STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175402	A. BUILDING _____ B. WING _____	06/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHEL HEALTH CARE CENTER	3000 IVY DRIVE NORTH NEWTON, KS 67117

(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 citation represents the findings of a Targeted Infection Control Survey/COVID-19 Focused Survey conducted by the Kansas Department for Aging and Disability Services (KDADS), on 06/24/2020 on behalf of the Centers for Medicare & Medicaid Services (CMS). The 2567 was electronically sent to the facility on 06/29/2020.	F 000		
F 880 SS=D	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. §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 §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include,	F 880		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 06/29/2020

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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F 880	Continued From page 1 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 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.	F 880		

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F 880	Continued From page 2 This REQUIREMENT is not met as evidenced by: The facility reported a census of 59 residents, with four residents sampled. Based on observation, interview and record review, the facility failed to prevent cross contamination for one of four residents, Resident (R) 1 when staff failed to prevent a urinary catheter (insertion of a catheter into the bladder to drain urine into a collection bag) collection bag from lying on the floor without a barrier. Findings included: - The "Physician Order Sheet" (POS), dated 06/17/2020, documented Resident (R) 1 had a diagnosis which included neurogenic bladder (dysfunction of the urinary bladder caused by a lesion of the nervous system). The significant change "Minimum Data Set" (MDS), dated 12/03/2019, documented the resident had a Brief Interview for Mental Status (BIMS) score of 9, indicating she had moderate cognitive impairment. She had an indwelling urinary catheter (insertion of a catheter into the bladder to drain the urine into a collection bag) and required extensive assistance of two staff for toileting. The "Urinary Incontinence and Indwelling Catheter Care Area Assessment" (CAA), dated 12/03/2019, documented the resident had an indwelling catheter in place due to urinary retention. The quarterly "MDS," dated 05/29/2020, documented the resident had a BIMS score of 6, indicating she had severe cognitive impairment.	F 880		

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F 880	Continued From page 3	F 880		

She had an indwelling urinary catheter and required total assistance of two staff for toileting.

The "Activities of Daily Living" (ADL) care plan, dated 04/30/2020, documented the resident required assistance of two staff for ADLs.

On 06/24/2020 at 09:28 AM, the resident sat in her wheelchair in her room. The urinary catheter collection bag lay directly on the floor without a barrier.

On 06/24/2020 at 10:31 AM, Certified Nurse Aide (CNA) M, stated she had gotten the resident up that morning. CNA M stated the collection bag should not lie directly on the floor.

On 06/24/2020 at 02:05 PM, Administrative Nurse D stated the resident's catheter collection bag should not have rested directly on the floor.

The facility's policy for "Daily Urinary Catheter Change", undated, documented staff were to make sure the catheter tubing and drainage bag were kept off of the floor.

The facility failed to prevent cross contamination when staff failed to keep the urinary catheter collection bag from coming into direct contact with the floor.