STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B089066	A. BUILDING: _____ B. WING _____	11/13/2025

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

(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 with attached complaint 189786 at the above named home plus facility conducted on 11/12/25 & 11/13/25.	S 000		
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. This REQUIREMENT is not met as evidenced by: KAR 26-42-207(c) The facility reported a census of 12 residents with three residents included in the sample and five staff record reviews. Based on interview and record review the operator 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 two of five newly hired staff which has the potential to affect all residents.	S5230		

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

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S5230	Continued From page 1 Findings included: - Record review for Certified Nurse Aide (CNA) C revealed a hire date of 03/07/25. A first step of the TB two-step test (TST) was administered 05/06/25 which was 54 days late and second step was administered on 05/15/25. Record review for CNA D revealed a hire date of 09/15/25. The employee record lacked documentation of TB testing. On 11/12/25 at 02:02 PM Administrative Staff A confirmed CNA C's TB TST was late and CNA D's was not completed. The department's June 2013 "Tuberculosis (TB) Guideline for Adult Care Homes" documented each new employee shall receive a two-step TST or Interferon Gamma Release Assay within seven days of employment unless a completed TST documentation is provided from within six months prior to hire. The operator failed to ensure the facility remained in compliance with the State Agency's tuberculosis guidelines for adult care homes adopted by reference in KAR 26-39-105, which had the potential to affect all residents.	S5230		
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	S5315		

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S5315	Continued From page 2	S5315		

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. 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)(1)

The facility reported a census of 12 residents. Based on observation and interview the operator failed to ensure facility staff stored facility managed medications within a locked medication

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S5315	Continued From page 3 room, cabinet, or medication cart. Findings included: - Observation on 11/13/25 at 12:33 PM revealed a four-ounce tube of calmoseptine ointment located on R1's bathroom cabinet unsecured and without a resident name. Observation on 11/13/25 at 01:40 PM revealed a four-ounce tube of calmoseptine ointment located on R5's bathroom cabinet unsecured and without a resident name. On 11/13/25 at approximately 12:59 PM Administrative Staff A stated her expectation was for all medications to be locked in the medication room and R1 and R5 had tubes of calmoseptine in their rooms unsecured. The operator failed to ensure facility staff stored facility managed medications within a locked medication room, cabinet, or medication cart.	S5315		
S9999	Final Observations KAR 26-42-103(c) Scope and Severity Tag - F If the home plus admits residents with dementia, the administrator or operator shall ensure the provision of staff education, at orientation and at least annually thereafter, on the treatment and appropriate response to persons who exhibit behaviors associated with dementia. This requirement is not met as evidenced by:	S9999		

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S9999	Continued From page 4 The facility reported a census of 12 residents. Based on interview and record review the operator failed to ensure staff orientation and in-service education for treatment and appropriate response to persons who exhibit behaviors associated with dementia. Findings included: - Record review for R1 revealed an admission date of 12/27/24 with a diagnosis of dementia. Review of R2's record revealed an admission date of 07/28/25 with a diagnosis of Alzheimer's disease. Requested record of dementia training for newly hired staff on 11/12/25 at 01:52 PM which the facility failed to provide. On 11/12/25 at 01:52 PM Administrative Staff A confirmed dementia training was not completed at hire with newly hired staff or with all staff annually. The operator failed to ensure staff orientation and in-service education for treatment and appropriate response to persons who exhibit behaviors associated with dementia.	S9999		