| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | N059002 | A. BUILDING: _____ B. WING _____ | 09/24/2024 |

| 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) COMPLETE DATE |
|---|---|---|---|---|
| S 000 | INITIAL COMMENTS<br><br>The following citations represent the findings of the licensure resurvey for the above named facility conducted on 09/24/24. | S 000 | | |
| S3213 SS=D | 26-41-205 (g) (2) Medication Labeling<br><br>(g) (2) Each prescription medication container shall have a label that was provided by a dispensing pharmacist or affixed to the container by a dispensing pharmacist in accordance with K.A.R. 68-7-14.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-205 (g) (2)<br><br>The facility reported a census of 16 residents. Based on observation, interview and record review, Administrator A failed to ensure prescription medication containers were labeled with a prescription label provided by a dispensing pharmacist or affixed to the container by a dispensing pharmacist in accordance with K.A.R. 68-7-14 for 1 sampled Resident (R)1.<br><br>Findings included:<br><br>- Observation on 09/24/24 at 11:28 AM with Licensed Nurse (LN) B and Certified Medication Aide (CMA) C of the medication cart revealed one insulin injector pen, which was not labeled with resident's name or an open date. LN B identified the insulin injector pen as belonging to R1. The injector pen had a manufacture label of Tresiba FlexTouch Pen and the injector pen had no other identification or pharmacist labeling. | S3213 | | |

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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| | N059002 | A. BUILDING: _____ B. WING _____ | 09/24/2024 |

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| 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) COMPLETE DATE |
|---|---|---|---|---|
| S3213 | Continued From page 1<br><br>Review of R1's September 2024 "Medication Administration Record" (MAR) revealed the following, "Tresiba FlexTouch 100 unit/milliliter subcutaneous pen, 20 units subcutaneous scheduled for type II diabetes mellitus" signed off as administered by certified staff from 09/01/24 through 09/19/24, 09/21/24 and 09/22/24.<br><br>Signed physician orders dated 08/21/24 for R1 recorded, "Tresiba FlexTouch Pen 100 units/ 1 milliliter subcutaneous solution, 20 unit daily."<br><br>Interview on 09/24/24 with LN B confirmed the insulin injector pen was not labeled.<br><br>Administrator A failed to ensure prescription medication containers were labeled with a prescription label provided by a dispensing pharmacist or affixed to the container by a dispensing pharmacist in accordance with K.A.R. 68-7-14 for 1 sampled resident (R)1. | S3213 | | |
| S3280 SS=F | 26-41-104 (d) Disaster and Emergency Preparedness<br><br>(d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following:<br>(1) Orientation of new employees at the time of employment to the facility ' s emergency management plan;<br>(2) education of each resident upon admission to the facility regarding emergency procedures;<br>(3) quarterly review of the facility ' s emergency management plan with employees and residents; and<br>(4) an emergency drill, which shall be conducted | S3280 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | N059002 | A. BUILDING: _____ B. WING _____ | 09/24/2024 |

| 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) COMPLETE DATE |
|---|---|---|---|---|
| S3280 | Continued From page 2 | S3280 | | |

at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location.

This REQUIREMENT is not met as evidenced by:
KAR 26-41-104 (d) (4)

The census equaled 16 residents. The sample included 3 residents and review of 3 employee records. Based on record review and interview, Administrator A failed to ensure disaster and emergency preparedness by ensuring the performance an annual emergency drill with staff and residents to include an evacuation of the residents to a secure location.

Findings included:

- Facility failed to perform an annual emergency drill since last survey conducted with all residents and the minimum number of staff on duty at one time that included an evacuation of all residents to a secure location.

Interview on 09/24/24 at 12:50 PM with Licensed Nurse B confirmed unable to locate a full evacuation completed with all residents and the minimum number of staff on duty at one time.

Administrator A failed to ensure disaster and emergency preparedness by the failure to ensure the performance of an annual emergency drill with staff and residents to include an evacuation of the residents to a secure location.