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 _____	12/18/2024

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

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F 000	INITIAL COMMENTS The following citations represent the findings of a health resurvey. The 2567 was sent electronically on 12/30/24.	F 000		
F 812 SS=F	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: The facility had a census of 57 residents. Based on observation, interview, and record review the facility failed to store food in a safe, sanitary manner to prevent contamination or spoilage in the main food preparation kitchen and the storage building with the walk-in refrigeration units. This placed the 57 residents of the facility at risk for food-borne illness.	F 812		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 12/30/2024

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 812	Continued From page 1	F 812		

Findings included:

- On 12/16/24 at 08:52 AM, observation of the facility's walk-in refrigerator revealed a crate of grapes on the floor and the walk-in freezer had an opened box with two pies, two boxes of chicken breasts, and a large flat box of strawberries, all on the floor.

On 12/16/24 (Monday) at 9:02 AM, Dietary Staff (DS) CC verified the boxes of food delivered by Sysco on the previous Friday were still stored on the floor of the walk-in refrigerator and freezer.

On 12/16/24 at 09:10 AM, observation revealed the freezer in the kitchen, labeled for healthcare use, contained the following opened, undated foods:
Two bags of frozen peach slices
One bag of mango cubes
One bag of French fries
One bag of frozen potato slices
One bag of ham cubes
Four buckets of ice cream

On 12/16/24 at 09:15 AM, DS DD verified the undated bags of food in the kitchen refrigerator.

On 12/17/24 at 11:30 AM, DS EE verified boxes of food should not be on the bare floor. He stated staff tried to put away the deliveries after meals or whenever they could.

On 12/17/24 at 01:00 PM, DS FF verified the delivery people sometimes left boxes of food on the floor and staff would put the items in the appropriate place after the meal was served.

On 12/17/24 at 16:40 PM, Consultant GG verified

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F 812	Continued From page 2 staff were not to store boxes of food items on the floor and were to date food packages when opened. She verified Sysco delivered food on Tuesdays and Fridays. The facility's "Food Storage" policy, dated 04/23/24, stated sufficient storage facilities would be provided to keep foods safe. Food would be stored in an area that was clean, dry, and free from contaminants. Food would be stored at appropriate temperatures and by methods to prevent contamination. Dry storage rooms must be well-ventilated and illuminated with adequate temperature and humidity controls to prevent condensation of moisture and the growth of mold. Food items would be stored on shelves. Food should be stored a minimum of six inches above the floor and 18 inches from the ceiling. All foods should be covered, labeled, and dated routinely to assure that foods would be consumed by their use dates, frozen, or discarded. Frozen foods should be covered, labeled, and dated. The facility failed to store food in a safe, sanitary manner to prevent contamination or spoilage. This placed the 57 residents of the facility at risk for food-borne illness.	F 812		
F 838 SS=F	Facility Assessment CFR(s): 483.71(a)(1)(3)(b)(1)(c)(1)-(5) §483.71 Facility assessment. The facility must conduct and document a facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations (including nights and weekends) and emergencies. The facility must review and update that assessment, as necessary, and at least	F 838		

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F 838	Continued From page 3	F 838		

annually. The facility must also review and update this assessment whenever there is, or the facility plans for, any change that would require a substantial modification to any part of this assessment.

§483.71(a) The facility assessment must address or include the following:
§483.71(a)(1) The facility's resident population, including, but not limited to:
(i) Both the number of residents and the facility's resident capacity;
(ii) The care required by the resident population, using evidence-based, data-driven "methods" that considering the types of diseases, conditions, physical and behavioral health needs, cognitive disabilities, overall acuity, and other pertinent facts that are present within that population, consistent with and informed by individual resident assessments as required under § 483.20;
(iii) The staff competencies and skill sets that are necessary to provide the level and types of care needed for the resident population;
(iv)The physical environment, equipment, services, and other physical plant considerations that are necessary to care for this population; and
(v) Any ethnic, cultural, or religious factors that may potentially affect the care provided by the facility, including, but not limited to, activities and food and nutrition services.

§483.71(a)(2) The facility's resources, including but not limited to the following:
(i) All buildings and/or other physical structures and vehicles;
(ii) Equipment (medical and non- medical);
(iii) Services provided, such as physical therapy,

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F 838	Continued From page 4	F 838		

pharmacy, behavioral health, and specific rehabilitation therapies;
(iv) All personnel, including managers, nursing and other direct care staff (both employees and those who provide services under contract), and volunteers, as well as their education and/or training and any competencies related to resident care;
(v) Contracts, memorandums of understanding, or other agreements with third parties to provide services or equipment to the facility during both normal operations and emergencies; and
(vi) Health information technology resources, such as systems for electronically managing patient records and electronically sharing information with other organizations.

§483.71(a)(3) A facility-based and community-based risk assessment, utilizing an all-hazards approach as required in §483.73(a)(1).

§ 483.71(b) In conducting the facility assessment, the facility must ensure:
§ 483.71(b)(1) Active involvement of the following participants in the process:
(i) Nursing home leadership and management, including but not limited to, a member of the governing body, the medical director, an administrator, and the director of nursing; and
(ii) Direct care staff, including but not limited to, RNs, LPNs/LVNs, NAs, and representatives of the direct care staff, if applicable.
(iii) The facility must also solicit and consider input received from residents, resident representatives, and family members.

§483.71(c) The facility must use this facility

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assessment to:
§483.71(c)(1) Inform staffing decisions to ensure that there are a sufficient number of staff with the appropriate competencies and skill sets necessary to care for its residents' needs as identified through resident assessments and plans of care as required in § 483.35(a)(3).

§483.71(c)(2) Consider specific staffing needs for each resident unit in the facility and adjust as necessary based on changes to its resident population.

§483.71(c)(3) Consider specific staffing needs for each shift, such as day, evening, night, and adjust as necessary based on any changes to its resident population.

§483.71(c)(4) Develop and maintain a plan to maximize recruitment and retention of direct care staff.

§483.71(c)(5) Inform contingency planning for events that do not require activation of the facility's emergency plan, but do have the potential to affect resident care, such as, but not limited to, the availability of direct care nurse staffing or other resources needed for resident care.
This REQUIREMENT is not met as evidenced by:
The facility identified a census of 57 residents. The sample included 15 residents. Based on interviews and record reviews, the facility failed to conduct a thorough facility-wide assessment to determine the resources necessary to care for residents competently during both day-to-day operations and non-routine situations that impact staffing and resident care. This failure placed all

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57 residents residing in the facility at risk for impaired care.

Findings Included:

- An inspection of the "Facility Assessment 2024" dated July 2024 provided by the facility on 12/16/24 revealed the following:
The assessment identified the faciliy had 65 dually certified beds, with an average census of 57. The assessment included a staff compentnenceis tab which listed the skill sets for all depratments. The assessment had a "personnel" tab which stated staff assignment were based on the acuity og the neighborhoods and staffw ere assigned to specific neighborhoofd for icnreased continuity of care.

A review of the entire "Facility Assessment 2024" under all tabs revealed the assessment did not identify the specific staffing levels needed for each unit and identify the number of Registered Nurses (RN), Licensed Nurses (LPN/LVN), Certified Medication Aides (CMA), and Certified Nurse Aides (CNA) needed for each unit, on each shift including weekends.

The assessment lacked an informed contingency plan for events that do not require activation of the facility's emergency plan but have the potential to impact staffing and resident care.

The assessment lacked a plan to maximize recruitment and retention of direct care staff.

The facility provided an additional document for review, the "Bethel Health Care Facility Wide Resource Assessment" dated July 2024. This document also lacked the above information

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F 838	Continued From page 7 (specific staffing level and staffing contingency plan for events that do not meet emergency criteria but still have the ability to impact staffing and resident care). On 12/17/24 at 03:45 PM Administrative Staff A stated the facility assessment was currently what they had gathered and implemented into utilizing the current facility assessment. The facility "Facility Wide Resource Assessment(FWRA)" policy dated 07/31/24 documented that the Bethel Health Care Center FWRA is required by the nursing home Requirements of Participation to identify and analyze Bethels Health Care Center's resident population and identify the personnel, physical plant, environmental and emergencies response resources needed to completely care for the residents during day-to-day operations and emergencies. The FWRA serves as a resource to support decision-making regarding the day-to-day operations and resources to support the operations. The FWRA collects information about the resident population to identify the number of residents; facility capacity; the care required; staff competencies; the ethnic, cultural, and religious aspects of the unique resident population; physical; and personnel resources needed; contractual agreements; health information technology resources; environment; equipment, supplies and other services utilized. Resources are identified and evaluated to ensure that care can be provided to meet resident's needs during day-to-day and emergency operations. The FWRA would be reviewed annually and updated as needed based on changes in the resident population, new types of care and services provided, or new technology, equipment, or other	F 838		

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F 838	Continued From page 8 resources introduced. The facility failed to conduct a thorough, updated facility-wide assessment to determine what resources were necessary to care for residents competently during both day-to-day operations and events that had the potential to impact staffing and resident care. This failure placed all 57 residents residing in the facility at risk for impaired care.	F 838		