STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175403	A. Building B. Wing	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bethesda Home	408 E Main Goessel, KS 67053

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. 27168 The facility had a census of 27 residents. The sample included 12 residents. Based on observation, record review, and interview, the facility failed to adhere to infection control for enhanced barrier precautions (EBP - an infection control intervention designated to reduce transmission of resistant organisms that employs targeted gown and glove used during high contact resident care activities) for Resident (R) 2 who had a pressure ulcer (localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear and/or friction). This placed the resident at risk for possible exposure of infection. Findings included: - On 03/11/25 at 11:30 AM observation revealed License Nurse (LN) G and Administrative Nurse E entered the room of R2, who was sitting in a recliner in her room with both feet elevated. Observation revealed LN G removed the resident's Ankle-foot orthosis (AFO - an external device fitted to the body, used to: improve or prevent physical deformity. Stabilizes a joint or joints, reduces pain, and improves mobility and performance) splint from her right lower leg. Observation revealed Administrative Nurse E washed her hands and removed R2's sock and the resident had a dressing on her right heel and, a pressure ulcer. Continued observation revealed Administrative Nurse E washed her hands then donned gloves but no gown, removed the border foam dressing from the right heel, and a collagen packing on the heel wound area. Continued observation revealed the resident's right heel area was covered with pink skin and no open areas or drainage were noted at this time. LN G instructed Administrative Nurse E to change the treatment plan and use skin prep on the wound area then cover the wound with border foam dressing. Administrative Nurse E proceeded with the new treatment order and then put the resident's sock and AFO splint on R2's right leg. On 03/11/25 at 03:00 PM, Administrative Nurse D verified the staff should wear PPE for EBP when providing care for R2. They verified they lacked PPE equipment or a sign on the door that indicated the staff should wear PPE when providing R2's wound care. Administrivia Staff D stated this slipped through the cracks. Administrative Nurse D verified she would post the necessary signage on the resident's door regarding the use of PPE for a resident on TBP. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The facility's Enhanced Barrier Precautions policy, dated January 2025, documented the facility would follow recommendations and guidance from the Centers for Disease Control in order to keep all residents safe from Healthcare Acquired Infections (HAI). Multidrug-resistant organisms (MDRO) transmission is common in skilled nursing facilities, contributing to substantial resident morbidity and increased healthcare costs. On the recommendation and approval of the facility Infection Preventionist in collaboration with the facility's Medical Director, EBP were implemented as one intervention the facility uses to reduce transmission of resistant organisms that employ targeted PPE use during high-contact resident care activities. Standard Precautions continue to apply to the care of all residents, regardless of suspected or confirmed infection or colonization status. EBP is used in conjunction with standard precautions and expanded the use of PPE to donning of gown and gloves during high contact resident care activities that provide opportunities for transfer of MDRO's to staff hands and clothing. ENBP expands PPE use beyond standard precautions when there is anticipated exposure to bold or body fluid. Gown and gloves are used during high-contact activities with increased risk for MDRO transmission to staff clothing and hands including but not limited to dressings, bathing/showering, transferring, providing hygiene, and changing linens. Changing briefs or assisting with toileting, device care, or use including central lines catheters, feeding tubes, tracheostomy/ventilators, wound care, and skin opening requiring a dressing. The facility failed to adhere to infection control standards and policies for R2 who required TBP. This placed the resident at risk for possible exposure to illness.