

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/27/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345146</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/05/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BETHANY WOODS NURSING AND REHABILITATION CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>33426 OLD SALISBURY ROAD BOX 1250 ALBEMARLE, NC 28002</b>
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F 000	INITIAL COMMENTS  Complaints were investigated during the unannounced recertification and complaint survey 2/2/15 - 2/5/15. There were no deficiencies cited as a result of the complaint investigations. Event ID # VW5011.	F 000		
F 156 SS=B	483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES  The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing.  The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5) (i)(A) and (B) of this section.  The facility must inform each resident before, or at the time of admission, and periodically during	F 156		2/22/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE <b>02/20/2015</b>
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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.

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F 156	<p>Continued From page 1</p> <p>the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.</p> <p>The facility must furnish a written description of legal rights which includes: A description of the manner of protecting personal funds, under paragraph (c) of this section;</p> <p>A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels.</p> <p>A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.</p> <p>The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.</p>	F 156			

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F 156	Continued From page 2  The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.  This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to provide written liability of payment and/or appeals notices 48 hours in advance for 3 of 3 residents (resident #137, resident #92 and resident #86) reviewed for liabilities. The findings included:  Example 1. A review of the Notice of Medicare Provider Non-Coverage for resident #137 revealed the effective date on which coverage of nursing services ended was 9/20/14. The resident ' s authorized representative signed the document on 9/20/14. A review of the Skilled Nursing Facility Advance Beneficiary Notice dated 9/19/14 revealed the resident ' s authorized representative signed the document on 9/20/14.  An interview was conducted with Administrative Staff #1 on 2/5/15 at 10:13 AM. She stated she notified the authorized representative for resident #137 by phone three days prior to expiration of benefits. She stated she did not make a written record of the verbal notification. She was not aware she was expected to make a written record of verbal notifications of expiration of benefits.	F 156	Bethany Woods Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance.  Bethany Woods Nursing and Rehabilitation Center's response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Bethany Woods Nursing and Rehabilitation Center reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding.  F156		

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F 156	<p>Continued From page 3</p> <p>Example 2. A review of the Notice of Medicare Provider Non-Coverage for resident #92 revealed the effective date on which coverage of nursing services ended was 9/3/14. The resident signed the document on 9/3/14. A review of the Skilled Nursing Facility Advance Beneficiary Notice dated 9/3/14 revealed the resident signed the document on 9/3/14.</p> <p>An interview was conducted with Administrative Staff #1 on 2/5/15 at 10:13 AM. She stated she notified resident #92 three days prior to expiration of benefits. She stated she did not make a written record of the verbal notification. She was not aware she was expected to make a written record of verbal notifications of expiration of benefits.</p> <p>Example 3. A review of the Notice of Medicare Provider Non-Coverage for resident #86 revealed the effective date on which coverage of nursing services ended was 8/30/14. The resident ' s authorized representative signed the document on 8/30/14. A review of the Skilled Nursing Facility Advance Beneficiary Notice dated 8/30/14 revealed the resident ' s authorized representative signed the document on 8/30/14.</p> <p>An interview was conducted with Administrative Staff #1 on 2/5/15 at 10:13 AM. She stated she notified the authorized representative for resident #86 by phone three days prior to expiration of benefits. She stated she did not make a written record of the verbal notification. She was not aware she was expected to make a written record of verbal notifications of expiration of benefits.</p>	F 156	<p>On 2/9/2015 a written record for resident #137 was made documenting that a verbal notification of expiration of benefits was made to the authorized representative on 9/17/14.</p> <p>On 2/9/2015 a written record for resident #92 was made documenting that a verbal notification of expiration of benefits was made to the authorized representative on 9/1/2015.</p> <p>On 2/9/2015 a written record for resident #86 was made documenting that a verbal notification of expiration of benefits was made to the authorized representative on 8/27/2014.</p> <p>An audit was started on 2/17/2015 by Minimum Data Set (MDS) nurses of all residents who's Medicare A benefits had expired back to 11/5/14 to ensure that documentation of verbal notification had been given for expiration of benefits. All areas found were immediately followed up with a written record of verbal contact. The results of the audit indicated 11 of 11 residents needed a written record of verbal notification of expiration of benefits.</p> <p>On 2/17/2015 the Administrator in-serviced the MDS nurses on the new "Medicare A converge Change Notification Form" to be used permanently as a written record of Verbal Notification of Expiration of Benefits to ensure proper notification of 2 days is given to all authorized representatives of residents</p>		

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F 156	Continued From page 4	F 156	<p>with Medicare A coverage changes. If facility is unable to contact authorized representative by phone, a copy of "Medicare A converge Change Notification Form" will be sent to authorized representative and will be documented as such on the written record of Verbal Notification of Expiration of Benefits .</p> <p>On 2/17/2015 The Administrator in-serviced the Director of Nursing (DON) and Assistant Director of Nursing (ADON) on the new "Quality Improvement (QI) Advance Beneficiary Notice Monitoring Log" to be used to verify that proper and timely notification is given to all authorized representatives of resident with Medicare A coverage changes.</p> <p>The administrative team will meet 5x weekly permanently to review all Medicare A resident's days. When a "Last Covered Day" date is set for a resident who is no longer covered by Medicare A benefits, their name will be entered on the "QI Advance Beneficiary Notice Monitoring Log" to ensure that the resident is given proper and timely notification of coverage changes.</p> <p>The Administrator and/or DON and/or ADON will monitor all Medicare A residents for "last Day of Coverage" during the facilities Medicare Meeting 3x weekly for the next 3 months using the "QI Advance Beneficiary Notice Monitoring Log" to ensure proper and timely notifications have been given to the</p>		

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F 156	Continued From page 5	F 156	authorized representative when a resident is identified as having a Medicare A changes in coverage.		
F 371 SS=E	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by: Based on record reviews, staff interviews and observations, the facility failed to contain facial hair with a beard guard and to contain exposed hair with a hair net for one of one kitchen staff (kitchen staff #2). The facility failed to label one plastic bin containing tartar sauce, one plastic bin containing jelly, one plastic bin containing salad dressing and one plastic bin containing mustard with the date the bins were filled for four of four condiment bins located in dry storage. The facility failed to discard mustard by best date used by, for one of one boxes of mustard. The facility</p>	F 371	<p>The Administrator and/or DON will bring the "QI Advance Beneficiary Notice Monitoring Log" to the QI Executive Committee for recommendations, take actions as appropriate, and to monitor continued care plans in this area.</p> <p>On 2/4/15 exposed hair was immediately put under hair net and facial hair was immediately covered with hairnet until beard guards arrived within 1 1/2 hours of initial observation.</p> <p>On 2/2/15 all plastic bins and contents were discarded by Dietary Management.</p> <p>On 2/2/15 the unopened box of mustard was discarded by Dietary Management.</p>	2/22/15	

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F 371	<p>Continued From page 6</p> <p>failed to discard two unopened boxes of thick it puree carrot and pea puree and one unopened box of thick and easy instantized pasta per facility protocol for three of three boxes in dry storage. The findings included:</p> <p>Example #1. A review of the policy entitled Personal Hygiene dated August 2013 revealed the kitchen staff was expected to wear beard guards if required by the local county regulations.</p> <p>Kitchen Staff #2 was observed working in the kitchen on 2/4/15 at 9:15 AM. Kitchen Staff #2 was observed to have uncovered facial hair.</p> <p>An interview was conducted with Administrative Staff #2 on 2/4/15 at 9:40 AM. She stated the kitchen staff was expected to cover facial hair with a beard guard while in the kitchen.</p> <p>Example #2. A review of the policy entitled Personal Hygiene dated August 2013 revealed the kitchen staff was expected to wear head coverings that covered their entire head while in the kitchen.</p> <p>Kitchen Staff #2 was observed working in the kitchen on 2/4/15 at 9:15 AM. Kitchen Staff #2 was observed to have braids of hair not covered with a hair net.</p> <p>An interview was conducted with Administrative Staff #2 on 2/4/15 at 9:40 AM. She stated the kitchen staff was expected to cover all of their hair with a hair net while in the kitchen.</p> <p>Example #3. A review of the policy entitled Food Storage dated August 2014 was conducted. The policy stated " When the foods are stored in a</p>	F 371	<p>On 2/2/15 two unopened boxes of thick it puree carrots and pea puree were discarded by Kitchen Manager.</p> <p>On 2/2/15 one unopened box of thick and easy instantized pasta was discarded by Kitchen Manager.</p> <p>The dry storage area was inspected on 2/2/15 by Dietary Management to assure no stored food was out of date.</p> <p>All staff reporting to work on 2/4/15 were in-serviced on wearing head coverings and beard guards before entering the kitchen area by Dietary Management and Administrator.</p> <p>On 2/4/15 Dietary Management began in-servicing staff on proper use of hairnets and beard guards to completely cover entire head of hair and entire beard/mustache.</p> <p>On 2/5/15 the Dietary Manager in-serviced all staff on condiment usage before expiration or Best Used By date and that the department will operate out of the original container the food was shipped in to ensure proper dating.</p> <p>On 2/5/15 the Dietary Manager in-serviced staff that department was no longer using plastic containers in the dry storage area.</p> <p>On 2/5/15 the Dietary Manager in-serviced staff on checking dates of canned goods and food in dry storage are</p>	

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F 371	<p>Continued From page 7</p> <p>container other than the original container, the container will be labeled with the name of the product and an incoming, wash and fill date. "</p> <p>An observation of one undated plastic bin containing 50- 3/4 ounce containers of tartar sauce in dry storage was made on 2/2/15 at 11:05 AM.</p> <p>An interview was conducted with Administrative Staff #2 on 2/3/15 at 2:46 PM. She stated the staff was expected to label the bin with the date it was filled with the tartar sauce.</p> <p>Example #4. A review of the policy entitled Food Storage dated August 2014 was conducted. The policy stated " When the foods are stored in a container other than the original container, the container will be labeled with the name of the product and an incoming, wash and fill date. "</p> <p>An observation of one plastic bin dated 9/21/14 containing 200- 3/8 ounce containers of sugar free grape, strawberry and apple jelly in dry storage was made on 2/2/15 at 11:05 AM.</p> <p>An interview was conducted with Administrative Staff #2 on 2/3/15 at 2:46 PM. She stated the staff was expected to label the bin with the date it was filled with the sugar free jelly.</p> <p>Example #5. A review of the policy entitled Food Storage dated August 2014 was conducted. The policy stated " When the foods are stored in a container other than the original container, the container will be labeled with the name of the product and an incoming, wash and fill date. "</p> <p>An observation of one plastic bin dated 8/20/14</p>	F 371	<p>on a daily basis and discarding any foods past expiration date.</p> <p>The Dietary Manager will inspect the dry storage area for outdated food daily for 4 weeks then weekly for 3 months utilizing a "Dry Storage Check" Quality Improvement (QI) Audit Tool. Upon identification of any potential concerns the Administrator will be notified and additional in-servicing and or corrective measures including disciplinary action may be implemented.</p> <p>The Dietary Manager will check employees at the beginning of each shift for proper coverings for hair and beards daily for 4 months utilizing "Personal Grooming/Sanitation Audit Tool". Upon identification of any potential concerns the Administrator will be notified and additional in-services and/or corrective measures including disciplinary action may be implemented.</p> <p>The Administrator and/or Consulting Dietician will inspect the Dry Storage Area for outdated food as well as check employees for wearing proper coverings for hair and beards 2x weekly for 4 months. Potential concerns will result in additional in-servicing and/or corrective measures including disciplinary action may be implemented.</p> <p>The Administrator will review the results of the QI Audit tools weekly for 15 weeks to assure the check system is in place and is working to meet compliance with follow up action taken immediately for any potential</p>		



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F 371	<p>Continued From page 8 containing 200- 16 ounce containers of salad dressing stored in dry storage was made on 2/2/15 at 11:05 AM.</p> <p>An interview was conducted with Administrative Staff #2 on 2/3/15 at 2:46 PM. She stated the staff was expected to label the bin with the date it was filled with the salad dressing.</p> <p>Example #6. A review of the policy entitled Food Storage dated August 2014 was conducted. The policy stated " When the foods are stored in a container other than the original container, the container will be labeled with the name of the product and an incoming, wash and fill date. "</p> <p>An observation of one plastic bin dated 8/20/14 containing 200 containers of mustard stored in dry storage was made on 2/2/15 at 11:05 AM.</p> <p>An interview was conducted with Administrative Staff #2 on 2/3/15 at 2:46 PM. She stated the staff was expected to label the bin with the date it was filled with the mustard.</p> <p>Example #7. An observation of one unopened box containing 200 packets of mustard in dry storage was made on 2/2/15 at 11:05 AM. The box was labeled with a date received of 7/8/14 and a best date used by of 11/7/14.</p> <p>An interview was conducted with Administrative Staff #2 on 2/3/15 at 2:46 PM. She stated the kitchen staff was expected to discard food on or before the best used by date.</p> <p>Example #8. An observation of two unopened boxes each containing 12- 15 ounce cans of thick it puree carrot and pea puree in dry storage</p>	F 371	<p>identified issues.</p> <p>The Dietary Manager or Assistant Dietary Manager will submit results of the QI Audit Tools to the monthly Executive QI Committee for review, recommendations of monitoring and continued compliance in this area.</p>		

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F 371	Continued From page 9 was made on 2/2/15 at 11:05 AM. The boxes were labeled with date received of 6/25/13.  An interview was conducted with Administrative Staff #2 on 2/3/15 at 2:46 PM. She stated the food products received from the supplier had a shelf life of nine to twelve months. She stated the kitchen staff was expected to discard food products after twelve months.  Example #9. An observation of one unopened box containing 18- 6 ounce bags of thick and easy instantized pasta in dry storage was made on 2/2/15 at 11:05 AM. The box was labeled with date received of 6/25/13.  An interview was conducted with Administrative Staff #2 on 2/3/15 at 2:46 PM. She stated the food products received from the supplier had a shelf life of nine to twelve months. She stated the kitchen staff was expected to discard food products after twelve months.	F 371			
F 520 SS=E	483.75(o)(1) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS  A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff.  The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of	F 520		2/22/15	

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F 520	<p>Continued From page 10 action to correct identified quality deficiencies.</p> <p>A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section.</p> <p>Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record review, and staff interviews, the facility 's Quality Assessment and Assurance Committee failed to implement, monitor and revise as needed the action plan developed for the 11/21/13 and the 10/4/12 recertification surveys in order to achieve and sustain compliance. The facility had a repeat deficiency on food storage (F371), on 2/5/15, 11/21/13 and 10/4/12 recertification surveys. Findings included: This tag is cross referred to: 1. F371 - Food Procurement, Store/Prepare/Serve - Sanitary: Based on record reviews, staff interviews and observations, the facility failed to contain facial hair with a beard guard and to contain exposed hair with a hair net for one of one kitchen staff (kitchen staff #2). The facility failed to label one plastic bin containing tartar sauce, one plastic bin containing jelly, one plastic bin containing salad dressing and one plastic bin containing mustard with the date the bins were filled for four of four condiment bins located in dry storage. The facility failed to discard mustard by best date used by, for one of</p>	F 520	<p>F520</p> <p>Dietary Manager and Assistant Dietary Manager were educated by corporate consultant on the Quality Assurance (QA) process, to include implementation of Action Plans, Monitoring Tools and the Evaluation of the QA process, and modification and correction if needed on 2/20/15</p> <p>Director of Nursing (DON), Quality Improvement (QI) nurse and Administrator were educated by the corporate consultant on the QA process to include identifying issues that warrant development and implementation of action plans to ensure that practices are applied to meet quality standards, establishing a system to monitor the corrections and review of the monitoring tools through QA meetings to evaluate outcomes on 2/20/15</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345146</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/05/2015</b>
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F 520	<p>Continued From page 11</p> <p>one boxes of mustard. The facility failed to discard two unopened boxes of thick it puree carrot and pea puree and one unopened box of thick and easy instantized pasta per facility protocol for three of three boxes in dry storage. The facility was recited for F371 during the 2/5/15 recertification survey for not discarding out of dated foods by their discard date. F371 was also cited on two previous recertification surveys (11/21/13 and 10/4/12).</p> <p>a. F371 -- Food Procurement, Store/Prepare/Serve: Based on observation and staff interviews, the facility failed to discard out of date meat in the walk-in cooler. The facility was cited for failure to discard out of date meat during the 11/21/13 recertification survey. F 371 was also cited on the previous recertification survey dated 10/4/12 for not discarding out of date food.</p> <p>b. F 371 -- Food Procurement, Store/Prepare/Serve: Based on observation, record review and staff interview, the facility failed to discard out of date food in the walk in cooler and failed to ensure that no container of food, were stored on the floor in the dry storage area. The facility was cited for failure to discard out of date food on the recertification survey dated 10/4/12.</p> <p>Interview on 2/5/15 at 4:30 PM with Administrative staff #3 revealed the facility had a QA Committee that consisted of the Administrator, Director of Nursing, the facility physician and all of the department managers. The QA Committee met once a month. Administrative staff #3 reported that each department identifies potential programs through their own quality improvement reviews and develops or expands programs through various sub committees. Administrative staff #3 also reported the previous QA</p>	F 520	<p>Monitoring of the QA Dietary Sanitation Tool will be completed by the DON and/or QI Nurse and/or Housekeeping Supervisor twice weekly for 4 weeks and weekly for 3 months thereafter and be presented to Administrator, Chairman of the QA committee for review and signature.</p> <p>Monthly monitoring of the QA process and implementation of Action plans will be documented by the Administrator/ DON using the QA Process Monitoring Tool during Monthly QA meetings for 6 months to determine if the QA process is effectively identifying quality deficiencies.</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 520	Continued From page 12 interventions that were put in place with dietary were not effective due to lack of monitoring by Dietary Management.	F 520			