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	B089066	A. BUILDING: _____ B. WING _____	03/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PINES SOUTH	14005 214TH ROAD HOLTON, KS 66436

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey with a complaint #178307, 180369, and 185898 at the above named Home Plus conducted on 02/29/24 and 03/04/24.	S 000		
S5105 SS=F	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 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(a)(1)(2) The facility reported a census of 12 residents with three residents included in the sample. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) was fully developed on what triggered in the "Functional Capacity Screen" (FCS), service needs and resident preferences	S5105		

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

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S5105	Continued From page 1	S5105		

for resident (R)104 and R106. The operator also failed to ensure the NSA identified outside provider services for wound care for R104.

Findings included:

- R104's medical record revealed she moved into the facility on 02/05/24 with a diagnosis of diabetes mellitus.

The 02/05/24 FCS identified R104 required physical assist with transfers, was physically unable to manage medications and treatments and was at risk for falls.

The 02/05/24 NSA did not address R104's use of a bed assist device and trapeze for transfers, did not identify R104 self-injected her insulin, did not identify the use of a wound care clinic for management of pressure wound treatments, and did not address R104's risk for falls.

On 03/04/24 at 03:29 PM there was a trapeze and a bed assist device attached to R104's bed.

On 03/04/24 at 04:51 PM Licensed Nurse (LN) B stated R104 used a trapeze and but was not sure she used a bed rail. LN B stated the use of a trapeze was not included in the NSA. LN B stated R104 went to a wound care clinic and received treatment for her heel wound but the wound care clinic was not listed on R104's NSA as a provider of these services.

The operator failed to ensure R104's NSA was fully developed to include all items that triggered on the FCS, service needs or resident

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S5105	Continued From page 2 preferences and failed to identify the use of an outside wound care provider. - R106's medical record revealed she moved into the facility on 02/23/24. The 02/23/24 FCS identified R106 required physical assistance from staff with transfers. The 02/23/24 NSA did not address R106's the use of a bed assist device. On 02/23/24 a "Restraints: Side Rail Utilization Assessment" was completed for use a full side rail on the right side of the bed to assist with bed mobility. An observation on 03/04/24 at 03:46 PM revealed R106 had a u-shaped bed assist device attached to her bed. On 03/04/24 at 01:43 PM Certified Nurse Aide (CNA) C stated R106 used a bed cane for bed mobility. On 03/04/24 at 05:06 PM LN B stated R106 used an extended bed cane on the left side of her bed but this was not mentioned on the NSA. The operator failed to ensure R106's NSA was fully developed to include the use of a bed assist device.	S5105		
S5126 SS=D	26-42-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign	S5126		

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S5126	Continued From page 3 the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(h) The facility had a census of 12 residents. Three residents were included in the sample. The facility failed to ensure everyone involved in the development of the "Negotiated Service Agreement" (NSA) signed the agreement for resident (R)104. Findings included: - R104's medical record revealed she moved into the facility on 02/05/24. The 02/05/24 NSA did not include the signature of Licensed Nurse (LN) B who helped develop R104's NSA. On 03/04/24 at 04:51 PM LN B stated she developed R104's NSA but did not sign it. The operator failed to ensure the NSA was signed by the nurse responsible for the development of R104's NSA.	S5126		
S5161 SS=D	26-42-204 (d) Health Care Services (d) The negotiated service agreement shall	S5161		

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S5161	Continued From page 4 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 12 residents with three residents included in the sample. Based on interview and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) identified the licensed nurse responsible for the implementation and supervision of the health care services plan for resident (R)105. Findings included: - R105's medical record revealed she moved into the facility on 06/15/21. The 12/21/23 NSA did not identify the licensed nurse responsible for the implementation and supervision of the health care services plan . On 03/04/24 at 04:46 PM Licensed Nurse (LN) B stated she could not locate the form that identified her as the nurse responsible for the implementation and supervision of the health care services plan. The operator failed to ensure the NSA identified the licensed nurse responsible for the	S5161		

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S5161	Continued From page 5 implementation and supervision of the health care services plan for R105.	S5161		
S5166 SS=F	26-42-204 (f) Delegation of Duties (f) Each administrator or operator shall ensure that a licensed nurse is available to provide immediate direction to medication aides and nurse aides for residents who have unscheduled needs. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(f) The facility reported a census of 12 residents with three residents included in the sample. Based on interview and record review the operator failed to ensure that a licensed nurse was available to provide immediate direction to medication and nurse aides for residents who experienced unscheduled needs as evidenced when staff attempted to contact the nurse when they found R101 lying on the floor and unresponsive. Findings included: - Review of R101's medical records revealed he was admitted to the facility on 02/03/23 with a diagnosis of chronic obstructive pulmonary disease. The 02/01/23 "Functional Capacity Screen" (FCS) documented R101 required staff	S5166		

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S5166	Continued From page 6 assistance with transfers and walking/mobility. The 02/01/23 "Negotiated Service Agreement" (NSA) documented R101 had no recent falls reported and staff provided him with a bell to ring for assistance. The 02/18/23 "Nursing Note" documented the resident passed away this morning with no vital signs. Resident was found on rounds and the staff called the on-call administration. On 02/29/24 at 08:31 AM phone interview with unidentified source H stated on 02/17/23 staff found R101on the floor in the commons area. Staff stated that R101's hands were blue in color. Staff attempted to contact Licensed Nurse (LN) B who was the nurse on call, but she did not answer her phone. Staff then contacted Administrative Staff A who arrived approximately 15-20 minutes later and found the resident was without vital signs when she checked R101's pulse and found him to be pulseless. On 03/05/24 at 03:30 PM Administrative Staff A stated she expected LN B to be available to take calls from staff when they needed direction on what to do in emergent situations concerning residents. The operator failed to ensure a licensed nurse was available to provide immediate direction to staff for residents who have unscheduled needs.	S5166		
S5171 SS=F	26-42-204 (i) Health Care Services Standards of Practice (i) All health care services shall be provided to	S5171		

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S5171	Continued From page 7	S5171		

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 12 residents with three residents included in the sample. Based on observation, interview and record review the operator failed to ensure health care services were provided in accordance with acceptable standards of practice for resident (R)101 by failing to follow facility policy for code status when staff found R101 lying on the floor unresponsive, not knowing his code status and failure to call emergency medical services for a resident who was listed as a full code.

Findings included:

- Review of R101's medical records revealed he was admitted to the facility on 02/03/23 with a diagnosis of chronic obstructive pulmonary disease.

The 02/01/23 "Functional Capacity Screen" (FCS) documented R101 required staff assistance with transfers and walking/mobility.

The 02/01/23 "Negotiated Service Agreement" (NSA) documented R101 had no recent falls reported and staff provided him with a bell to ring for assistance.

Review of R101's medical record failed to locate a signed DNR, there was no physician order that

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S5171	Continued From page 8	S5171		

identified code status, and the medication administration record (MAR) was not completed to include R101's code status in the space provided.

The 02/18/23 "Nursing Note" documented the resident passed away this morning with no vital signs. Resident was found on rounds and the staff called the on-call administration.

On 02/29/24 at 08:31 AM phone interview with unidentified source H revealed on 02/17/23 staff found R101on the floor in the commons area with hands that were blue in color. Unidentified source H stated staff did not know if R101 was a full code or a "Do Not Resuscitate" (DNR) status. Stated resident code status information was kept in a locked office and staff did not have the key or the code.

On 03/04/24 at 01:45 PM Certified Nurse Aide (CNA) C stated when a resident was admitted to the facility the operator would let staff know the resident's code status. CNA C stated she thought there was a code status form with resident names available either in the operator's office which staff did not have access to when she was not at the facility or in the medication room where the CMA had access to it.

On 03/04/24 at 02:16 PM Certified Medication Aide (CMA) I stated to know the code status of residents she would have to go into the operator's office to go through the resident charts. CMA I stated this information was not available to staff when the nurse or the operator where not present and there was no easy way to quickly know a resident's code status.

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S5171	Continued From page 9 On 03/04/24 at 02:56 PM CNA J stated she would refer to the "Daily Activities" charting book to check the code status of residents. CNA J referred to this book where some residents had "DNR" listed on their face sheet. CNA J stated she assumed if a resident did not have a DNR listed they were a full code. On 03/04/24 at 03:02 PM CNA D stated she would refer to the "Daily Activities" charting book to check the code status of the resident. On 03/04/24 at 04:22 PM Licensed Nurse (LN) B stated she did not know if R101 was dead or just that he was unresponsive when staff found him on the floor. LN B stated it was her understanding that the resident was determined to have passed away once Administrative Staff A arrived and found R101 did not have a pulse; but this was not documented anywhere in the medical records. LN B stated when new staff were hired it was made clear to them where they could find the resident's code status. On 03/04/24 at 03:50 PM Administrative Staff A stated a resident's code status was listed on the care plan located in the care plan notebook. This is the same book staff documented resident daily cares. Administrative Staff A stated if the resident was full code, it would not list anything on the care plan face sheet but, if the resident was a DNR the face sheet would be labeled as DNR and this system for identifying resident code status has been in use since the facility first opened for business. Administrative Staff A verified R101's care plan face sheet did not list the resident as a DNR so he would have been	S5171		

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S5171	Continued From page 10 considered a full code. Staff acknowledged the MAR did not identify R101's code status. Administrative Staff A stated the medical record did not indicate that EMS was notified after staff found R101 on the floor and stated that she expected staff to have called EMS since he was identified as a full code. Administrative Staff A stated when staff were hired, they were told where they could find the resident's code status and staff would not need access to the resident's medical records to find out the code status. The undated "Advanced Directives" policy included in the admission paperwork documented, "If the resident does not have advanced directives the facility policy is to call (911)...The Pines does not require staff to initiate CPR." The "Resident Without Vital Signs" information included in the employee handbook documented, "Staff must always know the residents DNR status. If a resident is a DNR staff should *NOT* start CPR or call 911. Staff should call the nurse only...For a resident who is a Full Code staff must call 911. Staff should *NOT* start CPR. They should call 911 and tell the operator and the EMS that the resident is a full code. EMS will start CPR. Staff should then call the nurse." The operator failed to ensure health care services were provided in accordance with acceptable standards of practice.	S5171		
S5225 SS=D	26-42-207 (a) (b) (1)(2)(3)(4) Infection Control a) The administrator or operator of each home plus shall ensure the provision of a safe,	S5225		

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S5225	Continued From page 11	S5225		

sanitary, and comfortable environment for residents.
(b) Each administrator or operator shall ensure the development of policies and implementation of procedures to prevent the spread of infections. These policies and procedures shall include the following requirements:
(1) Using universal precautions to prevent the spread of blood-borne pathogens;
(2) techniques to ensure that hand hygiene meets professional health care standards;
(3) techniques to ensure that the laundering and handling of soiled and clean linens meet professional health care standards;
(4) providing sanitary conditions for food service;

This REQUIREMENT is not met as evidenced by:
KAR 26-42-207(a)

The facility had a census of 12 residents. The operator failed to ensure the provision of a sanitary environment for resident (R)104 when staff allowed a urinary catheter drainage bag to be kept on the floor of her room next to her bed.

Findings included:

- Review of R104's medical records revealed she was admitted to the facility on 02/05/24.

The 02/05/24 Functional Capacity Screen (FCS) revealed R104 was incontinent of urine.

The 02/05/24 Negotiate Service Agreement (NSA) revealed staff provided routine catheter

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S5225	Continued From page 12 care. On 03/04/24 at 03:29 PM a urinary catheter bag was observed to be laying on the floor next to R104's bed. On 03/04/24 at 01:32 PM Certified Nurse Aide (CNA) C stated R104 used a urinary catheter which staff emptied and completed peri-care at least twice a shift. On 03/04/24 at 04:51 PM Licensed Nurse (LN) B stated R104 used a urinary catheter and expected the drainage bag to be kept off the floor. The operator failed to ensure the provision of a sanitary environment for R104's use of a urinary catheter.	S5225		
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.	S5230		

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S5230	Continued From page 13 This REQUIREMENT is not met as evidenced by: KAR 26-42-207(c) The facility reported a census of 12 residents. Based on interview and record review for three residents and five new employee records, the administrator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in KAR 26-39-105. Findings included: - Review of five newly hired staff records revealed the following: Certified Nurse Aide (CNA) D hired on 11/19/23 had a Tuberculosis Symptom Screening Questionnaire completed on 02/06/24. She provided documentation a TB skin test which resulted in a not positive, completed at the county health department on 08/17/23. The facility failed to complete a one-step TB skin test (TST) upon hire. CNA E was hired on 12/17/23. The Tuberculosis Symptom Screening Questionnaire was not completed upon hire and had a TST administered by an outside source on 08/15/23 but was not read. The facility failed to ensure a two-step TST was administered within seven days of being hired. CNA F was hired on 09/25/23. The Tuberculosis Symptom Screening Questionnaire was not	S5230		

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S5230	Continued From page 14 completed until 01/25/24 and a TST was administered late on 01/25/24. The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each new ...employee shall have an initial TB symptom screen that includes the components of the TB Symptom Screen Questionnaire within 7 days of ...employment ...Each new ...employee shall receive a two-step TST or an IGRA for Mycobacterium tuberculosis within 7 days of ...employment unless one of the following conditions is met: ...The new ...employee provide satisfactory documentation of receiving the two-step TST or AGRA within 6 months prior to ...employment that read not positive ...If a new employee provides satisfactory documentation of receiving a single TST within 6 months prior to employment that read not positive, the employee shall only be required to have a single TST within 7 days of employment." The operator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in KAR 26-39-105 regarding newly hired employees.	S5230		
S5251 SS=D	26-42-105 (f) (11) Resident Records Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action.	S5251		

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	B089066	A. BUILDING: _____ B. WING _____	03/04/2024

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S5251	Continued From page 15 This REQUIREMENT is not met as evidenced by: KAR 26-42-105(f)(11) The facility reported a census of 12 residents. The sample included three residents. Based on record review and interview the operator failed to ensure documentation on residents in accordance with accepted professional standards and practices including all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken and results of the action for resident (R)104's pressure wound. Findings included: - Review of R104's medical record revealed she was admitted to the facility on 02/05/24 with a diagnosis of wound lower left leg and foot. The 02/05/24 "Functional Capacity Screen" (FCS) documented R104 required staff assistance with transfers and was unable to ambulate or mobilize. The 02/05/24 "Negotiated Service Agreement" (NSA) failed to document services provided by staff for the treatment of her pressure wound. The 02/05/24 "Nurses Note" documented, resident a wound closure to her left lateral leg and heel wound with a dressing. The 02/05/24 "Nursing Order" documented an order for wound care every morning. Cleanse wound with approved wound wash; skin prep peri wound; apply Aquacel AG to the wound bed,	S5251		

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S5251	Continued From page 16	S5251		

cover with ABD and Kerlix; secure with ACE bandage and change once a day or upon saturation.

Review of R104's medical record lacked evidence of documentation of the pressure wound including wound size (length, width, and depth), odor, tissue characteristics (including drainage, granulation) and any signs of infection or wound treatments completed.

On 03/04/24 at 03:29 PM R104 stated she had a wound to her left foot and had this wound since before being admitted to the facility. R104 stated she saw a doctor at a wound care clinic and the facility nurse changed her dressing daily.

On 03/04/24 at 01:32 PM Certified Nurse Aide (CNA) C stated R104 had wounds on her left heel, and left calf which she admitted with. CNA C stated R104 received wound care services from a home health care nurse twice a week and the facility nurse did wound care daily.

On 03/04/24 at 04:51 PM Licensed Nurse (LN) B stated R104 had a wound on her left heel that she admitted with. LN B stated that she and the home health staff treated the wound. LN B stated the resident also went to a wound care clinic for treatment. LN B stated that neither home health or the wound care clinic have provided documentation of the wound and stated she did not document the size, description, treatment of the wound or if it was improving or getting worse.

The operator failed to ensure documentation for R104's pressure wound care was in accordance with accepted professional standards and

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S5251	Continued From page 17 practices.	S5251		
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)(1)(2) The facility reported a census of 12 residents. Based on interview and record review, the operator failed to ensure two of five newly hired employees records included evidence of	S5258		

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S5258	Continued From page 18 verification with the nurse aide registry was completed prior to staff employment, and the operator failed to ensure two of five newly hired employee records included evidence a criminal background check was completed in a timely manner. Findings included: - Review of employee files conducted on 02/29/24 revealed the following: Certified Nurse Aide (CNA) D was hired on 11/19/23. Documentation revealed a verification with the nurse aide registry was completed one month late on 12/19/23 and a criminal background check was completed by the Kansas Bureau of Investigations (KBI) was completed one month late on 12/22/23. CNA E was hired on 12/17/23. Documentation revealed a verification with the nurse aide registry was completed on 12/19/23 two days after being hired. CNA F was hired on 09/25/23. Documentation revealed a criminal background check was completed by the KBI on 12/22/23 approximately three months after being hired. The operator failed to ensure verification with the nurse aide registry were completed prior to staff employment and criminal background checks of newly hired staff were completed in a timely manner.	S5258		
S5312 SS=F	26-42-205 (g) (2) Medication Labeling	S5312		

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S5312	Continued From page 19 (g) (2) Each prescription medication container shall have a label that was provided by a dispensing pharmacist or affixed to the container by a dispensing pharmacist in accordance with K.A.R. 68-7-14. This REQUIREMENT is not met as evidenced by: KAR 26-42-205 (g)(2) The facility reported a census of 12 residents. Based on observation and interview the operator failed to ensure each prescription medication container had a label provided by a dispensing pharmacist affixed to the container. Findings included: - Observation on 02/29/24 at 09:37 AM revealed the facility's medication room contained the following prescription medications which were not labeled with a resident's full name: Resident (R)104: One Lantus Flex Pen One Novolog Flex Pen One bottle Refresh Liquigel One Good Neighbor Pharmacy Olopatadine Hydrochloride Ophthalmic Solution, USP 0.1 percent One bottle of Pataday Olopatadine 0.2 percent R107: One bottle of Systane Lubricant Eye Drop One bottle of Bausch and Lomb Soothe Lubricant Eye Ointment	S5312		

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S5312	Continued From page 20 One bottle of Prednisolone Acetate eyedrops One bottle of Neomycin and Polymyxin B Ophthalmic Ointment One tube of Triamcinolone Acetonide Cream 0.1 percent One tube of Nystatin Cream USP, 100,000 units per gram R106: One bottle of Latanoprost Ophthalmic Solution 0.005 percent R108: Two bottles of Good Neighbor Pharmacy Olopatadine Hydrochloride Ophthalmic Solution 0.1 percent The operator failed to ensure each prescription medication container had a label provided by a dispensing pharmacist affixed to the container.	S5312		
S5315 SS=F	26-42-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the home in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the home in separately locked compartments within a locked medication room, cabinet, or medication cart.	S5315		

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S5315	Continued From page 21 Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the home. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(h) The facility reported a census of 12 residents. Based on observation and interview, the operator failed to ensure resident medications were stored in accordance with each manufacturer's recommendations. Findings included: - Observation on 02/29/24 at 09:37 AM the facility's medication room had a refrigerator with an opened box with an unsealed vial of Tuberculin solution that was not marked with the opened date.	S5315		

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S5315	Continued From page 22 The box, product insert and the vial of Tuberculin itself contained instructions that a vial of Tuberculin which has been entered and in use for 30 days should be discarded. On 02/29/24 at 09:45 AM after showing Certified Medication Aide (CMA) B the instructions for storage of the vial of Tuberculin, CMA B acknowledged these medications should have been dated when they were opened. The operator failed to ensure medications were stored in accordance with each manufacturer's recommendations.	S5315		