

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>175402</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/24/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BETHEL HEALTH CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>3000 IVY DRIVE NORTH NEWTON, KS 67117</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>The facility reported a census of 59 residents, with four residents sampled. Based on observation, interview and record review, the facility failed to prevent cross contamination for one of four residents, Resident (R) 1 when staff failed to prevent a urinary catheter (insertion of a catheter into the bladder to drain urine into a collection bag) collection bag from lying on the floor without a barrier. Findings included: - The Physician order [REDACTED]. The significant change Minimum Data Set (MDS), dated [DATE], documented the resident had a Brief Interview for Mental Status (BIMS) score of 9, indicating she had moderate cognitive impairment. She had an indwelling urinary catheter (insertion of a catheter into the bladder to drain the urine into a collection bag) and required extensive assistance of two staff for toileting. The Urinary Incontinence and Indwelling Catheter Care Area Assessment (CAA), dated 12/03/2019, documented the resident had an indwelling catheter in place due to [MEDICAL CONDITION]. The quarterly MDS, dated [DATE], documented the resident had a BIMS score of 6, indicating she had severe cognitive impairment. She had an indwelling urinary catheter and required total assistance of two staff for toileting. The Activities of Daily Living (ADL) care plan, dated 04/30/2020, documented the resident required assistance of two staff for ADLs. On 06/24/2020 at 09:28 AM, the resident sat in her wheelchair in her room. The urinary catheter collection bag lay directly on the floor without a barrier. On 06/24/2020 at 10:31 AM, Certified Nurse Aide (CNA) M, stated she had gotten the resident up that morning. CNA M stated the collection bag should not lie directly on the floor. On 06/24/2020 at 02:05 PM, Administrative Nurse D stated the resident's catheter collection bag should not have rested directly on the floor. The facility's policy for Daily Urinary Catheter Change, undated, documented staff were to make sure the catheter tubing and drainage bag were kept off of the floor. The facility failed to prevent cross contamination when staff failed to keep the urinary catheter collection bag from coming into direct contact with the floor.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

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.