm attached to both wheelchair and to sweater in the shoulder area. The Operator failed to ensure the NSA for #1075 contained a description of the services the Resident to receive.	{S5105}		
S5185 SS=D	26-42-206 (a) (b) (c) Dietary Services (a) The administrator or operator of each home plus shall ensure the provision or coordination of dietary services to residents as identified in each resident ' s negotiated service agreement. (b) The supervisory responsibility for dietetic services shall be assigned to one employee. (c) If a resident ' s negotiated service agreement includes the provision of a therapeutic diet, mechanically altered diet, or thickened consistency of liquids, a medical care provider ' s order shall be on file in the resident ' s clinical record, and the diet or liquids, or both, shall be prepared according to instructions from a medical care provider or licensed dietitian.	S5185		

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S5185	Continued From page 4 This REQUIREMENT is not met as evidenced by: KAR 26-42-206 (c) The census equalled ten the sample included three Residents. All Residents received meal service. Based on interview and record review, for one of one admitted since the last resurvey with a therapeutic diet ordered (#1077), the Operator failed to ensure the diet prepared according to written instructions from a medical care provider or licensed dietician in accordance with the NSA. Findings included: - Review of record revealed #1077 admitted to facility 01/16/16 with diagnoses of Previous fall, Atrial fibrillation, Myocardial infarction, Pacemaker, Congestive heart failure, High cholesterol, Renal insufficiency, and Acid reflux. The medical record lacked an admission FCS. The 01/16/16 negotiated service agreement documented #1077 to receive a "low salt - no eggs" diet. The medical record contained a 01/19/16 order for Low Sodium (salt) diet. On 01/19/16 at 6:14pm, Facility Nurse #B and Operator #C stated the family requested that diet when #1077 admitted... acknowledged physician's orders sent to physician on 01/16/16 and signed by physician on 01/19/16 contained the "Low Sodium" diet order. #B and #C stated	S5185		

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S5185	Continued From page 5 we do not have written directions for the preparation of a "Low Sodium" diet. The Operator failed to ensure the diet for #1077 prepared according to written instructions from a medical care provider or licensed dietician.	S5185		
{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 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 census equalled ten the sample included three Residents. The Resident roster identified all Residents as receiving medication management. Based on interview and record review, for two of three sampled with medication management (#1077 and #1075), the Operator failed to ensure	{S5300}		

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{S5300}	Continued From page 6 all medications and biologicals administered to Residents in accordance with written medical care provider orders, and in accordance with professional standards of practice. Findings included: - Review of record revealed #1075 admitted to facility 9/30/15 with diagnoses of Fractured hip, Aortic stenosis, Gout, Arthritis, Hypertension, Diabetes, Vascular insufficiency, and Dementia. The 01/10/16 functional capacity screen (FCS) assessed #1075 unable to perform medication and treatment management. The 01/10/16 negotiated service agreement (NSA) documented facility staff to provide medication and treatment management. Comparison of the January 2016 MAR (medication administration record) with physician's written orders, revealed discrepancies. Medical record contained a physician's order sheet (POS) signed 12/31/15, that included: Natural Fiber Powder 15ml (milliliters) by mouth daily for constipation, and Senexon-S one tablet by mouth daily for constipation The MAR lacked these orders. The MAR included an order for Aspirin 81mg (milligrams) one tablet every day This medication not included in the signed 12/31/15 POS. On 01/19/16 at 6:20pm, Facility Nurse #B located the original medication orders in chart (Aspirin	{S5300}		

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{S5300}	Continued From page 7 9/30/15, Senna and Fiber Powder 11/24/15). Facility Nurse #B confirmed the current signed list of medication orders (POS of 12/31/15) did not match the MAR. The Operator failed to ensure all medications and biologicals administered to #1075 in accordance with written medical care provider orders, and in accordance with professional standards of practice. - Review of record revealed #1077 admitted to facility 01/16/16 with diagnoses of Previous fall, Atrial fibrillation, Myocardial infarction, Pacemaker, Congestive heart failure, High cholesterol, Renal insufficiency, and Acid reflux. The medical record lacked an admission FCS. The 01/16/16 negotiated service agreement facility staff to manage medications. The medical record contained a 01/15/16 typed list of medications, faxed to the physician to obtain admission medication orders. The list included a note to the physician "this is the medication list the family provided... want to make sure this is what you have listed as well." This list faxed back to facility on 01/19/16 at 10:51am, with physician's signature also dated 01/19/16. This list included: Mirtazapine (anti depressant) 15mg (milligrams) 1/2/ tab daily at bedtime, and Amiodarone (blood pressure medication) 100 mg daily The medical record contained a 01/16/16 hand written list of medications on page titled "Admission Orders." This page faxed to physician	{S5300}		

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{S5300}	Continued From page 8 on 01/16/16, and received back from physician on 01/19/16 at 10:50am, with physician's signature also dated 01/19/16. This list did not include Mirtazapine or Amiodarone. This list included three additional medications: Fentanyl Patch (pain medication) 12mcg/hr (micrograms per hour) change every 72 hours Tylenol (pain medication) 500mg by mouth three times daily, and Nitrostat (angina) 0.4mg sublingual every 5 minutes for chest pain... The January 2016 MAR contained the Mirtazapine, Fentanyl, Tylenol, and Nitrostat. The January 2016 MAR did not contain the Amiodarone. On 01/19/16 at 6:05pm, Facility Nurse #B stated the Amiodarone not on MAR... discontinued from list family brought... acknowledged the faxes returned at the same time, signed by physician, although sent on two separate days... confirmed he/she did not contact Physician for clarification of the discrepancy. The Operator failed to ensure all medications and biologicals administered to #1077 in accordance with written medical care provider orders, and in accordance with professional standards of practice.	{S5300}		