

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

PRINTED: 06/01/2015  
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>05/19/2015</b>
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>		
(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 226 SS=D	<p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interviews and record review, the facility failed to immediately suspend an assigned aide for 1 of 1 (Resident #1) residents reviewed for an injury of unknown origin. Findings included: The facility policy titled " Abuse, Neglect or Misappropriation of Resident Property " dated 1/2009 and revised 5/1/2013 indicated that incidents of unknown origin would be investigated as abuse by the facility. Employees directly involved in allegations of abuse would be suspended immediately from duty pending the outcome of the investigation. Resident #1 was admitted on 6/7/13 with cumulative diagnoses of dementia, history of falls with fracture and osteoporosis. The Quarterly Minimum Data Set dated 5/8/15 indicated Resident #1 had severe cognitive deficits, daily behaviors of verbal and physical aggression and required extensive assistance with all activities of daily living. An incident report review indicated Resident #1 sustained a left pinky fracture on 5/8/15 with no knowledge of how the injury occurred. A 24 hour reported was initiated by the director of nursing (DON) and faxed to the Health Care Personal Registry (HCPR) on 5/9/15. An amended 24 hour report was completed by the administrator and sent on 5/11/15 indicating the</p>	F 226	<p>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.</p> <p>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.</p> <p>F226</p> <p>Employee was immediately suspended by</p>	6/16/15	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

05/27/2015

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 226	<p>Continued From page 1</p> <p>assigned aide was suspending pending the outcome of the investigation.</p> <p>A review of the facility records indicated the assigned aide did not work the weekend of 5/9/15 and 5/10/15 but she did work with Resident #1 on 5/11/15 on day shift prior to being suspended later the same day. The 5 day working report dated 5/15/15 indicated the allegation was not substantiated.</p> <p>In an interview on 5/19/15 at 10:17 AM, the DON stated she had been the facility DON since 2003. She stated she was notified the evening of 5/8/15 of the injury found to Resident #1 ' s left hand. The doctor ordered an x-ray which indicated a fracture to Resident #1 left pinky finger. The DON stated she went to the facility the morning of 5/9/15 and assessed Resident #1. She stated she notified the administrator and completed the 24 hour report that morning. The DON recalled the assigned aide was not scheduled to return to work until Monday 5/11/15 but she did not think to remove the aide from the schedule. The DON stated she assumed the administrator would take over the investigation on Monday 5/11/15 since he was the abuse coordinator.</p> <p>In an interview on 5/19/15 at 10:30 AM, the administrator stated he was unable to recall if the DON contacted him but he stated the policy read that any injuries of unknown origin was investigated as suspected abuse and the involved staff must be suspended immediately and only allowed to return to work after the investigation was completed and unsubstantiated. The administrator stated his expectation was the facility policy should have been followed on 5/9/15 when the 24 hour report was completed.</p>	F 226	<p>administrator on 5/11/2015 when he was made aware that employee was working.</p> <p>Investigations for the past year were audited 100% by the Corporate clinical Consultant using the Investigation Audit Tool to ensure that investigation, suspension was followed according to policy. Audit was completed on 5/27/15.</p> <p>Corporate clinical Consultant in serviced the Administrator and Director of Nursing on 5/27/15 regarding the Abuse Policy, to include specifically immediately notifying the Administrator of alleged abuse, neglect, injury of unknown origin, and misappropriation of resident funds, and the investigation process to include employee suspension while an investigation is occurring. The QI nurse was in serviced on 5/28/2015 regarding performing a monthly audit using the Abuse, Neglect, Misappropriation Investigation Log.</p> <p>Monitoring by the QI Nurse will occur monthly using the Abuse, Neglect, Misappropriation Investigation Log and will be integrated into the facility QI program. The QI committee will review the Abuse, Neglect, Misappropriation Investigation Log and will be integrated into the facility QI program. The QI committee will review the Abuse, Neglect, Misappropriation Investigation Log at monthly QI meetings.</p>		