

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175414	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2025
NAME OF PROVIDER OR SUPPLIER Pine Village		STREET ADDRESS, CITY, STATE, ZIP CODE 86 Twenty-Second Avenue Moundridge, KS 67107	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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 resident, Resident (R) 30. This placed the resident at risk for physical decline and other related complications.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - 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). <p>R30's Quarterly Minimum Data Set (MDS), dated [DATE], 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 anti-anxiety (a class of medication that calms and relaxes people).</p> <p>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.</p> <p>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 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.</p> <p>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:</p> <p>04/01/25 - 118/51</p> <p>04/02/25 - 137/58</p> <p>04/17/25 - 110/56</p> <p>(continued on next page)</p>

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.

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

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>04/21/25 - 128/52</p> <p>04/27/25 - 102/80</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>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 risk for foodborne illness.</p> <p>Findings included:</p> <p>- On 05/04/25 at 08:34 AM, the silver upright freezer, located by the entrance door, inside the kitchen, had the following:</p> <p>A cardboard box had the plastic torn open, exposing four corn dogs.</p> <p>A cardboard box had the plastic torn open, exposing 19 (4-ounce (oz) beef burger patties.</p> <p>A cardboard box had the plastic torn open, exposing 16 (2.6oz) chicken patties.</p> <p>The walk-in fridge had an unlabeled, undated plastic bag with shredded radishes and a plastic bag with unlabeled, undated shredded carrots.</p> <p>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.</p> <p>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.</p> <p>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.</p>		

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<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>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.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - 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. <p>A review of the facility's staffing and RN hours of the days listed above revealed RN coverage.</p> <p>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.</p> <p>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.</p> <p>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.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>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.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - 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. <p>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.</p> <p>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.</p>