Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N057006	A. BUILDING: _____ B. WING _____	06/02/2025

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) COMPLETE DATE
S 000	INITIAL COMMENTS The following represent the findings of a resurvey for the above named Assisted Living facility conducted on 06/02/25.	S 000		
S 225 SS=D	26-39-102 (a) Admission Policy (a) Each licensee, administrator, or operator shall develop written admission policies regarding the admission of residents. The admission policy shall meet the following requirements: (1) The administrator or operator shall ensure the admission of only those individuals whose physical, mental, and psychosocial needs can be met within the accommodations and services available in the adult care home. (A) Each resident in a nursing facility or nursing facility for mental health shall be admitted under the care of a physician licensed to practice in Kansas. (B) The administrator or operator shall ensure that no children under the age of 16 are admitted to the adult care home. (C) The administrator or operator shall allow the admission of an individual in need of specialized services for mental illness to the adult care home only if accommodations and treatment that will assist that individual to achieve and maintain the highest practicable level of physical, mental, and psychosocial functioning are available. (2) Before admission, the administrator or operator, or the designee, shall inform the prospective resident or the resident ' s legal representative in writing of the rates and charges for the adult care home's services and of the resident's obligations regarding payment. This information shall include the refund policy of the	S 225		

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

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S 225	Continued From page 1 adult care home.(3) At the time of admission, the administrator or operator, or the designee, shall execute with the resident or the resident ' s legal representative a written agreement that describes in detail the services and goods the resident will receive and specifies the obligations that the resident has toward the adult care home. (4) An admission agreement shall not include a general waiver of liability for the health and safety of residents. (5) Each admission agreement shall be written in clear and unambiguous language and printed clearly in black type that is 12-point type or larger. This REQUIREMENT is not met as evidenced by: 0225 26-39-102(a)(3) The facility reported a census of three residents. The sample included three residents. Based on interview, and record review the administrator failed to ensure a written agreement that described in detail the services and goods the resident will receive to include rates and charges was completed for all residents. Findings included: - Review of 3 resident admission agreements on 06/02/25 revealed rates and charges were not included in any of the written agreements.	S 225		

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S 225	Continued From page 2 The "Policy and Procedure Manual" revised 03/2025 documented, "A Functional Capacity Assessment and Negotiated Service Agreement is completed for all individuals entering the ...Assisted Living Unit. This evaluation and agreement will determine ...which level of care the individual will receive and what the charges for that care will be ..." On 06/02/25 at 04:00 PM Administrative Staff A stated each resident received a copy of the Policy and Procedure Manual which listed the daily room rates determined by the level of care the resident required but the signed admission agreement did not specify what the daily room rate the resident was charged at the time of admission. The administrator failed to ensure a written agreement that included rates and charges was completed for all residents upon admission to the facility.	S 225		
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	S3310		

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S3310	Continued From page 3 adopted by reference in K.A.R. 26-39-105 This REQUIREMENT is not met as evidenced by: 3310 KAR 26-41-207(c) The facility reported a census of three residents. Based on record review and interview the administrator failed to ensure the facility was in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings include: - Resident (R)101 admitted to the facility on 02/22/23. Review of medical records revealed R102 did not have an annual TB Symptom Screen Questionnaire completed for 2024 or 2025. On 06/02/25 at 02:22 PM Administrative Nurse B stated a TB Symptom Screen Questionnaire was not completed annually for R101. The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each resident ...shall have an annual TB symptom screen that includes the components of the Tuberculosis Symptom Screen Review Questionnaire." The administrator failed to ensure the	S3310		

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S3310	Continued From page 4 compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. - R102 admitted to the facility on 02/22/24. Review of medical records revealed R102 did not have a TB Symptom Screen Questionnaire completed annually since admitting to the facility. On 06/02/25 at 02:26 PM Administrative Nurse B stated a TB Symptom Screen Questionnaire was not completed annually for R102. The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each resident ...shall have an annual TB symptom screen that includes the components of the Tuberculosis Symptom Screen Review Questionnaire." The administrator failed to ensure the compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. - R103 admitted to the facility on 08/27/12. Review of medical records revealed R103 did not have a TB Symptom Screen Questionnaire completed annually. On 06/02/25 at 02:23 PM Administrative Nurse B stated a TB Symptom Screen Questionnaire was not completed annually for R103. "Each resident ...shall have an annual TB symptom screen that includes the components of the Tuberculosis Symptom Screen Review	S3310		

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S3310	Continued From page 5 Questionnaire." The administrator failed to ensure the compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S3310		