STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345146	A. BUILDING _____ B. WING _____	C 12/01/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHANY WOODS NURSING AND REHABILITATION CENTER	33426 OLD SALISBURY ROAD BOX 1250 ALBEMARLE, NC 28002

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The survey team entered the facility on 10/26/20 to conduct a complaint investigation survey and exited on 10/27/20. The survey team returned to the facility on 11/19/20 to obtain additional information and exited on 12/1/20. Therefore, the exit date was changed to 12/1/20. Event ID# 6W7011. There was one complaint allegation and it was not substantiated.	F 000		
F 607 SS=D	Develop/Implement Abuse/Neglect Policies CFR(s): 483.12(b)(1)-(3) §483.12(b) The facility must develop and implement written policies and procedures that: §483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property, §483.12(b)(2) Establish policies and procedures to investigate any such allegations, and §483.12(b)(3) Include training as required at paragraph §483.95, This REQUIREMENT is not met as evidenced by: Based on staff interviews, record review, and review of the facility ' s abuse policy the facility failed to implement their abuse policy in the areas of reporting and investigation for an allegation of staff to resident abuse for 1 of 3 sampled residents reviewed for abuse (Resident #1). The findings included: Review of the policy titled, Abuse, Neglect, or	F 607	Bethany Woods Nursing and Rehabilitation 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.	12/17/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 10/29/2020

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F 607	Continued From page 1 Misappropriation of Resident Property, most recently revised 9/11/17, revealed "Exploitation" as taking advantage of a resident for personal gain through the use of manipulation, intimidation, threats, or coercion. Further review revealed when an allegation occurred, action is immediately taken to prevent further abuse, neglect, or misappropriation from occurring to the resident. In the paragraph regarding Reporting to the Administrator, the policy documented, "Any alleged or suspected abuse is immediately reported to the administrator or designee." The policy further documented; Immediate reporting to the administrator ensures that the abuse is investigated, reported to State authorities, and that the resident is protected from further abuse. Failure to report any alleged or suspected abuse to the administrator will result in disciplinary action. Resident #1 was admitted to the facility on 3/4/20 with diagnoses which included: Spinal cord injury (resulting in limited use of both arms and both legs), adjustment disorder, mood disorder, and generalized weakness. Review of Resident #1 ' s most recent Minimum Data Set (MDS) revealed a quarterly assessment with an Assessment Reference Date (ARD) of 6/8/20. The resident was coded as having been cognitively intact and not displayed any inappropriate behaviors or mood disturbances. He was coded as having required extensive assistance of 1-2 people for bed mobility, transfer (such as from the bed to a wheelchair), dressing, toileting, and personal hygiene. For eating he required setup help and supervision and was independent for locomotion both on and off the unit.	F 607	Bethany Woods Nursing and Rehabilitation 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 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. F607 Identified resident 1. Resident #1 was assessed by Administrator for any signs of exploitation on 12/11/20. 24hr report was submitted for resident #1 to the state with 5 day report and investigation to follow. 2. Potential 1. Audit of like residents was completed by Social Services to ensure they were free from abuse and exploitation on 12/16/20. No negative findings. Training 1. Re-Education was provided to Administrator and Director of Nurses on implementing the abuse policy in areas of for reporting and investigating by Nurse	

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F 607	Continued From page 2 Review of Resident #1 ' s care plan, which was created on 3/12/20, revealed a focus area which documented the resident continued to enjoy independent activities including: talking on, playing music on, and playing games on his cell phone. Regarding Activities of Daily Living (ADLs) the interventions included the resident was independent for mobility with his electric wheelchair. Review of over 100 pictures of alleged text, email, and messenger exchanges between Resident #1, Nursing Assistant (NA) #1, NA #2, and NA #3 revealed several sexually explicit communications which indicated the potential for a sexual relationship between Resident #1 and NA #1. Review of a "timeline" provided by the administrator on 11/23/20 revealed on 10/21/20 the ex-boyfriend of NA #1 provided the administrator with pictures of alleged communication via electronic devices and social media between Resident #1 and NA #1 which he believed provided evidence of an inappropriate relationship between the two. During an interview with NA #1 on 10/21/20 the administrator discovered NA #1 and her ex-boyfriend were experiencing a domestic issue. NA #1 was suspended on 10/21/20, pending the investigation. On 10/23/20 it was determined the information provided by the ex-boyfriend of NA #1, the pictures of the screenshots, were inconclusive of an inappropriate relationship between NA #1 and Resident #1. On 10/24/20 NA #1 returned to work due to determining there was no evidence discovered that resident abuse had occurred. An in-service was provided on 11/10/20 regarding social media between facility	F 607	Consultant on 12/11/20 2. Re-Education completed with staff on reporting abuse policy by Staff Development Coordinator to ensure residents are free from abuse and exploitation on 12/14/20. Newly hired employees will receive this education during orientation. Monitoring 1. Social Service to complete 10 random residents audits weekly for 4 weeks and monthly for 2 months to ensure residents are free from abuse and exploitation. This audit will be documented on the abuse question audit tool. A report will be submitted to the Quality Assurance Committee. The Quality Assurance Committee will re-evaluate the need for further monitoring after 3 months.	

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staff and residents.

An interview was conducted with Resident #1 on 11/19/20 at 2:57 PM. The resident denied having had a sexual relationship with NA #1 or any other staff member from the facility. He stated the ex-boyfriend of NA #1 believed there was a relationship between himself and NA #1. Upon reviewing several of the text messages, messenger, and email exchanges, the resident stated he had not participated in any of the pictures of the communications. The resident stated the picture of the person, which was supposed to be NA #1, on the messenger exchange, was not NA #1, however the resident did state he was familiar with the email address for NA #1. The resident chose to terminate the interview by stating he had nothing else to share.

A phone interview was conducted with NA #1 on 11/19/20 at 7:08 PM. She stated she left her job at the facility 3 weeks prior to the interview. She stated her ex-boyfriend had "hacked" into her phone and social media accounts on numerous occasions. She further stated NA #2 had kissed Resident #1 but that she, herself, had no relationship with the resident. She said she did not text, email, or message Resident #1, and had no sexual or romantic involvement with him.

An interview was conducted with NA #2 on 11/20/20 at 1:11 PM. The NA stated she had an experience when Resident #1 had backed his electric wheelchair up against the wall and told her she wasn ' t going to be able to leave until she did what he wanted her to do. She said she refused and had told administration and she was removed from his assignment. She further explained with graphic sexually explicit detail the

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knowledge that had been shared with her by NA #1 and Resident #1 about the nature of their sexual relationship. The NA verified the provided message exchanges on the electronic device was when she and NA #1 were communicating regarding the relationship NA#1 had with Resident #1. The NA also visually verified some of the message exchanges provided as part of the complaint were indeed messages between Resident #1 and NA #1 because Resident #1 had shown her on his phone. The NA said although Resident #1 had limited use of his hands, he could use the talk to text option on his phone to create text messages. NA #2 then displayed messages on her phone where she had text message exchanges with NA #1, dated 10/28/20 at 1:05 PM, which read, this is NA #1. I deactivated my social media account. Resident #1 tried to get me in trouble. He called the state lady again to and he is going to tell her things and get me arrested. I need your help with showing people he pressures girls into doing stuff for him. Can you please help me? The following message contained a request for NA #2 to call her with NA #1 ' s phone number, which matched the number used to call her for the phone interview on 11/19/20. The NA stated she had not told anyone about the sexual relationship because she had promised NA #1, she would only admit to her knowledge if there was a state investigation and she was asked.

During an interview with the Administrator conducted on 11/23/20 at 11:30 PM the Administrator stated there was an incident where Resident #1 was alleged to have made some inappropriate comments to NA #2, and she came and told her. She directed NA #2 to avoid Resident #1. She said it was brought to her

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attention by the ex-boyfriend of NA #1 who had provided pictures and screenshots of communication between Resident #1, NA #1, and NA #2 and he had expressed concern. She said she suspended NA #1, and interviewed Resident #1. She explained during the interview of Resident #1 he denied any type of abuse or relationship with NA #1. She said she did not interview NA #2 and did not provide a reason as to how come she did not interview NA #2. She said during the previous complaint investigation (10/26/20-10/27/20), someone had called in a physical allegation and the result of the state and their investigation was that no one could verify anything between the staff and residents. She said NA #1 ended up not working at the facility anymore due to "no call, no show." She said NA #1 was a very good NA and a good employee. She said when she interviewed NA #1, she said she did not have a relationship with Resident #1. The administrator clarified, at no time did it seem like there was anything between the resident and the employee, which provided evidence of abuse. She explained she did feel like there was a concern with facility staff "friending" residents on social media and there was an in-service regarding that subject.

A phone interview was conducted on 11/30/20 at 8:57 AM with the Police Officer who had served a warrant to Resident #1. The officer stated Resident #1 stated after receiving the warrant the resident responded by saying he had sex with NA #1. The officer stated prior to serving the warrant to Resident #1 he had received no information regarding Resident #1 and NA #1 having had sexual contact.

A second interview was conducted with the

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F 607	Continued From page 6 Administrator on 12/1/20 at 11:53 AM. She stated there was no reason to submit a reportable allegation to the state. She said there was no allegation and the resident did not voice a reason, state he felt like he was abused, or make a statement which would indicate abuse. She said she closely reviewed the information she received, and they didn ' t say NA #1 had sex with Resident #1, but they had talked about them moving in together. She said the in-service was regarding text communication and social media communication between facility staff and residents.	F 607		