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 _____	02/27/2024

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 represent the findings of a resurvey with a complaint 185897 and 185985 at the above named Home Plus conducted on 02/27/24.	S 000		
S5085 SS=D	26-42-201 (c) Functional Capacity Screen Reassessment (c) Designated staff shall conduct a screening to determine each resident ' s functional capacity according to the following requirements: (1) At least once every 365 days; (2) following any significant change in condition as defined in K.A.R. 26-39-100; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: KAR 26-42-201(c)(1) The facility reported a census of nine residents. The sample included three residents. Based on interview, and record review the operator failed to ensure designated staff completed a "Functional Capacity Screen" (FCS) for resident (R)102 at least once every 365 days. Findings included: - R102's medical record revealed she moved into the facility on 12/02/22. R102's Admission FCS was completed on	S5085		

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

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S5085	Continued From page 1 12/02/22. R102's Annual FCS was completed on 01/11/24 which was 40 days past due. On 02/27/24 at 03:38 PM Licensed Nurse B stated R102's FCS was not reviewed and revised as needed once every 365 days. The operator failed to ensure designated staff revised R102's FCS at least once every 365 days.	S5085		
S5105 SS=E	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)	S5105		

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S5105	Continued From page 2	S5105		

The facility reported a census of nine 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 preferences for resident (R)101, R102, and R103.

Findings included:

- R101's medical record revealed he moved into the facility on 10/27/23 with a diagnosis of Alzheimer's dementia.

The 10/27/23 FCS identified R101 required staff assistance with transfers, had difficulty with both short-term and long-term memory, memory recall and decision-making.

The 10/27/23 NSA did not address R101's use of a bed assist device, did not address what services staff provided concerning his impaired cognition and did not address what services staff provided for the treatment of his pressure wounds.

On 02/27/24 at 03:45 PM Licensed Nurse (LN) B stated R101's NSA did not address his cognition, the use of bed rails, and did not address how staff were to treat R102's pressure wounds.

The operator failed to ensure R101's NSA was fully developed to include all items that triggered on the FCS, service needs and preferences.

- R102's medical record revealed the resident

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S5105	Continued From page 3	S5105		

moved into the facility on 12/02/22 with a diagnosis of diabetes mellitus.

The 01/11/24 FCS identified R102 had difficulty with both short-term and long-term memory, memory recall and decision-making, had impaired vision, and impaired hearing.

The 01/11/24 NSA did not address R102's impaired cognition, impaired vision, and impaired hearing. The NSA did not address R102's self-injection of insulin.

On 02/27/24 at 03:38 PM LN B stated R102's NSA did not address all the items that triggered on the FCS and did not address R102's self-injection of insulin.

The operator failed to ensure R102's NSA was fully developed to include all items that triggered in the FCS and service needs.

-R103's medical record revealed the resident moved into the facility on 12/11/23.

The 12/11/23 FCS identified had difficulty with both short-term and long-term memory, memory recall and decision-making and had impaired vision.

The 12/11/23 NSA did not address R103's impaired cognition and impaired vision.

On 02/27/24 at 03:26 PM LN B stated R103's NSA did not address all that triggered on the FCS.

The operator failed to ensure R103's NSA was

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S5105	Continued From page 4 fully developed to include all items that triggered in the FCS.	S5105		
S5116 SS=D	26-42-202 (d) NSA revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements: (1) At least once every 365 days;(2) following any significant change in condition, as defined in K.A.R. 26-39-100; (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s legal representative, staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(d)(1) The facility reported a census of nine 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 review and revised as needed at least once every 365 days for resident (R)102. Findings included: - R102's medical record revealed she moved into	S5116		

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S5116	Continued From page 5 the facility on 12/02/22. R102's Admission NSA was completed on 12/02/22. R102's Annual NSA was completed on 01/11/24 which was 40 days past due. On 02/27/24 at 03:38 PM Licensed Nurse B stated R102's NSA was not reviewed and revised as needed once every 365 days. The operator failed to ensure designated staff revised R102's NSA at least once every 365 days.	S5116		
S5126 SS=D	26-42-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign 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 reported a census of nine residents with three residents 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)102.	S5126		

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S5126	Continued From page 6 Findings included: - R102 admitted to the facility on 12/02/22. The 01/11/24 Functional Capacity Screen revealed R102 was cognitively impaired. The 01/11/24 NSA did not include the signature of her legal representative. On 02/27/24 at 03:38 PM Licensed Nurse (LN) B acknowledged R102's current NSA was not signed by R102's representative. The operator failed to ensure the NSA was signed by the resident's legal representative.	S5126		
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 required to meet federal, state, and local laws and regulations.	S5192		

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S5192	Continued From page 7 This REQUIREMENT is not met as evidenced by: KAR 26-42-206 (e) The facility had a census of nine residents. All nine residents ate food prepared in the same kitchen. The operator failed to ensure food items were served at the proper temperature. Findings included: - On 02/27/24 at approximately 10:39 AM an observation of the kitchen revealed food temperature logs were not completed for each meal daily. Review of the "Food Temp Log" for the month of February 2024 revealed missing documentation of food temperatures being logged by facility staff on the following dates: 02/02/24, 02/07/24, 02/08/24, 02/10/24, 02/11/24, 02/12/24, 02/14/24, 02/15/24, 02/16/24, 02/18/24, 02/19/24, 02/21/24, 02/23/24, 02/26/24, and 02/27/24. According to the Kansas Department of Agriculture "Focus on Food Safety" revised August 2017, hot foods must be maintained at an internal temperature of 135 Fahrenheit (F) or higher and cold foods must be maintained at an internal temperature of 41 F or below. The operator failed to ensure food items were served at the proper temperature.	S5192		
S5230 SS=F	26-42-207 (b)(5)(6) (c) Infection Control Policies	S5230		

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S5230	Continued From page 8 (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: KAR 26-42-207(c) The facility reported a census of nine residents. Based on interview and record review of five newly hired 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 for four of five employees reviewed. Findings included: - Review of newly hired employee records revealed the following: Certified Nurse Aide (CNA) C's employee record revealed a hire date of 05/24/23. The operator failed to ensure a TB Symptom Screening	S5230		

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S5230	Continued From page 9 Questionnaire and two-step TB skin test (TST) were completed upon hire. CNA E's employee record revealed a hire date of 12/15/23. The operator failed to ensure a TB Symptom Screening Questionnaire and two-step TST were completed upon hire. Certified Medication Aide (CMA) F's employee record revealed a hire date of 01/09/24. CMA F provided documentation of a one-step TST administered at local hospital on 06/29/23 and read as not positive on 07/01/23. The operator failed to ensure a one-step TST was completed upon hire and failed to ensure a TB Symptom Screening Questionnaire was completed within seven days of employment. CNA G's employee record revealed a hire date of 01/20/24. The operator failed to ensure a TB Symptom Screening Questionnaire and two-step TST were completed upon hire. On 02/27/24 at 12:27 PM Administrative Staff A stated if the employee records did not contain a TB Symptom Screening Questionnaire or a two-step TST then they were not completed. Administrative Staff A acknowledged a one-step TST was not completed for CMA F after providing documentation that a previous TST was completed prior to employment. 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 questionnaire within 7 days of ...employment ...Each new ...employee shall	S5230		

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S5230	Continued From page 10 receive a two-step TST or an IGRA for Mycobacterium tuberculosis within 7 days of ...employment ...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=E	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. This REQUIREMENT is not met as evidenced by: KAR 26-42-105(f)(11) The facility reported a census of nine 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	S5251		

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S5251	Continued From page 11 (R)101 and R103. Findings included: - Review of R101's medical record revealed he was admitted to the facility on 10/27/23 with a diagnosis of Alzheimer's Dementia. The 10/27/23 "Functional Capacity Screen" (FCS) documented R101 required staff assistance with transfers and was unable to ambulate or mobilize. The 10/27/23 "Negotiated Service Agreement" (NSA) documented staff provided assistance of two staff with transfers and did not ambulate. Review of R101's record from admission to 02/27/24 lacked evidence of documentation of skin monitoring and interventions to prevent pressure wounds by licensed facility staff prior to pressure wounds and lacked evidence of documentation of the pressure wounds after they developed, including wound sizes (length, width, and depth), odor, tissue characteristics (including drainage, granulation) and any signs of infection. The 12/12/23 "Outside Resource Form" completed by hospice staff documented, the facility report open area to tailbone. They report they have applied dressing to the area and are leaving patient in bed (turning) side to side. Review of hospice documentation lacked evidence of documentation of skin monitoring and interventions to prevent pressure wounds and lacked evidence of documentation of the	S5251		

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S5251	Continued From page 12	S5251		

pressure wounds after they developed, including wound sizes (length, width, and depth), odor, tissue characteristics (including drainage, granulation) and any signs of infection.

On 02/27/24 at 03:20 PM R101 was found lying in bed in a fetal-like contracted position. R101 wore a disposable brief, seemed to be clean with no signs of incontinence, had dressings applied to both hips, a positioning wedge was stored in the corner of his room. The bed seemed to have a normal mattress and bilateral bed rails proper attached and within FDA guidelines.

On 02/27/24 at 03:12 PM Certified Nurse Aide (CNA) C stated R101 had been bed bound for several months and received hospice services. CNA C stated the resident had pressure wounds on both hips and his tail bone. CNA C stated staff tried to keep R101's bottom offloaded and repositioned him about every hour or so. CNA C stated he thought R101's bed had a regular mattress and used a positional wedge to help offload his weight.

On 02/27/24 at 03:45 PM Licensed Nurse (LN) B stated R101 had been on hospice since being admitted to the facility and his condition had since declined. LN B stated depending on the day R101 would not eat much and staff attempted to fed him and provided drinks. LN B stated R101 was not able to reposition himself so staff repositioned him every one to two hours when they checked on him. LN B stated R101 had three pressure wounds, one on each hip and one on his sacrum/coccyx area and stated R101 developed the pressure wounds after he was admitted to the facility. LN B stated the wounds

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S5251	Continued From page 13 were not getting any better, and his family did not want to be aggressive with treatment of the wounds. LN B stated staff cleansed and dressed R101's wounds but acknowledged there was no documentation such as wound size, description or if the wounds or if the wounds were getting better or worse. The operator failed to ensure documentation for R101's care was in accordance with accepted professional standards and practices. - Review of R103's medical record revealed she was admitted to the facility on 12/11/23. The 12/11/23 FCS documented R103 required physical assistance with transfers and walking. The 12/11/23 NSA documented staff assisted R103 with transfers and provided stand by assistance with walking using her walker. Review of R103's record from admission to 02/27/24 lacked evidence of documentation of any falls, investigations on the root cause of falls, interventions put into place to help prevent future falls. On 02/27/24 at 03:26 PM LN B stated R103 had a fall on 01/18/24 but there was no documentation of this fall in R103's medical record and no fall investigation was completed for this fall. The operator failed to ensure documentation for R103's care was in accordance with accepted professional standards and practices.	S5251		

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S5258	Continued From page 14	S5258		
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)(2) The facility reported a census of nine residents. Based on interview and record review, the operator failed to ensure four of five newly hired employees records included evidence of timely verification with the Kansas nurse aide registry was completed. The operator also failed to	S5258		

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	B043003	A. BUILDING: _____ B. WING _____	02/27/2024

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THE PINES INC	725 IOWA AVENUE HOLTON, KS 66436

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S5258	Continued From page 15 ensure Certified Medication Aide (CMA) staff maintained current certification. Findings included: - Review of employee files conducted on 02/27/24 revealed the following: Certified Nurse Aide (CNA) D hired on 05/20/23. The "Nurse Aide Registry Confirmation Notice" had a date of 06/01/23 which was completed 12 days after the date of hire. CNA E hired on 12/15/23. The "Nurse Aide Registry Confirmation Notice" had a date of 12/19/23 which was completed four days after the date of hire. CMA F hired on 01/09/24. The "Nurse Aide Registry Confirmation Notice" had a date of 01/22/24 which was completed 13 days after the date of hire. CNA G hired on 01/20/24. The "Nurse Aide Registry Confirmation Notice" had a date of 01/22/24 which was completed two days after the date of hire. On 02/27/24 at 12:27 PM Administrative Staff A acknowledged the Kansas nurse aide registry checks for newly hired employees were not completed prior to or the day of hire. The operator failed to ensure Kansas nurse aide registry checks of newly hired staff were completed prior to staff employment. - Review of the employee file conducted for CMA	S5258		

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S5258	Continued From page 16 H revealed she was hired on 08/03/22. Review of the Kansas nurse aide registry revealed CMA H's CMA licensed expired on 10/12/23. On 02/27/24 at 12:30 PM Administrative Staff A stated she was anonymously notified in late January 2024 that CMA H had been working with an expired license. Administrative Staff A stated she did not have a process in place to ensure staff maintained current certification but had been leaving it up to the employees to make sure their certifications were kept up to date. The operator failed to ensure CMA staff maintained current certification.	S5258		
S5265 SS=D	26-42-205 (a) (1) Medication Self Administration Assessment (a) Self-administration of medication. Any resident may self-administer and manage medications independently or by using a medication container or syringe prefilled by a licensed nurse or pharmacist or by a family member or friend providing this service gratuitously, if a licensed nurse has performed an assessment and determined that the resident can perform this function safely and accurately without staff assistance. (1) An assessment shall be completed before the resident initially begins self-administration of medication, if the resident experiences a significant change of condition, and annually.	S5265		

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S5265	Continued From page 17	S5265		

This REQUIREMENT is not met as evidenced by:
KAR 26-42-205(a)(1)

The facility reported a census of nine residents. The sample included three residents. Based on interview and record review the operator failed to ensure resident (R)102's medical record contained documentation of a completed medication self-administration assessment for insulin.

Findings included:

-R102's medical record revealed she moved into the facility on 12/02/22 with a diagnosis of diabetes mellitus.

The 01/11/24 "Functional Capacity Screen" (FCS) documented R102 was unable to administer her own medications.

The 01/11/24 NSA documented staff administered R102's medications and did not indicate R102 self-injected her insulin after staff prepared it for her.

Review of R102's medical records failed to locate a medication self-administration assessment completed for insulin self-injection.

On 02/27/24 at 03:38 PM Licensed Nurse (LN) B stated a self-administration assessment was not

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S5265	Continued From page 18 completed for R102's self-injection of insulin. The operator failed to ensure a medication self-administration assessment was completed for R102's use of insulin.	S5265		
S5286 SS=D	26-42-205 (b) Administration of Selected Medications (b) Administration of select medications. Any resident who self-administers medication may select some medications to be administered by a licensed nurse or medication aide. The negotiated service agreement shall reflect this service and identify who is responsible for the administration and management of selected medications. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(b) The facility reported a census of nine residents. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) for resident (R)102 identified the responsible person for administration and management of selected medications. Findings included: -R102's medical record revealed she moved into the facility on 12/02/22 with a diagnosis of diabetes mellitus.	S5286		

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S5286	Continued From page 19 The 01/11/24 "Functional Capacity Screen" (FCS) documented R102 was unable to administer her own medications. The 01/11/24 NSA documented staff administered R102's medications and did not indicate R102 self-injected her insulin after staff prepared it for her. On 02/27/24 at 03:38 PM Licensed Nurse (LN) B stated R102 self-injected her insulin. LN B stated R102's NSA did not address what services staff provided concerning the preparation of the insulin pen and did not identify R102 self-injected her own insulin. The operator failed to ensure the NSA identified the responsible person for administration and management of R102's insulin.	S5286		
S5300 SS=F	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.	S5300		

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S5300	Continued From page 20	S5300		

This REQUIREMENT is not met as evidenced by:
KAR 26-42-205(d)

The facility reported a census of nine residents. Based on interview and record review, the operator failed to ensure that all medications were administered within professional standards of practice. The Certified Medication Aide (CMA) pre-popped medications into medication cups for administration to residents at a future time and failed to follow professional standards of practice designed to safeguard each resident.

Findings included:

On 02/28/24 at 10:20 AM observation of multiple clear plastic medication cups labeled with resident names on them and had medications that were pre-popped into the cups.

On 02/27/24 at 10:21 AM CMA I stated it was her normal practice to pre-pop medications into medication cups to administer later.

The February 2011 Kansas Certified Medication Curriculum page 165 documented, "All medications must be identified to point of administration. For medications removed from a package or container with the prescription label, a medication card must be used which contains the resident's name, the name of the medication, the route of administration, special instructions

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S5300	Continued From page 21 for administration and time of administration. This card must be checked against the MAR before administering the medication to a resident." The operator failed to ensure staff followed professional standards of practice designed to safeguard each resident when administering medications.	S5300		
S5312 SS=F	26-42-205 (g) (2) Medication Labeling (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 nine 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: - On 02/27/24 at 10:09 AM revealed the facility's medication closet contained the following prescription medication containers stored in the original packaging and not labeled with a resident's full name:	S5312		

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S5312	Continued From page 22 Resident (R)104: Two tubes of Nystatin 100,000 units ointment R105: One tube of Neomycin and Polymyxin B Ophthalmic Ointment One inhaler of Ventolin HFA R106: One container of Latanoprost Ophthalmic Solution One inhaler of Ventolin HFA R103: One package of Fluticasone Propionate nose spray On 02/27/24 a policy was requested for medication storage and labeling but the facility did not provide one. The operator failed to ensure each prescription medication container had a label provided by a dispensing pharmacist affixed to the container.	S5312		