STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B007004	A. BUILDING: _____ B. WING _____	09/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PINES OF HIAWATHA - SOUTH	1480 230TH ST HIAWATHA, KS 66434

(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
S 000	INITIAL COMMENTS The following represents the findings of a resurvey at the above named home plus facility conducted on 09/29/25-09/30/25.	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 eight 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) 3 following a significant change in condition. Finding included: - Record review for R3 revealed an admission date of 09/07/23 with a diagnosis of dementia. The 09/28/24 annual FCS identified R3 required physical assistance with bathing, dressing, toileting, transfers and walking/mobility; was	S5085		

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

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S5085	Continued From page 1 unable to perform management of medications and treatments; was frequently incontinent of bladder, was usually able to be understood and usually understood others when communicating; was at risk of falls, had impaired hearing, and impaired decision-making. The next FCS was the annual FCS completed on 09/28/25 which identified R3 required physical assistance with bathing, dressing, and eating; was unable to perform toileting, transfers, mobility, and management of medications and treatments; was usually able to be understood and usually understood others when communicating; and was incontinent of bladder, had impaired hearing and impaired decision-making. R3's record lacked evidence of documentation of a significant change FCS when she was admitted to hospice services. The 01/22/25 "Nurse's Note" documented staff reported to primary care provider that R3 had declined physically and mentally. The 01/24/25 "Nurse's Note" documented R3 was admitted to hospice. On 09/30/25 at 11:47 AM Administrative Staff A stated she expected a new FCS to be completed when someone is admitted to hospice. She confirmed R3's record lacked evidence of documentation of a significant change FCS when she was admitted to hospice. The facility's "Functional Capacity Screen" policy dated 2008 read a licensed nurse would	S5085		

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S5085	Continued From page 2 complete a functional capacity screen following a change in any resident's physical, mental, or psychosocial functions that required a change to the negotiated service agreement. The operator failed to ensure an FCS was completed for R3 following a significant change.	S5085		
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)(2) The facility reported a census of eight residents with three residents included in the sample. Based on observation, interview, and record review the operator failed to ensure the review and revision of the Negotiated Service Agreement (NSA) for Resident (R) 2 following a change in condition as defined in K.A.R.	S5116		

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S5116	Continued From page 3 26-39-100. Findings included: - Record review for R2 revealed an admission date of 01/30/24 with diagnoses of hypertension, chronic back pain, neuralgia, and dementia. The 01/13/25 Functional Capacity Screen (FCS) identified R2 was unable to perform bathing, dressing, toileting, transfers, and management of medications and treatments; required physical assistance with walking/mobility and eating; was incontinent of bladder; had short-term and long-term memory, memory/recall, and decision-making cognitive impairments; and was at risk of falls and had impaired decision-making. The 01/13/25 (most recent) combined Negotiated Service Agreement/Healthcare Service Plan (NSA/HSP) identified the facility provided a fall mat and floor alarm to prevent falls. The NSA/HSP lacked revision after the resident fell. Review of "Nurse's Notes" revealed a note dated 09/06/25 without time and documented R2 stood up on own at bookcase located outside her room without applying wheelchair brakes. On 09/30/25 at 12:21 PM Administrative Nurse B stated staff watch R2 closely and do frequent checks for prevention of falls and safety. On 09/30/25 at 11:52 AM Administrative Nurse B confirmed a change to the NSA/HSP occurs when a change happens to a resident's care, but she did not revise R2's NSA after her fall.	S5116		

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S5116	Continued From page 4 The operator failed to ensure the review and revision of the NSA for R2 following a change in condition as defined in K.A.R. 26-39-100.	S5116		
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 eight 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 a food temperature log	S5192		

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S5192	Continued From page 5 from 01/01/25 to 09/28/25 revealed only one entrée each day had a temperature recorded. The log lacked evidence of documentation staff obtained food temperatures before serving food to the residents each meal. On 09/29/25 at approximately 10:55 AM Administrative Staff A stated her expectation was for temperatures to be taken every meal and documented each time. She confirmed the food temperature log lacked evidence of documentation food was served at proper temperature for each meal. Dietary guidelines for Americans 2005 recommended to measure the internal temperature of cooked food to make sure food is cooked to and held at proper temperatures. The operator failed to ensure food was served at the proper temperature.	S5192		
S5335 SS=F	28-39-437 Construction (a) Each home-plus facility shall be designed, constructed, equipped, and maintained to protect the health and safety of residents, personnel, and the public. (b) All new construction, renovation, remodeling, and changes in building use in existing buildings shall comply with building and fire codes, ordinances, and regulations enforced by city, county, and state jurisdictions, including the state fire marshal. This REQUIREMENT is not met as evidenced by: KAR 28-39-437(a)	S5335		

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S5335	Continued From page 6 The facility reported a census of eight residents. Based on observation and interview the operator failed to ensure the building was maintained to protect the health and safety of the residents by ensuring all chemicals were stored within locked areas. Findings included: - Observation on 09/29/25 at 10:21 AM of a bookshelf in the common living area revealed one 8.8-ounce spray bottle of air freshener with label that read "Keep out of reach of children." On 09/29/25 at 10:25 AM an unlockable cabinet located outside the public shower room contained three 15-ounce aerosol cans of sanitizing spray labeled "Keep out of reach of children" On 09/29/25 at approximately 10:28 AM a lockable cabinet in the public shower room was unlocked and contained two 24-ounce containers of toilet bowl cleaner and one 32-ounce bottle of disinfectant spray with labels that read "Keep out of reach of children:" On 09/29/25 at 10:31 AM a cabinet in the laundry with a child lock located on the doors was unlocked. The cabinet contained the following chemicals with labels that read "Keep out of reach of children:" One 42 pack bag of laundry detergent "paks" One 100 count laundry detergent "pacs" One 60 ounce bottle of shout Two 22 ounce spray bottles of shout	S5335		

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S5335	Continued From page 7 One 15 ounce aerosol can of glass cleaner One 19 ounce aerosol can of disinfectant spray One 17.5 ounce can of ant and roach spray One 99 fluid ounce container of floor cleaner One 9.7 ounce can of furniture polish On 09/29/25 at 10:31 AM Administrative Nurse B confirmed chemicals were not in locked areas. - Observation on 09/29/25 at approximately 11:10 AM the cabinet under the kitchen sink had a child lock unlatched. The cabinet contained the following chemicals with labels that read "Keep out of reach of children:" One 78 count container of dishwasher "pacs" One 32 fluid ounce container of multipurpose cleaner One 8.8-ounce spray bottle of air mist One eight-ounce bottle of air freshener One container Old English furniture polish On 09/29/25 at 11:10 AM Administrative Staff A confirmed chemicals were not in a locked area. A chemical storage policy was requested 09/30/25 which the facility failed to provide. The operator failed to ensure the building was maintained to protect the health and safety of the residents by ensuring all chemicals were stored within a locked area.	S5335		