STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N059018	A. BUILDING: _____ B. WING _____	06/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHANY HOME ASSOCIATION DBA VARDSHUS	821 E SWENSSON DRIVE LINDSBORG, KS 67456

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey with a complaint (#179080) at the above named facility conducted on 06/18/24.	S 000		
S3165 SS=F	26-41-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: KAR 26-41-204 (d) The facility reported a census of 35 residents. The sample included 3 residents. Based on record review and interview for 3 sampled Residents (R)1, R2 and R3, with the potential to affect all residents, Operator/ Licensed Nurse (LN) A failed to ensure the negotiated service agreement contained the name of the licensed nurse responsible for the implementation and supervision of the health service plan. Findings included: - R1's "Medical Record" revealed she admitted to the facility on 03/31/23 with a diagnosis of peripheral vascular disease. The "Resident Functional Capacity Screen" (FCS) dated 05/03/24 recorded the resident as independent with dressing, toileting, eating and management of medications and treatments,	S3165		

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

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S3165	Continued From page 1	S3165		

required supervision with bathing and walk/ mobility and required physical assistance with transfer. R1 was at risk for falls/ unsteadiness and used a walker for ambulation.

The combined "Negotiated Service Agreement" (NSA)/ Individualized Service Plan Assisted Living)" dated 05/03/24 recorded staff supervised bathing daily, R1 was independent with dressing and toileting, supervision and standby assist was required for transfer and walk/ mobility and R1 was independent with eating. R1 wore glasses and was at risk for falls. The "NSA/ Individualized Service Plan Assisted Living" lacked documentation for party responsible for medication administration.

The NSA lacked the name of the current licensed nurse responsible for the implementation of the health care service plan.

- R2's "Medical Record" revealed he admitted to the facility on 02/29/24 with diagnoses of anxiety disorder, hypothyroidism, hypertension, hyperlipidemia and shortness of breath.

The "Resident Functional Capacity Screen" (FCS) dated 06/07/24 recorded the resident as independent with eating, required physical assistance with bathing, dressing, toileting, transfers, walk/mobility and was unable to perform management of medications and treatments. R2 was at risk for falls/ unsteadiness, had impaired vision and hearing and used a walker for ambulation.

The combined "Negotiated Service Agreement" (NSA)/ Individualized Service Plan Assisted Living)" dated 05/15/24 recorded facility staff provided extensive assistance for bathing three

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S3165	Continued From page 2	S3165		

times weekly, physically assisted with dressing and toileting, assisted standby to limited hands on assistance with transfers, and completed medication administration and treatments. The "Negotiated Service Agreement" (NSA)/ Individualized Service Plan Assisted Living)" further recorded R2 had impaired decision making, wore glasses and hearing aids, and was had multiple falls. R2 received services from an outside provider.

The NSA lacked the name of the current licensed nurse responsible for the implementation of the health care service plan.

R3's "Medical Record" revealed she admitted to the facility on 07/07/22 with diagnoses of major depressive disorder, asthma, diabetes mellitus type II and acute pain.

The "Resident Functional Capacity Screen" (FCS) dated 06/16/23 recorded the resident as independent with dressing, transfer, walk/mobility and eating, required supervision with toileting, required physical assistance with bathing and was unable to perform management of medications and treatments. R3 had short term memory impairment, was at risk for falls/ unsteadiness, had impaired vision and used a walker for ambulation.

The "Negotiated Service Agreement" (NSA)/ Individualized Service Plan Assisted Living)" dated 02/23/24 recorded staff assisted with bathing twice weekly, staff assisted as needed with toileting/ continence, and staff administered medications, insulin injections and breathing treatments. R3 wore glasses and was at risk for falls. R3 received services from an outside provider.

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S3165	Continued From page 3 The NSA lacked the name of the current licensed nurse responsible for the implementation of the health care service plan. Interview on 06/18/24 at 02:17 PM with Operator/ LN A confirmed the NSA documents lacked the current licensed nurse responsible for the implementation of the health care service plan on 3 of 3 sampled residents. Operator/ LN A failed to ensure the negotiated service agreement contained the name of the licensed nurse responsible for the implementation and supervision of the health service plan, which had the potential to affect all residents.	S3165		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness (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 facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' s emergency management plan with employees and residents; 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.	S3280		

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S3280	Continued From page 4 This REQUIREMENT is not met as evidenced by: KAR 26-41-104 (d) (3) The census equaled 35 residents. The sample included 3 residents and review of 5 newly hired employee records. Based on record review and interview, Operator/ Licensed Nurse (LN) A failed to ensure disaster and emergency preparedness by ensuring the performance of quarterly review of the facility's entire "Emergency Management Plan" with residents and staff. Findings included: - Review of the facility "Emergency Management Plan" revealed the plan contained procedures to manage potential emergencies and disasters including fire, flood, severe weather, tornado, explosion, natural gas leak, lack of electrical, or water service, and missing residents. Review on 06/18/24 of the facility's quarterly reviews of the emergency management plan with residents and staff revealed no reviews completed. Interview on 06/18/24 at 01:56 PM with Operator/LN A confirmed unable to locate reviews completed with residents and staff for the first, second, third and fourth quarters of 2023 and the first quarter of 2024. Operator/LN A failed to ensure disaster and emergency preparedness by the failure to ensure the performance of quarterly reviews of the facility's entire emergency plan with residents and staff.	S3280		

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S3310	Continued From page 5	S3310		
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 35 residents. The sample included 3 residents and review of 5 newly hired employees. Based on record review and interview for 3 of 3 sampled residents (R)1, R2 and R3 and 1 of 5 sampled staff (Dietary Staff D), the facility failed to ensure compliance with the State Agency's tuberculosis (TB) guidelines. Findings included: - R1's "Health Record" revealed she admitted to the facility on 03/31/23. The record lacked completion of TB testing and a TB questionnaire upon admission and annually for 2024.	S3310		

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S3310	Continued From page 6 R2's "Health Record" revealed he admitted to the facility on 02/29/24. The record lacked completion of TB testing and a TB questionnaire upon admission. Review of Dietary Staff D's employee record revealed they hired onto the facility on 05/24/24. Dietary Staff D's record lacked evidence of TB testing and a TB questionnaire upon hire. Interview on 06/18/24 at 02:09 PM with Operator/ Licensed Nurse (LN) A confirmed TB testing and a TB questionnaire was not completed upon hire for Dietary Staff D. Electronic interview on 06/19/24 at 11:36 AM with Operator/ LN A confirmed TB testing and a TB questionnaire was not completed upon admission for R1 and R2. Facility's "TB Skin Testing Policy" (no date) recorded, "TB skin testing two step is required for new hire staff, student/ trainee workers and new admit residents. Thereafter, as long as the facility is deemed low risk by the facility TB risk assessment- a questionnaire of TB symptoms will be maintained annually. 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		
S9999	Final Observations Kansas Statute 39-981. Authorized electronic monitoring; reasonable	S9999		

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S9999	Continued From page 7	S9999		

accommodations; notice; consent; use as evidence; prohibitions.
(d) A resident, or such resident's guardian or legal representative, who wishes to conduct authorized electronic monitoring shall notify the adult care home on a form prescribed by the secretary for aging and disability
services.
(i) Each adult care home shall post a conspicuous notice at the entrance to the adult care home and each
resident's room stating that the rooms of some residents may be monitored electronically by or on behalf of the
room's resident or residents.

Scope and Severity of E.

This Requirement is not met as evidenced by:

The census equaled 35 residents. The sample included 3 residents. Based on observation and interviews, for all residents, the facility failed to post a conspicuous notice at the entrance to the adult care home and each resident's room stating that the rooms of some residents may be monitored electronically by or on behalf of the room's resident or residents.

- Observation on 06/18/24 during the initial tour revealed no sign posted at the entrance of the facility and at every resident's room stating video surveillance may be in progress.

Interview on 06/18/24 at 02:56 PM with Operator/ Licensed Nurse (LN) A confirmed Resident (R)4 had a surveillance camera in her room. Operator/ LN A confirmed no sign was posted on each resident's room stating video surveillance may be in progress and further confirmed no sign was

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S9999	Continued From page 8 posted on the entrance door. For all residents, the facility failed to post a conspicuous notice at the entrance to the adult care home and each resident's room stating that the rooms of some residents may be monitored electronically by or on behalf of the room's resident or residents.	S9999		