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 _____	05/06/2025

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 on 05/20/25.	F 000		
F 757 SS=D	Drug Regimen is Free from Unnecessary Drugs CFR(s): 483.45(d)(1)-(6) §483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used- §483.45(d)(1) In excessive dose (including duplicate drug therapy); or §483.45(d)(2) For excessive duration; or §483.45(d)(3) Without adequate monitoring; or §483.45(d)(4) Without adequate indications for its use; or §483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or §483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section. This REQUIREMENT is not met as evidenced by: The facility had a census of 66 residents. The sample included 17 residents, with five reviewed for unnecessary medications. Based on observation, record review, and interview, the facility failed to hold blood pressure medications per the physician-ordered parameters for one	F 757		

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

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.

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resident, Resident (R) 30. This placed the resident at risk for physical decline and other related complications.

Findings included:

- The Electronic Medical Record (EMR) for R30 documented diagnoses of dementia (a progressive mental disorder characterized by failing memory and confusion), anxiety (mental or emotional reaction characterized by apprehension, uncertainty, and irrational fear), edema (swelling resulting from an excessive accumulation of fluid in the body tissue), and hypertension (high blood pressure).

R30's "Quarterly Minimum Data Set" (MDS), dated 03/15/25, documented R30 had severely impaired cognition. The MDS documented R30 required partial staff assistance for oral hygiene, toileting hygiene, bathing, transfers, and did not ambulate. The MDS documented R30 received a diuretic (a medication to promote the formation and excretion of urine), antidepressant (a class of medication used to treat mood disorders), and antianxiety (a class of medication that calms and relaxes people).

R30's "Care Plan," dated 03/29/25, initiated on 08/06/22, directed staff to administer medications as ordered, monitor for adverse responses, and notify the physician of ineffectiveness.

The "Physician's Order," dated 08/06/22, directed staff to administer atenolol (high blood pressure medication), 50 milligrams (mg), by mouth, daily for hypertension. Hold the medication if the systolic blood pressure (SBP -the top number, the force your heart exerts on the walls of your

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arteries) was less than 110 millimeters of mercury (mmHg), if diastolic blood pressure (DBP - minimum level of blood pressure measured between contractions of the heart; the bottom number of a blood pressure reading) was less than 60 mmHg.

R30's "Medication Administration Record" (MAR) for April 2025 documented the following days R30 received the atenolol when SBP or DBP was under the ordered parameters:
04/01/25 - 118/51
04/02/25 - 137/58
04/17/25 - 110/56
04/21/25 - 128/52
04/27/25 - 102/80

On 05/04/25 at 02:30 PM, R30 sat in a chair in the activity area of the Special Care Unit (SCU), did not speak, but held out her hand to shake hands. R30 periodically closed her eyes to rest.

On 05/05/25 at 03:02 PM, Certified Medication Aide (CMA) R verified that the atenolol medication was out of physician-ordered parameters and stated the medication should have been held.

On 05/06/25 at 09:41 AM, Licensed Nurse (LN) H stated the CMA should notify her when the blood pressure was out of parameters so she could either wait and retake the blood pressure within the hour to see if it was within parameters for the medication.

On 05/06/25 at 11:48 AM, Administrative Nurse D stated the CMA should notify the nurse when the blood pressure was out of parameters and hold the medication.

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F 757	Continued From page 3 The facility's "Medication Administration" policy, dated 02/09/18, documented all staff administering medications would follow the guidelines, check the vital signs on appropriate medications as ordered, and record it in the resident's chart.	F 757		
F 812 SS=F	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: The facility had a census of 66 residents. The sample included 17 residents. Based on observation, record review, and interview, the facility failed to store food by professional standards for food service safety in one kitchen. This deficient practice placed the residents who received their meals from the facility's kitchens at	F 812		

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F 812	Continued From page 4 risk for foodborne illness. Findings included: - On 05/04/25 at 08:34 AM, the silver upright freezer, located by the entrance door, inside the kitchen, had the following: A cardboard box had the plastic torn open, exposing four corn dogs. A cardboard box had the plastic torn open, exposing 19 (4-ounce (oz) beef burger patties. A cardboard box had the plastic torn open, exposing 16 (2.6oz) chicken patties. The walk-in fridge had an unlabeled, undated plastic bag with shredded radishes and a plastic bag with unlabeled, undated shredded carrots. On 05/04/25 at 08:34 AM, Dietary Staff (DS) CC verified the above findings and stated staff should cover food when placed in the freezer. DS CC stated that the shredded radishes and shredded carrots should have been labeled and dated. On 05/05/25 at 03:07 PM, Certified Dietary Manager (CDM) stated staff should not leave any stored food open to air and should label and date food items before placing them in the refrigerator or freezer. The facility's "Food Storage Policy", revised 12/19/19, documented leftover food would be stored in covered containers or wrapped securely. Each item is clearly labeled and dated before being refrigerated. All foods should be covered, labeled, and dated.	F 812		
F 851 SS=F	Payroll Based Journal CFR(s): 483.70(p)(1)-(5)	F 851		

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F 851	Continued From page 5 §483.70(p) Mandatory submission of staffing information based on payroll data in a uniform format. Long-term care facilities must electronically submit to CMS complete and accurate direct care staffing information, including information for agency and contract staff, based on payroll and other verifiable and auditable data in a uniform format according to specifications established by CMS. §483.70(p)(1) Direct Care Staff. Direct Care Staff are those individuals who, through interpersonal contact with residents or resident care management, provide care and services to allow residents to attain or maintain the highest practicable physical, mental, and psychosocial well-being. Direct care staff does not include individuals whose primary duty is maintaining the physical environment of the long term care facility (for example, housekeeping). §483.70(p)(2) Submission requirements. The facility must electronically submit to CMS complete and accurate direct care staffing information, including the following: (i) The category of work for each person on direct care staff (including, but not limited to, whether the individual is a registered nurse, licensed practical nurse, licensed vocational nurse, certified nursing assistant, therapist, or other type of medical personnel as specified by CMS); (ii) Resident census data; and (iii) Information on direct care staff turnover and tenure, and on the hours of care provided by each category of staff per resident per day (including, but not limited to, start date, end date (as	F 851		

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applicable), and hours worked for each individual).

§483.70(p)(3) Distinguishing employee from agency and contract staff. When reporting information about direct care staff, the facility must specify whether the individual is an employee of the facility, or is engaged by the facility under contract or through an agency.

§483.70(p)(4) Data format.
The facility must submit direct care staffing information in the uniform format specified by CMS.

§483.70(p)(5) Submission schedule.
The facility must submit direct care staffing information on the schedule specified by CMS, but no less frequently than quarterly.
This REQUIREMENT is not met as evidenced by:
The facility had a census of 66 residents. Based on observation, record review, and interview, the facility failed to submit complete and accurate staffing information through Payroll-Based Journal (PBJ) as required. This deficient practice placed the residents at risk for unidentified and ongoing inadequate nurse staffing.

Findings included:

- The PBJ report provided by the Centers for Medicare and Medicaid Services (CMS) for Fiscal Year (FY) 2024 Quarter (Q) 1 indicated no Registered nurse (RN) hours for four days in October 2024 and two days in November 2024.

A review of the facility's staffing and RN hours of the days listed above revealed RN coverage.

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F 851	Continued From page 7 On 05/06/25 at 09:18 AM, Administrative Staff B stated that Q1 was the first time she'd submitted the information by herself. Administrative Staff B stated that there had been the appropriate number of staff, and it was possible that salaried staff did not pull over to be submitted. On 05/06/25 at 11:50 AM, Administrative Staff A stated that the facility always had RN coverage and more than enough staff, that she did not understand why the PBJ reported that there was not enough RN coverage. Administrative Staff A stated they had problems submitting information and had collaborated with CMS to find out what the problem was. Administrative Staff A stated that the facility ended up entering the staffing information by hand, but was unsure if Quarter 1 was part of that timeframe. The facility's "Payroll Based Journal" policy, dated 03/24/25, documented that it was the policy of the facility to electronically submit timely to CMS complete and accurate direct care staffing information. This information would include agency and contract staff, and other verifiable and auditable data in a uniform format according to specifications established by CMS.	F 851		
F 880 SS=E	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.	F 880		

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F 880	Continued From page 8 §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable	F 880		

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disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and
(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.

§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.

§483.80(e) Linens.
Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.

§483.80(f) Annual review.
The facility will conduct an annual review of its IPCP and update their program, as necessary.
This REQUIREMENT is not met as evidenced by:
The facility had a census of 65 residents. The sample included 13 residents. Based on observation, record review, and interview, the facility failed to use appropriate barriers while sorting soiled laundry. This placed the residents at risk of infectious diseases.

Findings included:

- On 05/06/25 at 07:47 AM, while on tour of the laundry department, Maintenance/Housekeeping Staff U stated the soiled laundry was sorted by laundry staff using only gloves; unless there was obvious visual soilage, and then a gown would be worn. Maintenance/Housekeeping Staff U stated she had not thought about transferring soiled/potentially infectious laundry to the clean laundry.

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F 880	Continued From page 10 On 05/06/25 at 11:30 AM, Administrative Nurse D verified that laundry staff should wear clothing barrier and gloves while sorting soiled laundry. The facility's "Laundry" policy, dated 05/10/20, documents the facility launders linens and clothing in accordance with current Centers for Disease Control and Prevention (CDC) guidelines to prevent transmission of pathogens. Aligning with principles of standard precautions, staff shall consider all previously worn clothing and used linens as potentially contaminated. Soiled laundry shall be handled as little as possible with minimum agitation to avoid contamination of areas, surfaces, and persons. Laundry staff would be in-service on handling linens and laundry on a regular basis.	F 880		