STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N057006	A. BUILDING: _____ B. WING _____	06/02/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHESDA HOME	408 E MAIN PO BOX 37 GOESSEL, KS 67053

(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 The following citations represent the findings of the licensure resurvey for the above named facility conducted on 05/31/22, 06/01/22 and 06/02/22.	S 000		
S3310 SS=F	26-41-207 (b) (5-6) (c) Infection Control Policies (b) (5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident ' s food, or resident care equipment until the condition is no longer infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; and (c) Each administrator or operator shall ensure the facility ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 This REQUIREMENT is not met as evidenced by: K.A.R 26-41-207 (c) The census totaled 8 residents. The sample included 3 residents and review of 5 newly hired employees. Based on record review and interview for 5 employees (Licensed Nurse (LN) B, Licensed Nurse (LN) C, Licensed Nurse (LN) D, Certified Medication Aide (CMA) E, and Certified Medication Aide (CMA) F), the facility failed to ensure compliance with the State Agency's tuberculosis (TB) guidelines.	S3310		

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

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S3310	Continued From page 1	S3310		

Findings included:

- Review of LN B's employee record revealed they hired onto the facility on 04/04/22. LN B's record lacked evidence of the second step of the TB testing upon hire.

Review of LN C's employee record revealed they hired onto the facility on 05/09/22. LN C's record lacked evidence of the second step of the TB testing upon hire.

Review of LN D's employee record revealed they hired onto the facility on 05/19/22. LN D's record lacked evidence of the second step of the TB testing upon hire.

Review of CMA E's employee record revealed they hired onto the facility on 08/27/21. CMA E's record lacked evidence of the second step of the TB testing upon hire.

Review of CMA F's employee record revealed they hired onto the facility on 02/21/20. CMA F's record lacked evidence of the second step of the TB testing upon hire.

Electronic interview on 06/01/22 at 01:50 PM with Administrator A stated per facility policy, a one-step TB skin test is completed upon hire for all new employees.

Electronic interview on 06/02/22 at 10:44 AM with Administrator A confirmed LN B, LN C, LN D, CMA E and CMA F did not receive a second step of the TB testing upon hire.

The facility's "TB Testing-Employees" policy dated 01/16/20 recorded, "1. Skin testing of all new employees as soon as their employment begins

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	N057006	A. BUILDING: _____ B. WING _____	06/02/2022

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S3310	Continued From page 2 using the one step methods unless there is documentation of a previous significant reaction." The facility failed to ensure compliance with the State Agency's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105, which had the potential to affect all residents.	S3310		