STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175403	A. BUILDING _____ B. WING _____	C 06/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHESDA HOME	**408 E MAIN 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) COMPLETION DATE
F 000	INITIAL COMMENTS A complaint survey was conducted regarding the allegations in KS00196064 and KS00195476. The investigation revealed noncompliance was found related to the allegations and the following deficiencies were cited. The 2567 was sent electronically on 06/27/25	F 000		
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: The facility reported a census of 28. The sample included three residents. Based on interview and record review the facility failed to follow physicians' orders for the care of a surgical wound for Resident (R)1. This placed R1 at risk for wound complications and infection. Findings included: - R1's Electronic Medical Record (EMR) documented diagnoses of a fracture (a broken bone) of the right lower leg and a fracture of the right shoulder R1's "Admission Minimum Data Set" (MDS) dated 06/04/25 recorded a Brief Interview for Mental	F 684		

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

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 684	Continued From page 1	F 684		

Status (BIMS) score of 10 indicating moderately impaired cognition. R1 required staff assistance with dressing, grooming, toileting, and showering. The MDS noted R1 had a surgical wound.

R1's "Care Plan" dated 06/05/25 documented R1 had Enhanced Barrier Precautions (EBP-infection control interventions designed to reduce transmission of resistant organisms which employ targeted gown and glove use during high contact care) due to a surgical dressing. The plan directed staff to use gloves and gowns prior to high-contact care activity.

R1's "Physician Orders" dated 06/04/25 ordered to keep the surgical dressing in place: keep the dressing clean and dry until post operative appointment; Call the physician for concerns or questions on surgical site or incision.

A "Nurses Notes" dated 06/01/25 at 03:09 PM documented the dressing on R1's right leg fixator (a device used to stabilize broken bones, particularly in cases of severe fracture) was wet with serous (thin, clear) drainage; the gauze dressing was replaced with clean gauze.

R1's EMR lacked evidence staff notified the surgeon of the drainage and dressing change.

R1's "Nurses Notes" dated 06/02/25 04:27 PM documented R1 continued on skilled services for physical therapy and occupational therapy for fracture of the upper right humerus (arm bone) and an external fixator to the right leg.

A "Nurses Note" dated 06/05/25 at 09:05 PM documented R1 continued skilled services for physical therapy, R1 had a fixator on her right leg.

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F 684	Continued From page 2	F 684		

The note documented R1 was alert and required assistance with activities of daily living (ADL). R1 was non weight bearing on her right arm and right leg. R1 was transferred with a full lift.

A "Nurses Note" dated 06/06/25 at 08:20 AM documented that staff observed a maggot (fly larvae) at the end of the gauze dressing on R1's right leg. The gauze dressing was "dry to damp with yellow tinged drainage on it." Licensed Nurse (LN) G documented she removed around three dozen maggots from around the bottom of the distal fixator rod and out of the wound bed.

A "Nurses Note" dated 06/06/25 at 09:09 AM documented LN G received orders to send R1 to the Emergency Room for an evaluation.

On 06/23/25 at 01:25 PM LN G stated she assessed R1's surgical site on 06/01/25 and noted the dressing was saturated with drainage. LN G said R1's orders directed to keep the dressing clean and dry, so she removed the dressing and replaced the gauze. LN G stated she returned to work on 06/06/25 and when she assessed R1's surgical site, she observed maggots towards the end of the gauze. LN G said she was uncertain how the maggots ended up in R1's surgical site.

On 06/23/25 at 01:35 PM Administrative Nurse D and Administrative Nurse E said R1's orders from the physicians directed staff to keep the surgical dressing placed by the surgeon in place until the follow up appointment with the physician which was in one to two weeks.

On 06/23/25 at 01:50 PM, R1's Durable Power of Attorney (DPOA) indicated she felt the staff

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F 684	Continued From page 3 should have called the surgeon regarding the oozing from the site before changing the dressing because the physician made a comment that he packed the surgical site with antibiotic ointment. On 06/23/25 at 02:50 PM Medical Assistant (GG) stated the surgeon said there was no negative outcome from the maggots in R1's surgical wound. The facility did not provide a policy on following physicians' orders for surgical wound care as requested on 06/24/25.	F 684		