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 _____	06/03/2025

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BETHEL HOUSE	1316 CHARLOTTE STREET WICHITA, KS 67208

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S 000	INITIAL COMMENTS The following represent the findings of a resurvey for the above named Home Plus facility conducted on 06/03/25.	S 000		
S 110 SS=F	26-39-103 (c) NOTICE OF RIGHTS AND SERVICES (c) Notice of rights and services. (1) Before admission, the administrator or operator shall ensure that each resident or the resident's legal representative is informed, both orally and in writing, of the following in a language the resident or the resident ' s legal representative understands: (A) The rights of the resident; (B) the rules governing resident conduct and responsibility; (C) the current rate for the level of care and services to be provided; and (D) if applicable, any additional fees that will be charged for optional services. (2) The administrator or operator shall ensure that each resident or the resident ' s legal representative is notified in writing of any changes in charges or services that occur after admission and at least 30 days before the effective date of the change. The changes shall not take place until notice is given, unless the change is due to a change in level of care. This STANDARD is not met as evidenced by: 0110 KAR 26-39-103(c)(1)(B) The facility reported a census of 10 residents. Based on interview and record review the	S 110		

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

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S 110	Continued From page 1 operator failed to ensure resident (R)101, R102 and R103 were informed, both orally and in writing of the rules governing resident conduct and responsibility. Findings included: - R101 was admitted to the facility on 06/06/24. Review of R101's medical records failed to locate documentation that she was informed of the rules governing resident conduct and responsibility. On 06/03/25 at 04:02 PM Administrative Staff A stated there was nothing in the admission agreement which showed R101 received information containing rules of conduct or resident responsibilities. The operator failed to ensure R101 was informed both orally and in writing of the rules governing resident conduct and responsibility. - R102 was admitted to the facility on 06/30/23. Review of R102's medical records failed to locate documentation that she was informed of the rules governing resident conduct and responsibility. On 06/03/25 at 04:25 PM Administrative Staff A stated there was nothing in the admission agreement which showed R102 received information containing rules of conduct or resident responsibilities. The operator failed to ensure R102 was informed both orally and in writing of the rules governing	S 110		

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S 110	Continued From page 2 resident conduct and responsibility. - R103 was admitted to the facility on 04/17/25. Review of R103's medical records failed to locate documentation that she was informed of the rules governing resident conduct and responsibility. On 06/03/25 at 04:45 PM Administrative Staff A stated there was nothing in the admission agreement which showed R103 received information containing rules of conduct or resident responsibilities. The operator failed to ensure R103 was informed both orally and in writing of the rules governing resident conduct and responsibility.	S 110		
S5055 SS=F	26-42-101 (l) Survey Report l) Survey report and plan of correction. Each administrator or operator shall ensure that a copy of the most recent survey report and plan of correction is available in a common area to residents and any other individuals wishing to examine survey results. This REQUIREMENT is not met as evidenced by: 5055 KAR 26-42-101 (l) The facility reported a census of 10 residents. Based on observation and interview the operator failed to ensure a copy of the most recent survey report was made available in a common area for residents and any other individuals to examine.	S5055		

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S5055	Continued From page 3 Findings included: An observation on 06/03/25 at 12:08 PM revealed the state survey results notebook was located near the front entrance to the facility but it did not have the most current survey results. On 06/03/25 at approximately 12:08 PM Administrative Staff A confirmed the state survey results notebook did not contain the most recent survey results. The operator failed to ensure a copy of the most recent survey results was available in a common area for residents and any other individuals wishing to examine them.	S5055		
S5105 SS=D	26-42-202 (a) Negotiated Service Agreement a) The administrator or operator of each home plus shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service.	S5105		

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S5105	Continued From page 4 This REQUIREMENT is not met as evidenced by: 5105 26-42-202(a)(1) The facility reported a census of 10 residents with three residents included in the sample. Based on observation, interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) was fully developed based on the resident's "Functional Capacity Screen" (FCS), service needs, and preferences for resident (R)103. Findings included: - R103's medical record revealed she moved into the facility on 04/17/25 with a diagnosis of glaucoma. The 04/17/25 FCS identified R103 was marked for falls/unsteadiness and had impaired hearing. The 04/17/25 NSA did not address what services staff provided R103 concerning fall prevention and impaired hearing. On 06/03/25 at 04:35 PM R103 was observed to be in her room. There was a cane beside her as she sat in her chair. R103 had bilateral hearing aids in place in her ears. On 06/03/25 at 04:45 PM Administrative Staff A stated R103's NSA did not address what services staff provided concerning fall prevention or impaired hearing.	S5105		

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S5105	Continued From page 5 The operator failed to ensure R103's NSA was fully developed to include all items that triggered in the FCS.	S5105		
S5130 SS=D	26-42-202 (j) NSA Outside Resources (j) If a resident's negotiated service agreement includes the use of outside resources, the designated staff shall perform the following: (1) Provide the resident, the resident's legal representative, the case manager, and, if agreed to by the resident or resident ' s legal representative, the resident ' s family, with a list of providers available to provide needed services; (2) assist the resident, if requested, in contacting outside resources for services; and (3) monitor the services provided by outside resources and act as an advocate for the resident if services do not meet professional standards of practice. This REQUIREMENT is not met as evidenced by: 5130 KAR 26-42-202(j)(3) The facility reported a census of 10 residents. The sample included three residents. Based on interview and record review the operator failed to ensure designated staff monitored services provided by outside resources for resident (R)101 when nursing staff failed to ensure hospice notes were reviewed and kept in R101's medical records. Findings included:	S5130		

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S5130	Continued From page 6 - R101's medical record revealed she moved into the facility on 06/06/24 with diagnoses of congestive heart failure and chronic obstructive pulmonary disease. The 06/06/24 "Functional Capacity Screen" (FCS) documented R101 required physical assistance with all activities of daily living and staff managed her medications and treatments. The 06/05/24 "Negotiated Service Agreement" (NSA) documented R101 received hospice services. Review of the hospice nursing notes kept in the hospice notebook revealed the last hospice nursing note available in the notebook was dated 08/14/24. On 06/03/25 at 04:02 PM Administrative Staff A confirmed R101's records lacked current hospice nursing documentation. The operator failed to ensure designated staff monitored the services provided to R101 by outside resources.	S5130		
S5210 SS=F	26-42-104 (b) Written Emergency Plan b) Each administrator or operator shall ensure the development of a detailed written emergency management plan to manage potential emergencies and disasters, including the following: (1) Fire; (2) flood; (3) severe weather;	S5210		

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S5210	Continued From page 7 (4) tornado; (5) explosion; (6) natural gas leak; (7) lack of electrical or water service; (8) missing residents; and (9) any other potential emergency situations. This REQUIREMENT is not met as evidenced by: 5210 KAR 26-42-104(b)(5) The facility reported a census of 10 residents. Based on record review and interview for all residents and all facility employees, the operator failed to ensure the disaster and emergency plan include all required items as it failed to include information concerning explosion. Findings included: - On 06/03/25 review of the emergency management plan revealed it did not include information concerning explosion. On 06/03/25 at approximately 05:12 PM Administrative Staff A stated she was unable to locate any information concerning explosion in the facility emergency management plan. The operator failed to ensure the emergency management plan included all the required items.	S5210		
S5230 SS=F	26-42-207 (b)(5)(6) (c) Infection Control Policies	S5230		

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S5230	Continued From page 8 (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; (c) Each administrator or operator shall ensure the home ' 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: 5320 KAR 26-42-207(c) The facility reported a census of 10 residents. Based on interview and record review for three residents and five new employee records, the operator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in KAR 26-39-105. Findings included: - Review of five newly hired staff records revealed the following: Certified Medication Aide (CMA) B's employee record revealed a hire date of 05/01/24. The first step of the two-step TST was read as not positive	S5230		

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S5230	Continued From page 9 on 05/03/24. The second step of the TST was administered on 05/08/24 which was two days early. The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "If the first TST is read as not positive, a second TST shall be administered within 1 to 3 weeks." The operator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in KAR 26-39-105. - Resident (R)101 moved into the facility on 06/06/24. Review of R101's medical record revealed the first step of the two-step TST was read on 06/09/24 and the second step was administered on 06/12/24 four days early. R101's medical records also revealed she was hospitalized between 04/09/25 and 05/05/25. There was no evidence a TB Symptom Screen Questionnaire was completed when she returned to the facility. On 06/03/25 at 04:02 PM Administrative Staff A stated a TB Symptom Screen Questionnaire was not completed after R101 returned from about a week stay at the hospital. The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each resident shall have a TB Symptom Screen Questionnaire completed upon return from a hospitalization...If the first TST is read as not positive, a second	S5230		

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S5230	Continued From page 10 TST shall be administered within 1 to 3 weeks ..." The operator failed to ensure compliance with the department's TB guidelines for adult care homes adopted by reference to K.A.R. 26-29-105. - Resident (R)102 moved into the facility on 06/30/24. Review of R102's medical record revealed the first step of the two-step TST was read on 07/03/24 and the second step was administered on 07/06/24 four days early. On 06/03/25 at 04:25 PM Administrative Staff A stated she was not aware the second step of the two-step TST should be administered one to three weeks after the first step was read as not positive. The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "If the first TST is read as not positive, a second TST shall be administered within 1 to 3 weeks." The operator failed to ensure compliance with the department's TB guidelines for adult care homes adopted by reference to K.A.R. 26-29-105.	S5230		
S5286 SS=D	26-42-205 (b) Administration of Selected Medications (b) Administration of select medications. Any resident who self-administers medication may select some medications to be administered by a licensed nurse or medication aide. The	S5286		

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S5286	Continued From page 11 negotiated service agreement shall reflect this service and identify who is responsible for the administration and management of selected medications. This REQUIREMENT is not met as evidenced by: 5286 KAR 26-42-205(b) The facility reported a census of 10 residents. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) for residents (R)103 identified the responsible person for administration and management of selected medications. Findings included: -R103's medical record revealed she moved into the facility on 04/17/25 with a diagnosis of glaucoma. The 04/17/25 "Functional Capacity Screen" (FCS) documented R103 required total assistance with medication administration. The 04/17/25 "Negotiated Service Agreement" (NSA) documented staff administered R103's medications and R103 self-administered some medications but the NSA did not identify which medications R103 self-administered. On 06/03/25 at 04:35 PM R103 stated staff administered all of her medications but she	S5286		

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S5286	Continued From page 12 administered her own eyedrops. On 06/03/25 at 04:45 PM Administrative Staff A stated R103's NSA did not identify that R103 self-administered her own eye drops. The operator failed to ensure the NSA identified the responsible person for administration and management of R102's eyedrops.	S5286		
S5313 SS=F	26-42-205 (g) (3) Over the counter medication (g) (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container. This REQUIREMENT is not met as evidenced by: 5313 KAR 26-42-205(g)(3) The facility reported a census of 10 residents. Based on observation the operator failed to ensure a licensed pharmacist or licensed nurse placed the full name of the resident on the original package of over-the-counter medications	S5313		

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S5313	Continued From page 13 (OTC). Findings included: - Observation on 06/03/24 at 12:17 PM of the medication cart revealed the following OTC medications that were not labelled with the resident's full name: Resident (R)103: One bottle of Equate Pain Reliever R104: Two bottles of Bausch and Lomb Preservision AREDS 2 One bottle of CranRich Cranberry supplement R105: One bottle of Spring Valley Calcium 600 milligrams (mg.) Observation of the overflow medication cart contained the following: R105: One bottle of Spring Valley Magnesium The operator failed to ensure all over-the-counter medications were labeled with the resident's full name.	S5313		