Kansas State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N040001	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/22/2026

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

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S0000	INITIAL COMMENTS The following represent the findings of a resurvey for the above named Assisted Living facility conducted on 04/21/26 and 04/22/26.	S0000		
S3085 SS = E	Negotiated Service Agreement CFR(s): 26-41-202 (a) (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 LICENSURE REQUIREMENT is NOT MET as evidenced by: 3085 KAR 26-41-202(a)(1) The facility reported a census of 25 residents with three residents included in the sample. Based on 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)101 and R103. Findings included:	S3085		

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

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S3085 SS = E	Continued from page 1 - R101's medical record revealed he moved into the facility on 11/21/23 with a diagnosis of chronic kidney disease. The 12/31/25 FCS identified R101 was at risk for falls and unsteadiness. The 12/31/25 NSA did not address what services staff provided R101 concerning his risk for falls and unsteadiness. On 04/22/26 at 02:42 PM Administrative Nurse A confirmed R101's NSA did not address what services staff provided concerning falls and unsteadiness. The operator failed to ensure R101's NSA was fully developed to include all items that triggered on the FCS, his service needs, and preferences. - R103's medical record revealed she moved into the facility on 03/19/26 with a diagnosis of Parkinson's Disease. The 03/19/26 FCS identified R103 required physical assistance with management of medical treatments. The 03/19/26 NSA did not address what services staff provided R103 concerning management of her medical treatments. On 04/22/26 at 02:29 PM Administrative Nurse A confirmed R103's NSA did not address management of medical treatments. The operator failed to ensure R103's NSA was fully developed to include all items that triggered on the FCS, her service needs, and preferences.	S3085		
S3186 SS = E	Administration of Selected Medications CFR(s): 26-41-205 (b) (b) Administration of select medications. Any resident who self-administers medication may select some	S3186		

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S3186 SS = E	Continued from page 2 medications to be administered by a licensed nurse or medication aide. The negotiated service agreement shall reflect this service and identify who is responsible for the administration and management of selected medications. This LICENSURE REQUIREMENT is NOT MET as evidenced by: 3186 KAR 26-41-205(b) The facility reported a census of 25 residents. The sample included three residents. Based on interview and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) for Resident (R)101 and R102 identified the responsible person for administration and management of selected medications. Findings included: -R101's medical record revealed he moved into the facility on 11/21/23 with a diagnosis of chronic kidney disease. The 12/31/25 NSA documented staff administered R101's medications. The NSA did not identify that R101 self-administered his ketoconazole cream, triamcinolone cream, Tylenol, bacitracin ointment, loperamide, Refresh Tears ophthalmic solution, hydrocortisone cream, Pepto-Bismol, dorzolamide-timolol ophthalmic solution, and latanoprost ophthalmic solution. On 04/22/26 at 02:19 PM R101 stated staff administered most of his oral medications but he self-administered his own eyedrops, creams and had some Tylenol that he self-administered. On 04/22/26 at 02:42 PM Administrative Nurse A acknowledged R101's NSA did not address what medication he self-administered. The operator failed to ensure R101's NSA identified who was responsible for administration and management of selected medications. -R102's medical record revealed he moved into the facility on 01/17/23 with a diagnosis of diabetes mellitus.	S3186		

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S3186 SS = E	Continued from page 3 The 02/19/26 NSA documented staff administered R102's medications. The NSA did not identify that R102 self-administered his Tylenol PM, Lantus insulin, Imodium A-D, antifungal foot cream, Humalog insulin, nitroglycerin, acetaminophen and Systane Ultra ophthalmic solution. On 04/22/26 at 01:25 PM R102 stated that he self-administered his own insulin and some as needed medications like Tylenol, but staff brought him the rest of his medications. On 04/22/26 at 02:56 PM Administrative Nurse A acknowledged that R102's NSA did not identify which select medications were administered by the resident and which were administered by staff. The operator failed to ensure R102's NSA identified who was responsible for administration and management of selected medications.	S3186		
S3211 SS = E	OVER THE COUNTER DRUGS CFR(s): 26-41-205 (g) (3) (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 LICENSURE REQUIREMENT is NOT MET as evidenced by: 3211 KAR 26-41-205 (g)(3) The facility reported a census of 25 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 medications" (OTC) for a total of six containers of medications that were not labeled.	S3211		

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S3211 SS = E	Continued from page 4 Findings included: - Observation of the medication cart on 04/21/26 at 01:34 PM revealed the following OTC medications that were not labeled with a resident's full name: One bottle of PreserVision AREDS 2 One bottle of Kroger Health Aspirin 325 milligrams (mg.) One bottle of Nature Made Calcium 500 mg. One bottle of Walgreens Vitamin D3 Observation of the overflow medication cabinet revealed the following OTC medications that were not labeled with a resident's full name: Two bottles of Equate Allergy Relief On 04/21/26 at 04:30 PM Administrative Nurse A acknowledged the OTC medications should have labeled with a resident's full name. The 02/24/16 "Medications Administration, Storage, and Misc. Medication Administration General Guidelines" policy documented, "all OTC medications received in Assisted Living must be labeled with the resident's full name..." The operator failed to ensure all OTC medications were labeled with the resident's full name.	S3211		
S3310 SS = F	Infection Control Policies CFR(s): 26-41-207 (b) (5-6) (c) (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	S3310		

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S3310 SS = F	Continued from page 5 facility ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 This LICENSURE REQUIREMENT is NOT MET as evidenced by: 3310 KAR 26-41-207(c) The facility reported a census of 25 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 K.A.R. 26-39-105. Findings included: - Review of five newly hired employee files revealed the following: "Licensed Nurse" (LN) B had a hire date of 03/13/25. Based on employee records provided by the "Human Resource" (HR) department, LN B did not have a TB Symptom Screen Questionnaire completed until 05/03/25 which was 37 days past due. The HR department provided documentation of a two-step TB skin test (TST) completed at a different facility dated 06/09/20 and did not administer a two-step TST upon hire. "Dietary Staff" C had a hire date of 05/07/25. The HR department provided documentation that a TB symptom screening questionnaire was completed on 11/23/24 but not at the time of hire. Documentation was provided for a two-step TST administered on 10/24/25 which was 136 days late. 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		