

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  175507	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/25/2025
NAME OF PROVIDER OR SUPPLIER  Bethany Home Association		STREET ADDRESS, CITY, STATE, ZIP CODE 321 N Chestnut Street Lindsborg, KS 67456	

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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>The facility identified a census of 73 residents. Based on observation, record review, and interview, the facility failed to provide consistent Registered Nurse (RN) coverage for eight consecutive hours a day, seven days a week. This placed all the residents who resided in the facility at risk of a lack of assessment and inappropriate care.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- A review of the facility's submitted Payroll Based Journal (PBJ) documented the facility had triggered for the Fiscal Year second quarter (January 1, 2025, to March 31, 2025) for four or more days within the quarter with no RN coverage for eight consecutive hours.</li> </ul> <p>Upon review of the facility's working schedule and daily posted staffing revealed that no accounted RN hours were posted for two days (04/27/25 and 05/11/25).</p> <p>The facility was not able to provide documentation for the two missing days of RN coverage as requested on 06/25/25.</p> <p>On 06/25/25 at 12:00 PM, Administrative Staff A stated the facility should not have any days without eight hours of consecutive RN coverage. Administrative Staff A stated he would provide supporting documentation, and if he could not find the supporting documentation, then the facility would get the deficient practice fixed.</p> <p>The facility lacked a policy regarding providing consistent RN coverage for eight consecutive hours a day, seven days a week.</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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