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 _____	09/17/2025

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 represents the findings of a resurvey with attached complaint 187099 at the above named home plus facility conducted on 09/16/25-09/17/25.	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)(2) The facility reported a census of 11 residents with three included in the sample. Based on interview and record review the operator failed to complete a Functional Capacity Screen (FCS) for Resident (R) 1 following a significant change in condition. Finding included: - Record review for R1 revealed an admission date of 12/11/23 with a diagnosis of hypertension. The 02/10/25 Functional Capacity Screen (FCS)	S5085		

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

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S5085	Continued From page 1 identified R1 required physical assistance with bathing; was independent with dressing, toileting, transfers, walking/mobility, and eating; was unable to perform management of medications and treatments; was occasionally incontinent of bladder; and had short-term memory, memory/recall, and decision-making impairments. The 02/10/25 Negotiated Service Agreement (NSA) identified facility would provide R1 assistance with bathing; would provide management of medications; would assist if needed with incontinence and would redirect and remind R1 for cognition difficulties. R1's record lacked evidence of documentation of a significant change FCS or NSA after she returned from the hospital on 08/21/25. On 09/17/25 at 01:22 PM R1 stated staff now helps her with getting dressed and going to the bathroom and this change happened when she was hospitalized in August. On 09/17/25 at 11:51 AM Administrative Nurse B stated R1 returned to the facility on 08/21/25 and needed assistance with activities of daily living and had orders for therapy. She confirmed a new FCS and NSA was not completed with her significant change. The operator failed to ensure an FCS was completed for R1 following a significant change.	S5085		
S5105 SS=E	26-42-202 (a) Negotiated Service Agreement a) The administrator or operator of each home	S5105		

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S5105	Continued From page 2 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) The facility reported a census of 11 residents with three included in the sample. Based on interview and record review the operator failed to ensure the Negotiated Service Agreement (NSA) for Residents (R)2 and R3 described the services they received based on their Functional Capacity Screens (FCS), service needs, and preferences. Findings included: - Record review for R2 revealed an admission date of 09/04/25 with a diagnosis of dementia. The 02/10/25 FCS identified R2 required physical assistance with bathing, dressing,	S5105		

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S5105	Continued From page 3	S5105		

toileting, and transfers; supervision with walking/mobility; and was independent with eating; was unable to perform management of medications and treatments; was usually continent of bladder; and had short-term memory, long-term memory, memory/recall, and decision-making difficulties. R2 had a risk of falls and had impaired decision making.

The 02/10/25 NSA identified facility would provide R2 assistance with bathing, assistance with process of dressing, assist of one with transfers, supervision and standby with walker for mobility, management of medications, pressure alarm to bed to prevent falls, and to speak loud for hearing. The NSA failed to provide services for cognition.

On 09/17/25 at approximately 11:37 AM Administrative Nurse B confirmed R2's NSA did not include services for memory difficulties.

The operator failed to ensure the NSA for R2 described the services provided and provider of service based on his FCS.

- Record review for R3 revealed an admission date of 03/20/25 with a diagnosis of lymphedema.

The 03/20/25 FCS identified R3 required physical assistance with bathing, dressing, toileting, transfers, and mobility; was unable to perform management of medications and treatments; was frequently incontinent of bladder; and had impaired decision making. R3 had no cognition difficulties and was able to be understood and understand others with

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S5105	Continued From page 4 communication. The 03/20/25 (most recent) NSA for identified facility staff assisted R3 with dressing and undressing, toileting and changing incontinent products, provided management of medications and treatments, and propelled wheelchair for mobility. Two staff assisted with transfers. The NSA failed to indicate R3 self-administered her insulin. The NSA failed to be revised to include services R3 received for catheter care. On 09/17/25 at 01:37 PM while interviewing R3 she stated she injects her insulin, and the staff complete her catheter cares. On 09/17/25 at approximately 11:32 AM Administrative Nurse B confirmed the NSA does not indicate that R3 self-administers her insulin. The operator failed to ensure the NSA for R3 described the services provided based on her service needs and preferences.	S5105		
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 11 residents	S5171		

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S5171	Continued From page 5	S5171		

with three included in the sample. Based on observation, interview, and record review the operator failed to ensure a licensed nurse completed an assessment for the ability to use bed assistive devices without risk of entrapment and to confirm the bed rails were properly installed for Residents (R) 1 and R3. The operator further failed to ensure a licensed nurse followed up on recommendations provided by a licensed pharmacist.

Findings included:

- Record review for R1 revealed an admission date of 12/11/23 with a diagnosis of hypertension.

The 02/10/25 Functional Capacity Screen identified R1 was independent with transfers and mobility.

The 02/10/25 Negotiated Service Agreement (NSA) for identified R1 was independent with transfers and mobility. The NSA documented R1 used a bed cane to get out of bed.

Review of R1's record revealed a bed rail assessment which documented a bed cane was used for transferring. The assessment lacked documentation of the bed assist device's risk of entrapment and to confirm the bed rails were installed properly.

Observation on 09/17/25 at 01:22 PM revealed a bed cane attached to the left side of R1's bed with zone of entrapment greater than 4.75 inches.

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S5171	Continued From page 6 On 09/17/25 at approximately 11:52 AM Administrative Nurse B confirmed the bed assistive device assessment for R1 failed to include a safety assessment including zone of entrapment and proper installation of device. - Record review for R3 revealed an admission date of 03/20/25 with a diagnosis of lymphedema. The 03/20/25 Functional Capacity Screen identified R3 required physical assistance with transfers and mobility. The 03/20/25 NSA for identified facility staff assisted R3 with transfers and mobility. The NSA failed to list R3's use of a quarter rail. Review of "Resident Roster" provided 09/16/25 by the facility revealed R3 had a bed assist device. Review of R3's record revealed a bed rail assessment which documented a quarter rail was used for repositioning. The assessment lacked documentation of the bed assist device's risk of entrapment and to confirm the bed rails were installed properly. Observation on 09/17/25 at 01:37 PM revealed a quarter rail attached to the left side of R3's bed. On 09/17/25 at approximately 11:52 AM Administrative Nurse B confirmed the bed assistive device assessment for R3 failed to include a safety assessment including zone of entrapment and proper installation of device.	S5171		

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S5171	Continued From page 7 - Review of the pharmacy recommendations for 03/10/24, 06/06/24, 09/16/24, 12/07/24, 03/05/24, 06/07/24, and 09/08/25 revealed the licensed pharmacist recommended a diagnosis and start date on each order or medication on the medication administration record (MAR). Review of R1's August MAR revealed 22 of 24 medications did not have an indication for use or diagnosis and 11 of 24 of the medications did not have a start date. Review of R2's September MAR revealed 3 of 4 medications failed to include diagnoses and 3 of 4 medications did not have a start date. Review of R3's August MAR 4 of 16 medications failed to include a start date and 13 of 16 medications did not have an indication for use. On 09/17/25 at 01:52 AM Administrative Nurse B confirmed medications on residents' MARs did not all have start dates or diagnoses. On 09/17/25 at 02:04 PM Administrative Staff A confirmed the facility does not have a policy for pharmacy reviews or bed assistive devices. The operator failed to ensure a licensed nurse completed an assessment for the ability to use bed assistive devices without risk of entrapment and to confirm the bed rails were properly installed for Residents (R) 1 and R3. The operator further failed to ensure a licensed nurse followed up on recommendations provided by a licensed pharmacist.	S5171		

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S5192	Continued From page 8	S5192		
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. This REQUIREMENT is not met as evidenced by: KAR 26-42-206(e) The facility reported a census of 11 residents. Based on record review and interview the operator failed to ensure food was served at the proper temperature. Findings included: - During initial tour temperature logs were requested. Review of food temperature log provided for 05/28/25 through 09/16/25 revealed the log lacked evidence of documentation staff obtained food temperatures before serving each meal to the residents.	S5192		

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S5192	Continued From page 9 No food temperatures were logged for 12 of 112 days No food temperatures were logged for two meals 42 of 112 days No food temperatures were logged for one meal (breakfast) 54 of 112 days On 09/17/25 at 11:53 AM Certified Nurse Aide confirmed the food temperature log lacked evidence of documentation food was served at proper temperature for each meal and stated the expectation was food temperatures to be taken for all lunch and dinner meals. The facility's undated "Diet Protocol" policy instructed staff to "serve food at the proper temperature." Dietary guidelines for Americans 2005 recommended using a clean thermometer that measured the internal temperature of cooked food to make sure food is cooked to and held at proper temperatures and to keep food out of the "danger zone" (40 degrees Fahrenheit to 140 degrees Fahrenheit) where bacteria can multiply rapidly. The operator failed to ensure food was served at the proper temperature.	S5192		
S5195 SS=F	26-42-206 (f) (g) Facility Food Storage (f) Staff shall store all food under safe and sanitary conditions. Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving.	S5195		

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S5195	Continued From page 10 (g) Each home shall maintain at least a three-day supply of food to meet the requirements of the planned menus. This REQUIREMENT is not met as evidenced by: KAR 26-42-206(f) The facility reported a census of 11 residents. The facility had a main kitchen where food was stored, prepared, and served to all residents. Based on observation and interview the operator failed to ensure foods were stored under safe conditions. Findings included: - Observation on 09/16/25 at 02:06 PM of the kitchen revealed cabinets and two refrigerator and freezer units which contained food items for the residents. The following foods were found: One 6-ounce bag of parmesan cheese undated when opened One 16-ounce container of sour cream undated when opened One pint container of half and half best by date of 09/08/25 One 6.5 ounce can of whipped topping undated when opened One 11 fluid ounce container of creamy chocolate plan protein drink with best by date 07/21/25 One 32 fluid ounce bottle of corn syrup with best by date of 11/18/24 and undated when opened On 09/16/25 at approximately 02:11 PM Certified	S5195		

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S5195	Continued From page 11 Medication Aide C confirmed the opened foods were not dated upon opening and the expired foods were past best by date. The facility's undated "Diet Protocol" instructed staff to store foods in covered containers, labeled and dated. The operator failed to ensure foods were stored under safe conditions.	S5195		
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 11 residents with three residents included in the sample. Based on interview and record review the operator failed to ensure staff provided adequate documentation of symptoms which indicated illness or injury including dates, times, actions taken, and results of the actions when Resident (R) 1 was hospitalized and R3 received new orders. Findings included:	S5251		

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S5251	Continued From page 12 - Record review for R1 revealed an admission date of 12/11/23 with a diagnosis of hypertension. The 02/10/25 Functional Capacity Screen (FCS) identified R1 required physical assistance with bathing; was independent with dressing, toileting, transfers, walking/mobility, and eating; was unable to perform management of medications and treatments; was occasionally incontinent of bladder; and had short-term memory, memory/recall, and decision-making impairments. The 02/10/25 Negotiated Service Agreement (NSA) identified facility would provide R1 assistance with bathing; would provide management of medications; would assist if needed with incontinence and would redirect and remind R1 for cognition difficulties. Review of "Nursing Notes" revealed the last note written was on 08/09/25 when R1 was sent to a local emergency room for lethargy. R1's record lacked documentation of when she returned to the facility on 08/14/25, when she was sent back to the hospital on 08/16/25, and when she returned 08/21/25. On 09/17/25 at 11:51 AM Administrative Nurse B confirmed R1 returned to the facility on 08/14/25 and was transferred to the hospital on 08/16/25, returned 08/21/25 and her record lacked documentation of date and time, symptoms of illness or injury, the action taken, and result of the action.	S5251		

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S5251	Continued From page 13 - Record review for R3 revealed an admission date of 03/20/25 with a diagnosis of lymphedema. The 03/20/25 Functional Capacity Screen identified R3 required physical assistance with bathing, dressing, toileting, transfers and mobility; was unable to perform management of medications and treatments; was frequently incontinent of bladder; and had impaired decision making. R1 had no cognition difficulties and was able to be understood and understand others with communication. The 03/20/25 NSA for identified facility staff assisted R3 with dressing and undressing, toileting and changing incontinent products, providing management of medications and treatments, and propelling wheelchair for mobility. Two staff assisted with transfers. Review of R3's physician's orders tab in chart revealed on 04/24/25 an order was signed by her provider to place a catheter and start administering meloxicam. Review of "Nursing Notes" dated 04/24/25 at 08:00 AM revealed new orders were received, a catheter was placed, and a urinalysis test sent to the laboratory. The note failed to indicate what symptoms of illness R3 had which warranted a catheter and the start of meloxicam, a pain medication. On 09/17/25 at 11:32 AM Administrative Nurse B stated R3's order to start meloxicam on 04/24/25 was due to her need for more pain control and the catheter was due to perineal breakdown from	S5251		

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S5251	Continued From page 14 incontinence. She confirmed the symptoms failed to be documented in the nursing notes. The operator failed to ensure staff provided adequate documentation of symptoms which indicated illness including dates, times, actions taken, and results of the actions when R1 was hospitalized and R3 received new orders.	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	S5258		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S5258	Continued From page 15 by: KAR 26-42-102(d)(2) The facility reported a census of 11 residents. Based on interview and record review the operator failed to ensure background checks were completed for all certified staff upon hire. Findings included: - Certified Nurse Aide (CNA) F's employee record revealed a hire date of 07/22/24. CNA F's record included a background check completed 11/18/24 and lacked evidence a criminal background check was completed upon hire. On 09/17/25 at 10:54 AM Administrative Staff A confirmed the background check was completed late. The operator failed to ensure background checks were completed for all certified staff upon hire.	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.	S5265		

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 _____	09/17/2025

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S5265	Continued From page 16 (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. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(a)(1) The facility reported a census of 11 residents with three included in the sample. Based on interview and record review the operator failed to ensure an assessment was completed to determine that Resident (R)3 could safely self-administer medications. Findings included: - Record review for R3 revealed an admission date of 03/20/25 with a diagnosis of lymphedema. The 03/20/25 Functional Capacity Screen identified R3 required physical assistance with bathing, dressing, toileting, transfers, and mobility; was unable to perform management of medications and treatments; was frequently incontinent of bladder; and had impaired decision making. R3 had no cognition difficulties and was able to be understood and understand others with communication.	S5265		

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S5265	Continued From page 17 The 03/20/25 Negotiated Service Agreement identified facility staff assisted R3 with dressing and undressing, toileting and changing incontinent products, provided management of medications and treatments, and propelling wheelchair for mobility. Two facility staff assisted with transfers. The NSA failed to indicate R3 self-administered her insulin. R3's record lacked evidence of a complete assessment to determine she could safely and accurately administer insulin. On 09/17/25 at 10:52 AM Administrative Staff A confirmed R3 administered her own insulin and her record lacked evidence of documentation a self-administration assessment was completed. The operator failed to ensure an assessment was completed to determine that R3 could safely self-administer insulin.	S5265		
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	S5315		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S5315	Continued From page 18	S5315		

medication room, cabinet, or medication cart. 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 11 residents. Based on observation and interview the operator failed to ensure that all medications and biologicals are stored in accordance with federal and state laws and regulations.

Findings included:

- Observation on 09/16/25 at 01:44 PM revealed one four-ounce tube of calmoseptine ointment not labeled with a resident's name in the southeast public bathroom within the bottom drawer of an unlockable plastic drawer set.

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S5315	Continued From page 19 - Observation on 09/16/25 at 01:54 PM revealed one four-ounce tube of calmoseptine ointment not labeled with a resident's name and one bottle ketoconazole shampoo 2% for R3 in the southwest public bathroom within the bottom fabric drawer of an unlockable cubical. - Observation on 09/16/25 at 04:30 PM revealed one 300-unit Novolin N insulin pen without label affixed by pharmacist with resident's name or an opened date. On 09/16/25 at approximately 04:38 PM Administrative Staff A confirmed the medications were not stored per regulation and could have been used on any resident. The operator failed to ensure that all medications and biologicals are stored in accordance with federal and state laws and regulations.	S5315		