STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087145	A. BUILDING: _____ B. WING _____	12/03/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHEL HOUSE	1316 CHARLOTTE STREET WICHITA, KS 67208

(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 11/28/18, 11/29/18 and 12/3/18.	S 000		
S5155 SS=E	26-42-204 (a) Health Care Services (a) The administrator or operator in each home plus shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement. This REQUIREMENT is not met as evidenced by: KAR 26-42-204 (a) The facility reported a census of 8 residents. The sample included 3 residents. Based on observation, interview and record review the operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs for 1 of 3 sampled residents (#159) in accordance with the functional capacity screening and the negotiated service agreement regarding the need for altered food and fluid consistency Findings included: - Record review for resident #159 revealed an admission date of 5/31/18 with diagnoses of acute kidney illness, diabetes mellitus, atrial	S5155		

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

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S5155	Continued From page 1	S5155		

fibrillation, hypertension, congestive heart failure, dysphagia, anemia, chronic obstructive pulmonary disease, pacemaker, hypothyroidism and schizoaffective disorder.

The admission functional capacity screen (FCS) dated 5/31/18 indicated the resident had impaired decision making, needed physical assistance with all activities of daily living which included eating.

The negotiated service agreement (NSA) dated 5/31/18 directed staff to provide physical assistance with eating to include cueing, reminding of swallow precautions and diet compliance. The NSA included a change from a pureed diet to a mechanical soft diet on 7/11/18. The NSA did not include information related to the consistency of liquids or a fluid restriction.

Review of the current but undated heath care plan/nurse aide information sheet revealed a notation of change to mechanical soft on 7/11/18. In the comments section hand written notes included 1800 a day fluid restriction, no added salt, Puree diet and nectar thickened liquids.

The admission orders dated 5/31/18 included a pureed 2-gram sodium diet with nectar thickened liquids and 1800 cubic centimeters (cc) fluid restriction.

Physician progress notes dated 6/25/18 included an order to increase the fluids to 2 quarts (approximately 1920 cc).

On 7/11/18 physician extender A during a visit recorded waiting on the final results of speech evaluation, swallow study and follow recommendations.

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S5155	Continued From page 2 Review of the speech therapy visit dated 7/17/18 revealed speech therapy (ST) staff B educated the resident and staff on a dysphagia 3 mechanical soft diet and review all-safe swallow precautions. The record lacked a physician order regarding the change to a mechanical soft diet, continuation of thickened liquids or the fluid restriction following the above ST treatments and recommendations. Review of the physician's orders signed on 10/2/18 by physician extender A revealed an order for pureed diet and nectar thick liquids with no orders about a fluid restriction. The physician progress note dated 11/16/18 directed staff to discontinue the fluid restriction. Observation on 11/28/18 at 5:03 PM revealed the resident had a glass of nectar thickened soda pop and a glass of nectar thickened water. Direct care staff C placed a hotdog and some chili into a food processor and processed to a mechanically soft consistency. At 5:20 PM direct care staff C served the resident his/her meal of mechanically soft chili dog without bread and crushed pineapple. The resident ate independently. Interview on 11/29/18 at 9:17 AM with certified medication aide (CMA) D revealed the facility had a notebook with guidelines for a mechanical soft diet from www.mskcc.org and a dysphagia 3 diet from Sysco (a food supplier). Neither source was identified as specific for resident #159, neither guidelines were signed by a physician or licensed dietician for the specific needs of the resident. Interview on 11/29/18 at 9:35 AM with licensed nurse E confirmed the resident had a ST	S5155		

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S5155	Continued From page 3 evaluation and swallow study which recommended a mechanical soft diet, but he/she failed to get a physician's order for the diet change. He/she confirmed the physician orders, NSA and HSP were not all the same and the HSP did not get updated to reflect no longer on a pureed diet or fluid restriction. The operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs of this resident in accordance with the functional capacity screening and the negotiated service agreement regarding a need for altered food and fluid consistency.	S5155		
S5185 SS=E	26-42-206 (a) (b) (c) Dietary Services (a) The administrator or operator of each home plus shall ensure the provision or coordination of dietary services to residents as identified in each resident ' s negotiated service agreement. (b) The supervisory responsibility for dietetic services shall be assigned to one employee. (c) If a resident ' s negotiated service agreement includes the provision of a therapeutic diet, mechanically altered diet, or thickened consistency of liquids, a medical care provider ' s order shall be on file in the resident ' s clinical record, and the diet or liquids, or both, shall be prepared according to instructions from a medical care provider or licensed dietitian. This REQUIREMENT is not met as evidenced by: KAR 26-42-206 (a)(c)	S5185		

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S5185	Continued From page 4 The facility reported a census of 8 residents. The sample included 3 residents. Based on observation, interview and record review the operator failed to staff provided the mechanically altered diet for 1 of 3 sampled residents (#159) in accordance with the negotiated service agreement, a medical care provider's order and instructions from a medical care provider or licensed dietitian. Findings included: - Record review for resident #159 revealed an admission date of 5/31/18 with diagnoses of acute kidney illness, diabetes mellitus, atrial fibrillation, hypertension, congestive heart failure, dysphagia, anemia, chronic obstructive pulmonary disease, pacemaker, hypothyroidism and schizoaffective disorder. The admission functional capacity screen (FCS) dated 5/31/18 indicated the resident had impaired decision making, needed physical assistance with all activities of daily living which included eating. The negotiated service agreement (NSA) dated 5/31/18 directed staff to provide physical assistance with eating to include cueing, reminding of swallow precautions and diet compliance. The NSA included a change from a pureed diet to a mechanical soft diet on 7/11/18. The NSA did not include information related to the consistency of liquids. Review of the current but undated heath care plan/nurse aide information sheet revealed a notation of change to mechanical soft on 7/11/18. In the comments section hand written notes included 1800 a day fluid restriction, no added	S5185		

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S5185	Continued From page 5 salt, Puree diet and nectar thickened liquids. The admission orders dated 5/31/18 included a pureed 2-gram sodium diet with nectar thickened liquids and 1800 cubic centimeters (cc) fluid restriction. On 7/11/18 physician extender A during a visit recorded waiting on the final results of the speech evaluation, swallow study and follow recommendations. Review of the speech therapy visit dated 7/17/18 revealed speech therapy (ST) staff B educated the resident and staff on a dysphagia 3 mechanical soft diet and reviewed all-safe swallow precautions. The record lacked a physician order regarding the change to a mechanical soft diet or continuation of thickened liquids following the above ST treatments and recommendations. Review of the physician's orders signed on 10/2/18 by physician extender A revealed an order for pureed diet and nectar thick liquids. Observation on 11/28/18 at 5:03 PM revealed the resident had a glass of nectar thickened soda pop and a glass of nectar thickened water. Direct care staff C placed a hotdog and some chili into a food processor and processed to a mechanically soft consistency. At 5:20 PM direct care staff C served the resident his/her meal of mechanically soft chili dog without bread and crushed pineapple. The resident ate independently. Interview on 11/29/18 at 9:17 AM with certified medication aide (CMA) D revealed the facility had a notebook with guidelines for a mechanical soft	S5185		

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S5185	Continued From page 6 diet from www.mskcc.org and a dysphagia 3 diet from Sysco (a food supplier). Neither source was identified as specific for resident #159, neither guidelines were signed by a physician or licensed dietician for the specific needs of the resident. Interview on 11/29/18 at 9:35 AM with licensed nurse E confirmed the resident had a ST evaluation and swallow study which recommended a mechanical soft diet, but he/she failed to get a physician's order for the diet change. He/she confirmed the dietary guidelines in the notebook which facility staff followed were not specific for this resident and the record lacked a written order physician's order for the mechanical soft nectar thick liquids with instructions by a medical care provider or licensed dietitian. The operator failed to ensure staff provided the mechanically altered diet in accordance with the negotiated service agreement, a medical care provider's order and instructions from a medical care provider or licensed dietitian for this resident.	S5185		
S5215 SS=E	26-42-104 (d) Disaster and Emergency Preparedness Education (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the home ' s emergency management plan; (2) education of each resident upon admission to the home regarding emergency procedures; (3) quarterly review of the home ' s emergency management plan with employees and residents;	S5215		

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S5215	Continued From page 7 and (4) an emergency drill, which shall be conducted 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 26-42-104(d)(3) The facility reported a census of 8 residents. Based on interview and record review the operator failed to ensure staff had disaster and emergency preparedness by a failure to conduct a quarterly review of the facility's emergency management plan. Findings included: - On 11/28/18 at 4:27 PM licensed nurse E could not locate the facility's emergency management book. He/she indicated the documentation for staff review/training on the plan would be in the notebook. On 11/29/18 at 1:20 PM licensed nurse E provided evidence of resident review/training quarterly on the emergency management plan and confirmed the facility's notebook on emergency management could not be located. He/she said the employee documentation of review/training was in the notebook. The operator failed to ensure staff had disaster and emergency preparedness by a failure to conduct a quarterly review of the facility's emergency management plan.	S5215		