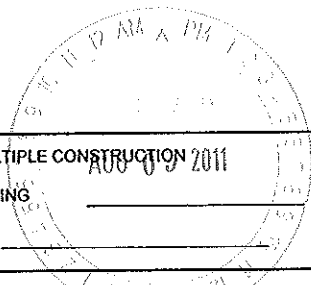


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/01/2011
FORM APPROVED
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345146	(X2) MULTIPLE CONSTRUCTION 2011 A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/22/2011
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NAME OF PROVIDER OR SUPPLIER BETHANY WOODS NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 33426 OLD SALISBURY ROAD BOX 1250 ALBEMARLE, NC 28002
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(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 272 SS=D	<p>483.20(b)(1) COMPREHENSIVE ASSESSMENTS</p> <p>The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.</p> <p>A facility must make a comprehensive assessment of a resident's needs, using the resident assessment instrument (RAI) specified by the State. The assessment must include at least the following: Identification and demographic information; Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior patterns; Psychosocial well-being; Physical functioning and structural problems; Continence; Disease diagnosis and health conditions; Dental and nutritional status; Skin conditions; Activity pursuit; Medications; Special treatments and procedures; Discharge potential; Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS); and Documentation of participation in assessment.</p>	F 272	<p>Bethany Woods 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 care of residents. The Plan of Correction is submitted as a written allegation of compliance.</p> <p>Bethany Woods' 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, Britthaven 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.</p>	8-15-2011

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Nathy B. Eudy RN, LNHA TITLE: Administratoe (X6) DATE: 8/5/2011

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 272	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on record review, observations and staff interview, the facility failed to provide an assessment for behavior problems for 1 of 4 residents. (Resident #1) Findings include: Resident #1 was admitted to the facility on 4/20/06. Diagnoses include Alzheimer's, Mental disorder unspecified, Hypertension and Heart Failure. A review of the MDS (Minimum Data Set) dated 5/18/11 revealed Resident #1 was cognitively impaired. The resident had physical behavioral symptoms directed toward others (hitting, kicking, pushing, scratching, grabbing) that occurred 1 to 3 days in a 7 day period. The last MDS dated 2/17/11 did not have any physical behaviors identified. A review of the clinical assessment report dated 5/17/11 identified the resident had physical behavioral symptoms described as combative when staff try to give medications. There was no documented assessment available at the time of the survey. On 19/11 at 2:00pm Resident #1 was observed attempting to exit secure door to special unit. Staff member was observed re-directing the resident down the hallway. At 3:00pm resident was observed walking down the hallway with a walker, another resident was observed with hand	F 272	F 272 Resident #1 was assessed for behavior problems by the MDS Nurse and Care Plan was updated 7/20/2011 The MDS Nurses completed a 100% audit of all Care Plans using The Resident Roster/Matrix and the RAI process. Any areas identified not addressed were completed as appropriate. All MDS nurses were in-serviced by the DON on 7/26/2011 on assessing residents for behavior problems and Care Plans updated as necessary. The DON and MDS Coordinator will review weekly x4 weeks and monthly x3 months MDSs, Annual, Admissions and Significant Changes for Behavior problems utilizing The Resident Roster/Matrix as a QI Audit Tool and follow up as necessary for any potential concern upon identification.	8-15-2011	

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F 272	Continued From page 2 placed on the top bar of the walker. The two residents walked down the hallway for 5 feet when Resident #1 jerked the walker causing the other residents hand to fall off the walker at the same time yelling don't. The other resident did not say anything but turned around and walked down the hallway in the opposite direction. An interview on 7/19/11 at 2:14pm with MDS staff revealed if there was a new behavior an assessment should be completed. The MDS staff review Resident #1's record and confirmed there was no assessment for the physical behavioral symptoms. On 7/19/11 at 3:58pm an interview with nurse #1 revealed Resident #1 has had a slow decline in cognition. The aggressive behavior has increased lately. "It used to only be occasionally last year."	F 272	F 272 The results of the QI Audits will be reviewed in the monthly Executive QI Committee Meeting for potential trends, follow up as deemed appropriate, evaluation of the QI Monitoring plan to include the need for and/or frequency of continued monitoring.	8-15-2011	
F 279 SS=D	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise	F 279			

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F 279	<p>Continued From page 3</p> <p>be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, observations and staff interview the facility failed to develop a care plan for physical behaviors identified on the current Minimum Data Set for 1 of 4 sampled residents. (Resident #1)</p> <p>Findings include:</p> <p>Resident #1 was admitted to the facility on 4/20/06. Diagnoses include Alzheimer's, Mental disorder unspecified, Hypertension and Heart Failure.</p> <p>A review of the MDS (Minimum Data Set) dated 5/18/11 revealed Resident #1 was cognitively impaired. The resident had physical behavioral symptoms directed toward others (hitting, kicking, pushing, scratching, grabbing) that occurred 1 to 3 days in a 7 day period. The last MDS dated 2/17/11 did not have any physical behaviors identified.</p> <p>A review of the clinical assessment report dated 5/17/11 identified the resident had physical behavioral symptoms described as combative when staff try to give medications. There was no documented assessment available at the time of the survey.</p> <p>A review of the current care plan revised on</p>	F 279	<p>F 279</p> <p>Resident #1 was assessed for behavior problems by the MDS Nurse and Care Plan was updated 7/20/2011</p> <p>The MDS Nurses completed a 100% audit of all Care Plans using The Resident Roster/Matrix and the RAI process. Any areas identified not addressed were completed as appropriate.</p> <p>All MDS nurses were in-serviced by the DON on 7/26/2011 on assessing residents for behavior problems and Care Plans updated as necessary.</p> <p>The DON and MDS Coordinator will review weekly x4 weeks and monthly x3 months MDSs, Annual, Admissions and Significant Changes for Behavior problems utilizing The Resident Roster/Matrix as a QI Audit Tool and follow up as necessary for any potential concern upon identification.</p>	8-15-2011	

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F 279	<p>Continued From page 4</p> <p>5/20/11 revealed no care plan for physical behavioral symptoms.</p> <p>On 19/11 at 2:00pm Resident #1 was observed attempting to exit secure door to special unit. Staff member was observed re-directing the resident down the hallway. At 3:00pm resident was observed walking down the hallway with a walker, another resident was observed with hand placed on the top bar of the walker. The two residents walked down the hallway for 5 feet when Resident #1 jerked the walker causing the other residents hand to fall off the walker at the same time yelling don't. The other resident did not say anything but turned around and walked down the hallway in the opposite direction.</p> <p>An interview with the MDS staff on 7/19/11 at 2:14 pm revealed a care plan should have been developed for the physical behavioral symptoms identified on the quarterly MDS dated 5/18/11. The MDS staff reviewed the current care plan and confirmed that there was no care plan for the behaviors.</p> <p>On 7/19/11 at 3:58pm an interview with nurse #1 revealed Resident #1 has had a slow decline in cognition. The aggressive behavior has increased lately. "It used to only be occasionally last year."</p>	F 279	<p>F 279</p> <p>The results of the QI Audits will be reviewed in the monthly Executive QI Committee Meeting for potential trends, follow up as deemed appropriate, evaluation of the QI Monitoring plan to include the need for and/or frequency of continued monitoring.</p>	8-15-2011	