

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175402	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/18/2024
NAME OF PROVIDER OR SUPPLIER Bethel Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3000 Ivy Drive North Newton, KS 67117	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>26768</p> <p>The facility had a census of 57 residents. Based on observation, interview, and record review the facility failed to store food in a safe, sanitary manner to prevent contamination or spoilage in the main food preparation kitchen and the storage building with the walk-in refrigeration units. This placed the 57 residents of the facility at risk for food-borne illness.</p> <p>Findings included:</p> <p>- On 12/16/24 at 08:52 AM, observation of the facility's walk-in refrigerator revealed a crate of grapes on the floor and the walk-in freezer had an opened box with two pies, two boxes of chicken breasts, and a large flat box of strawberries, all on the floor.</p> <p>On 12/16/24 (Monday) at 9:02 AM, Dietary Staff (DS) CC verified the boxes of food delivered by Sysco on the previous Friday were still stored on the floor of the walk-in refrigerator and freezer.</p> <p>On 12/16/24 at 09:10 AM, observation revealed the freezer in the kitchen, labeled for healthcare use, contained the following opened, undated foods:</p> <p>Two bags of frozen peach slices</p> <p>One bag of mango cubes</p> <p>One bag of French fries</p> <p>One bag of frozen potato slices</p> <p>One bag of ham cubes</p> <p>Four buckets of ice cream</p> <p>On 12/16/24 at 09:15 AM, DS DD verified the undated bags of food in the kitchen refrigerator.</p> <p>On 12/17/24 at 11:30 AM, DS EE verified boxes of food should not be on the bare floor. He stated staff tried to put away the deliveries after meals or whenever they could.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 12/17/24 at 01:00 PM, DS FF verified the delivery people sometimes left boxes of food on the floor and staff would put the items in the appropriate place after the meal was served.</p> <p>On 12/17/24 at 16:40 PM, Consultant GG verified staff were not to store boxes of food items on the floor and were to date food packages when opened. She verified Sysco delivered food on Tuesdays and Fridays.</p> <p>The facility's Food Storage policy, dated 04/23/24, stated sufficient storage facilities would be provided to keep foods safe. Food would be stored in an area that was clean, dry, and free from contaminants. Food would be stored at appropriate temperatures and by methods to prevent contamination. Dry storage rooms must be well-ventilated and illuminated with adequate temperature and humidity controls to prevent condensation of moisture and the growth of mold. Food items would be stored on shelves. Food should be stored a minimum of six inches above the floor and 18 inches from the ceiling. All foods should be covered, labeled, and dated routinely to assure that foods would be consumed by their use dates, frozen, or discarded. Frozen foods should be covered, labeled, and dated.</p> <p>The facility failed to store food in a safe, sanitary manner to prevent contamination or spoilage. This placed the 57 residents of the facility at risk for food-borne illness.</p>

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<p>F 0838</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations and emergencies.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27168</p> <p>The facility identified a census of 57 residents. The sample included 15 residents. Based on interviews and record reviews, the facility failed to conduct a thorough facility-wide assessment to determine the resources necessary to care for residents competently during both day-to-day operations and non-routine situations that impact staffing and resident care. This failure placed all 57 residents residing in the facility at risk for impaired care.</p> <p>Findings Included:</p> <p>- An inspection of the Facility Assessment 2024 dated July 2024 provided by the facility on 12/16/24 revealed the following:</p> <p>The assessment identified the facility had 65 dually certified beds, with an average census of 57. The assessment included a staff competence tab which listed the skill sets for all departments. The assessment had a personnel tab which stated staff assignment were based on the acuity of the neighborhoods and staff were assigned to specific neighborhoods for increased continuity of care.</p> <p>A review of the entire Facility Assessment 2024 under all tabs revealed the assessment did not identify the specific staffing levels needed for each unit and identify the number of Registered Nurses (RN), Licensed Nurses (LPN/LVN), Certified Medication Aides (CMA), and Certified Nurse Aides (CNA) needed for each unit, on each shift including weekends.</p> <p>The assessment lacked an informed contingency plan for events that do not require activation of the facility's emergency plan but have the potential to impact staffing and resident care.</p> <p>The assessment lacked a plan to maximize recruitment and retention of direct care staff.</p> <p>The facility provided an additional document for review, the Bethel Health Care Facility Wide Resource assessment dated [DATE]. This document also lacked the above information (specific staffing level and staffing contingency plan for events that do not meet emergency criteria but still have the ability to impact staffing and resident care).</p> <p>On 12/17/24 at 03:45 PM Administrative Staff A stated the facility assessment was currently what they had gathered and implemented into utilizing the current facility assessment.</p> <p>(continued on next page)</p>

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<p>F 0838</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The facility Facility Wide Resource Assessment(FWRA) policy dated 07/31/24 documented that the Bethel Health Care Center FWRA is required by the nursing home Requirements of Participation to identify and analyze Bethels Health Care Center's resident population and identify the personnel, physical plant, environmental and emergencies response resources needed to completely care for the residents during day-to-day operations and emergencies. The FWRA serves as a resource to support decision-making regarding the day-to-day operations and resources to support the operations. The FWRA collects information about the resident population to identify the number of residents; facility capacity; the care required; staff competencies; the ethnic, cultural, and religious aspects of the unique resident population; physical; and personnel resources needed; contractual agreements; health information technology resources; environment; equipment, supplies and other services utilized. Resources are identified and evaluated to ensure that care can be provided to meet resident's needs during day-to-day and emergency operations. The FWRA would be reviewed annually and updated as needed based on changes in the resident population, new types of care and services provided, or new technology, equipment, or other resources introduced.</p> <p>The facility failed to conduct a thorough, updated facility-wide assessment to determine what resources were necessary to care for residents competently during both day-to-day operations and events that had the potential to impact staffing and resident care. This failure placed all 57 residents residing in the facility at risk for impaired care.</p>		