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 _____	01/07/2026

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 complaints 189081, 189392, 191660, 197679, 197680, and 197564 at the above named Assisted Living conducted on 01/05/26, 01/06/26 and 01/07/26.	S 000		
S3085 SS=D	26-41-202 (a) Negotiated Service Agreement (a) The administrator or operator of each assisted living facility or residential health care facility 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. This REQUIREMENT is not met as evidenced by: 3085 KAR 26-41-202(a)(1) The facility reported a census of 33 residents with three residents included in the sample. Based on interview, and record review the	S3085		

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

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S3085	Continued From page 1 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)104. Findings included: - R104's medical record revealed she moved into the facility on 01/07/22 with a diagnosis of dementia. The 08/11/25 FCS identified R104 was assessed to be only sometimes understandable and wandered. The 08/19/25 NSA did not identify what services staff provided to ensure R104 was understood. The NSA identified R104 utilized a wander monitoring system but failed to identify what staff did to ensure this monitoring system functioned as intended. On 01/07/26 at 11:33 AM Administrative Nurse B confirmed R104's NSA did not address what services staff provided concerning R104's communication deficits and what staff did to ensure the placement and functionality of the wander management system. The operator failed to ensure R104's NSA was fully developed to include all items that triggered on the FCS, her service needs, and preferences.	S3085		
S3211 SS=E	26-41-205 (g) (3) OVER THE COUNTER DRUGS	S3211		

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S3211	Continued From page 2 (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: 3211 KAR 26-41-205 (g)(3) The facility reported a census of 33 residents. Based on observation and interview 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 (OTC) medications for seven residents. Findings included: - Observation on 01/05/26 at 11:55 AM of the "Legacy" medication cart revealed the following OTC medications not labelled with the full name of the resident: One bottle of Leader-brand Extra Strength Acetaminophen One bottle of Nature Made Fish Oil 1200 mg.	S3211		

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S3211	Continued From page 3 One bottle of Member's Mark Advanced Eye Health Complex One Spring Valley Vitamin D3 Observation on 01/05/26 at 12:10 PM of the "Ekdahl" medication cart revealed the following OTC medications not labelled with the full name of the resident: One bottle of Miralax One bottle of Best Choice Regular Strength Pain Relief One bottle of Nature's Blend Cranberry Concentrate 500 milligrams One bottle of PreserVison AREDS2 One bottle of Timely Regular Strength Pain Reliever One bottle of Member's Mark Low Dose Aspirin Two bottles of Spring Valley B50 complex On 01/05/26 at 12:05 PM Administrative Staff A confirmed these medication containers were not labeled with the full name of the resident. The operator failed to ensure all OTC medications were labeled by a pharmacist or licensed nurse with the resident's full name.	S3211		
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	S3280		

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S3280	Continued From page 4 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. This REQUIREMENT is not met as evidenced by: 3280 KAR 26-41-104(d)(3) The facility reported a census of 33 residents. Based on record review and interview for all residents and all facility employees, the operator failed to ensure disaster and emergency preparedness by ensuring performance of quarterly review of the facility's emergency management plan with employees and residents. Findings included: - On 01/05/26 review of documentation provided for quarterly reviews of the emergency management plan lacked evidence a review was completed with residents the 3rd and 4th quarters of 2024 and the 3rd quarter of 2025 and there was no evidence of quarterly reviews with employees were completed for 2024 or 2025. On 01/05/26 at 03:45 PM Administrative Staff A stated she was unable to locate quarterly	S3280		

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S3280	Continued From page 5 reviews for 2024 or for the 3rd quarter 2025 and could not produce evidence quarterly reviews with employees were completed. The operator failed to ensure the completion of quarterly reviews the emergency management plan with employees and residents.	S3280		
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: 3310 KAR 26-41-207(c) The facility reported a census of 33 residents. Based on record review and interview the operator failed to ensure the facility was in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by	S3310		

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S3310	Continued From page 6 reference in K.A.R. 26-39-105. Findings include: - Resident (R)103 admitted to the facility on 09/25/24. Review of medical records revealed R103 did not have a TB Symptom Screen Questionnaire completed upon admission. On 01/07/26 at 11:55 AM Administrative Nurse B confirmed there was no evidence a TB symptom screen questionnaire was completed for R102 upon admission to the facility. The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each new resident ...shall have an initial TB Symptom Screen Review Questionnaire within 7 days of residency..." The operator 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. - Review of five newly hired employee files revealed the following: "Certified Medication Aide" (CMA) C was hired on 10/09/25 but did not have a TB Symptom Screen Questionnaire completed or the first step of the two-step TB skin test (TST) administered within seven days of the date of hire. "Certified Nurse Aide" (CNA) D was hired on	S3310		

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S3310	Continued From page 7 09/18/25 but did not have a TB Symptom Screen Questionnaire completed or the first step of the two-step TST administered within seven days of the date of hire. CMA E was hired on 07/14/25 but did not have a TB Symptom Screen Questionnaire completed or the first step of the two-step TST administered within seven days of the date of hire. On 01/06/25 at 04:41 PM Administrative Staff A confirmed three of five newly hired staff reviewed did not have their TB Symptom Screen Questionnaire completed or their two-step TST administered within seven days of being hired. The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each new ...employee shall have an initial TB symptom screen ...within 7 days of...employment ...Each new ...employee shall receive a two-step TST ...within 7 days of ...employment ..." The operator 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		