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 _____	02/25/2019

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 Health Survey on the above-named facility resulted in a finding of no deficiency citations respective to applicable regulations under 42 CFR Part 483, Subpart B, requirements for long term care facilities.	F 000		

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

Administrator 2-25-19

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

KANSAS DEPARTMENT ON AGING
Licensure and Certification Division

LICENSE OR PROVIDERS NO 175414		Date of Visit 2/19, 2/20, 2/21, 2/25/19
NAME of Facility Pine Village	Address 86 22nd Avenue Moundridge, Kansas 67107	

ITEM	
	Health Resurvey
	THE SIGNATURES BELOW ACKNOWLEDGE DISCUSSION OF THE DEFICIENCY LIST, THE RECEIPT OF A COPY OF THE SAME AND THE RECEIPT OF INFORMATION ABOUT THE BUREAU'S *"INFORMAL DISPUTE RESOLUTION"* PROCESS.

DATE	SURVEYOR'S SIGNATURE	FACILITY REPRESENTATIVE'S SIGNATURE	DATE
2/25/19	Kathie Cyr RN, Pat Ravenkamp RN, Randy Willoughby RN, Tracy Leffler RN	Shelly Shaw	2-25-19

COMMENT SHEET