STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175414	A. BUILDING _____ B. WING _____	03/02/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE VILLAGE	86 TWENTY-SECOND AVENUE MOUNDRIDGE, KS 67107

(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) COMPLETION DATE
F 000	INITIAL COMMENTS The following citations represent the findings of a Health Resurvey. The 2567 was electronically sent to the facility on 03/03/2020.	F 000		
F 689 SS=E	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: The facility had a census of 63 residents. The sample included 16 residents. Based on observation, interview, and record review, the facility failed to provide an environment free of accident hazards on one of three halls for the 10 cognitively impaired, independently mobile residents who resided in the facility. Findings included: - On 02/25/2020 at 08:17 AM, observation during initial tour of 500 Hall kitchenette and commons area nurse's desk revealed the following: One pair of pipe pliers in an unlocked drawer to right side of sink in the kitchenette One pair of scissors in top drawer of cabinet in the kitchenette One pair of silver scissors in the unlocked middle drawer of the nurse's desk One pair of red handled scissors in unlocked bottom drawer on right side of the nurse's desk	F 689		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 689	Continued From page 1 On 02/25/2020 at 08:19 AM, Certified Medication Aide (CMA) R stated the pipe pliers and scissors should be in locked drawers. On 02/25/2020 at 08:29 AM, Dietary Staff (DS) BB stated scissors should be stored in a locked drawer. The facility's "Environment Safety" policy, dated 12/19/2019, documented the facility was committed to providing and maintaining a safe interior and exterior environment for residents, staff, and visitors. Maintenance staff will survey the interior and exterior of the facility on a regular basis for any hazards that may pose a potential threat. The facility failed to provide an environment free of accident hazards on one of three halls for the 10 cognitively impaired, independently mobile residents in the facility, placing the residents at risk for injury.	F 689		