PRINTED: 06/10/2020 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED		
		345146	B. WING			06/04/2020	
	NAME OF PROVIDER OR SUPPLIER BETHANY WOODS NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 33426 OLD SALISBURY ROAD BOX 1256 ALBEMARLE, NC 28002	<u> </u>	1 00/04/2020	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
E 000	Initial Comments		E 00	00			
F 880 SS=D	was conducted on (06/04/2020. The fac compliance with 42 E-0024 (b)(6), Subp	cility was found to be in CFR §483.73 related to cart-B-Requirements for Long Event ID# UQMQ11.	F 88	30			
	infection prevention designed to provide comfortable environ	ablish and maintain an and control program a safe, sanitary and ment and to help prevent the ansmission of communicable					
	program. The facility must est	a prevention and control cablish an infection prevention (IPCP) that must include, at owing elements:					
	reporting, investigat and communicable staff, volunteers, vis providing services u arrangement based	upon the facility assessment g to §483.70(e) and following					
	procedures for the p	eillance designed to identify					
ABORATORY	DIRECTOR'S OR PROVIDER	R/SUPPLIER REPRESENTATIVE'S SIGNATUI	RF	TITLE		(X6) DATE	

Electronically Signed

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.

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION 3		(X3) DATE SURVEY COMPLETED	
		345146	B. WING		0(6/04/2020	
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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F 880	Continued From pag	ge 1	F 88	30			
	infections before the persons in the facilit (ii) When and to who communicable disease reported; (iii) Standard and trato be followed to pre (iv) When and how is resident; including be (A) The type and dudepending upon the involved, and (B) A requirement the least restrictive possicircumstances. (v) The circumstance must prohibit emploid disease or infected a contact with resident contact will transmit (vi) The hand hygient by staff involved in contact will transmit (vi) The hand hygient by staff involved in contact with resident corrective actions the second of the corrective actions the second of the facility will condition. §483.80(e) Linens. Personnel must hand transport linens so a infection. §483.80(f) Annual results and update the thing REQUIREMENT by: Based on record results and the second results and t	ey can spread to other y; om possible incidents of ase or infections should be ansmission-based precautions event spread of infections; solation should be used for a out not limited to: ration of the isolation, infectious agent or organism at the isolation should be the sible for the resident under the es under which the facility yees with a communicable skin lesions from direct tts or their food, if direct the disease; and e procedures to be followed direct resident contact. tem for recording incidents facility's IPCP and the ken by the facility. dle, store, process, and as to prevent the spread of					

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		345146	B. WING _		06/04/2020
	ROVIDER OR SUPPLIER WOODS NURSING AN	D REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 33426 OLD SALISBURY ROAD BOX 1250 ALBEMARLE, NC 28002	,
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUNDERSON CROSS-REFERENCED TO THE APPROPRIES OF T	JLD BE COMPLETION
F 880	Medicaid Services) or residents who attend appointments from go for a 14-day observaresidents reviewed work (Residents #1 and #1 resided in semi-privare population roommated this failure occurred pandemic and created exposure to the virus attended out of facilitincreased risk of trangeneral population roommated. The findings included the findings included the findings included the findings included the purpose of clarify. "Centers for Medicare (CMS) memo "QSO-indicated the following Frequently Asked Quantity Asked Quantity and the purpose of clarify." "Can residents lead appointment or outsided to the purpose of clarify appointment to the rowhether it is critical fresident to attend the precautions to minim of COVID-19 (e.g., go mask to wear while a Also, the facility shor return for fever and so return for fever and so return for fever and so residents are sidents.	(Centers for Medicare and guidance to separate led out of facility leneral population residents attion period for 2 of 3 who were on dialysis 2). Residents #1 and #2 ate rooms with general les (Residents #5 and #6). during the COVID-19 led an increased risk of so for the residents who the appointments and an assmitting COVID-19 to their commates. d: le and Medicaid Services le 20-28-NH" dated 4/24/20, and information in the lestions (FAQs) section for leave the nursing home for an	F8	80	

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F 880		ge 3 rably in a space dedicated for nptomatic residents)"	F 88	30	
		admitted to the facility on oses that included End Stage RD).			
	record indicated he	t #1 's electronic medical was admitted (3/25/20) to a on the 400 hall with a nt #4).			
	assessment dated	imum Data Set (MDS) 3/31/20 indicated Resident #1 Ily intact, and he was receiving			
	Social Worker #1 ir requested a room of his roommate (Res Resident #1 was m	on the 400 hall with a			
	6/1/20 indicated the	ty ' s census report dated e 600 hall had 8 semi-private en and available (16 total			
	indicated that the fa appointments for re only medically nece being attended. Shows a medically ne	onducted with the 1/20 at 11:10 AM. She acility was limiting out of facility esidents. She explained that essary appointments were e stated that dialysis treatment cessary appointment and that sidents who regularly left the			

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		345146	B. WING _		c	6/04/2020	
	ROVIDER OR SUPPLIER	AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP C 33426 OLD SALISBURY ROAD BOX ALBEMARLE, NC 28002	CODE		
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F 880	and #3). The Adi these 3 residents #2) resided in sen who were not on attended out of far #5 and #6). She is of any CMS guida who left the facility should be separated for a 14-day time dedicated for obseresidents. She excovID-19 policy is separation of residents and that she had prior to this date (stated that the face the residents wore face rooms and that the facemasks during and upon their retindicated that the residents on dialy they returned to the residents were not their rooms, but so. During an intervieu Preventionist (ICF (ADON) on 6/1/20 of 3 residents on cresided in semi-propulation roomm The ICP/ADON residents were not their rooms.	treatment (Residents #1, #2, ministrator reported that 2 of on dialysis (Residents #1 and ni-private rooms with residents dialysis and who had not cility appointments (Residents evealed that she was unaware nee that indicated residents of for outside appointments (Residents evealed that she was unaware nee that indicated residents of for outside appointments are from the general population period preferably in a space ervation of asymptomatic splained that the facility 's made no reference to the dents who left the facility for ents from the general population not thought about this issue 6/1/20). The Administrator dility had precautions in place for ialysis. She reported that all be residents on dialysis wore estransport to dialysis, at dialysis, are transport to the facility. She nurse on duty screened the sis by obtaining vital signs when the unit. She stated that the required to wear facemasks in the ome residents had chosen to do the with the Infection Control of Proposition of the proposition of the state of th	F	380			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION NG		ATE SURVEY DMPLETED
		345146	B. WING _			06/04/2020
	ROVIDER OR SUPPLIER WOODS NURSING AN	ID REHABILITATION CENTER	•	STREET ADDRESS, CITY, STATE, ZIP CODE 33426 OLD SALISBURY ROAD BOX 1250 ALBEMARLE, NC 28002		
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F 880	facility for outside a separated from the 14-day time period dedicated for observes and that the made no reference who left the facility of the general population of the gene	atted residents who left the oppointments were to be general population for a preferably in a space vation of asymptomatic ne facility 's COVID-19 policy to the separation of residents for outside appointments from ion. In was conducted by phone or on 6/2/20 at 3:20 PM. She were other rooms available owed the residents on dialysis in the general population. She hall was a "closed hall" and She reported that this hall obty for months, even prior to stated that the reason the use was due to the census as the ability to monitor lained that the facility had not in 2 residents in the 600 hall by wouldn 't be in that area as oring if they were splitting time all and another hall. The is she had not thought about as a dedicated 14-day in residents who left the facility ments as she was unaware of related to this issue.	F	380		
	week. He additional semi-private room who was not on dia	eatment multiple times per illy confirmed he resided in a with a roommate (Resident #5) lysis. Resident #1 stated that sk anytime he was out of his				

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F 880	facemask inside of uncomfortable. During a phone inter (NA) #1 on 6/4/20 as he was familiar wit confirmed Resident he shared a room with dialysis (Resident #1 wore hout of his room. Shower the facemask he did not. A phone interview with Medical Director on spoke about the purappointments for reanytime a resident I different environment of exposure to the windicated that this as services as they we times per week for coincreased their risk time they left the face was asked if these of were at an increase virus, also increased their risk times asked increased virus, also increased their services as they were at an increase virus, also increased their services as they were at an increase virus, also increased their services as they were at an increase virus, also increased their services as they were at an increase virus, also increased their services as they were at an increase virus, also increased their services as they were at an increase virus, also increased their services as they were at an increase virus, also increased their services as they were at an increase virus, also increased their services as they were at an increase virus, also increased their services as they were at an increase virus, also increased their services as they were at an increase virus, also increased their services as they were at an increase virus, also increased their services as they were at an increase virus, also increased their services as they were at an increase virus, also increased their services as they were at an increase virus, also increased their services as they were at an increase virus, also increased their services as they were at an increase virus, also increased their services as they were at an increase virus, also increased their services as they were at an increase virus, also increased their services as they were at an increase virus, also increased their services as the virus and	he normally did not wear the his room, indicating that it was rview with Nursing Assistant t 11:40 AM she stated that	F8	,		
	roommate. He indic roommate at an inco and/or transmission indicated that if the available to allow fo on dialysis from ger	cated that this would place a reased risk of exposure of COVID-19. He further facility had open beds r separation of the residents heral population residents that necessary increased risk for				

, ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 880	Continued From pa	ge 7	F 88	30	
		most recently readmitted to 0 with diagnoses that included isease (ESRD).			
	record indicated he	t #2 's electronic medical was readmitted (3/5/20) to a on the 400 hall with a nt #6).			
	assessment dated	nge Minimum Data Set (MDS) 5/4/20 indicated Resident #2 ' act, and he was receiving			
	6/1/20 indicated the	ty 's census report dated e 600 hall had 8 semi-private railable (16 total beds).			
	indicated that the far appointments for reconly medically needs being attended. Shows a medically needs the facility had 3 refacility for dialysis to and #3). The Admithese 3 residents of #2) resided in seming who were not on diattended out of facility #5 and #6). She reconfined for the same of any CMS guidant.	1/20 at 11:10 AM. She acility was limiting out of facility was limiting out of facility esidents. She explained that essary appointments were ee stated that dialysis treatment cessary appointment and that sidents who regularly left the reatment (Residents #1, #2, inistrator reported that 2 of an dialysis (Residents #1 and private rooms with residents ealysis and who had not lity appointments (Residents evealed that she was unaware ce that indicated residents			
	should be separate	for outside appointments d from the general population eriod preferably in a space			

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F 880	residents. She explain COVID-19 policy may separation of resider outside appointments and that she had not prior to this date (6/1 stated that the facility the residents on dialy residents wore facen rooms and that the residents wore facen rooms and that the residents on dialy sistem their return indicated that the nurresidents on dialysis they returned to the residents were not residents on dialysis they returned to the residents on dialysis they returned to the residents on dialysis their rooms, but som so. During an interview of Preventionist (ICP)/A (ADON) on 6/1/20 at of 3 residents on dial resided in semi-privation population roommated The ICP/ADON reiterstatement that she will guidance that indicated facility for outside apseparated from the government of the general population that the made no reference to who left the facility for the general population that the general population th	ation of asymptomatic sined that the facility 's de no reference to the ats who left the facility for so from the general population thought about this issue //20). The Administrator what precautions in place for yesis. She reported that all hasks when out of their esidents on dialysis wore ensport to dialysis, at dialysis, at transport to the facility. She are on duty screened the by obtaining vital signs when cunit. She stated that equired to wear facemasks in the residents had chosen to do with the Infection Control assistant Director of Nursing 11:30 AM she verified that 2 tysis (Residents #1 and #2) the rooms with general the second with general the Administrator 's as unaware of any CMS and the Administrator 's as unaware of any CMS and residents who left the pointments were to be the eneral population for a referably in a space ation of asymptomatic the facility 's COVID-19 policy of the separation of residents or outside appointments from	F 88				

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F 880	was asked if there that would have all to be separated fro stated that the 600 had all beds empty (600) had been em the pandemic. She 600 hall was not in well as staffing and residents. She expwanted to place 1 of themselves as staff frequently for monification between the 600 had administrator state utilizing the 600 had observation area for outside appoint any CMS guidance. A phone interview with 2 on 6/4/20 at 9:5 attended dialysis to week. He additions semi-private room who was not on dia he wore his facema room and most of toroom. He indicated sometimes wore his sometimes who interview with the shared a room with confirmed Residenthe shared a room with the shared a room with	tor on 6/2/20 at 3:20 PM. She were other rooms available owed the residents on dialysis in the general population. She hall was a "closed hall" and . She reported that this hall pty for months, even prior to e stated that the reason the use was due to the census as the ability to monitor plained that the facility had not or 2 residents in the 600 hall by for wouldn't be in that area as toring if they were splitting time hall and another hall. The dishe had not thought about a dedicated 14-day for residents who left the facility ments as she was unaware of the related to this issue. Was conducted with Resident 3 AM. He confirmed he eatment multiple times per hally confirmed he resided in a with a roommate (Resident #6) halysis. Resident #2 stated that hask anytime he was out of his he time when he was in his dishis roommate (Resident #6) as mask in the room and	F8	80		

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F 880	out of his room and rights stated that at nights remind him to take of slept. She reported roommate (Resident when he was out of lights was in the room. A phone interview was Medical Director on a spoke about the purple appointments for resulting appointments for resulting and the different environment of exposure to the virindicated that this appearance as they were times per week for dincreased their risk of time they left the faction was asked if these rewere at an increased transmission of the vironmate. He indicated that if the faction indicated that if the faction indicated that if the faction indicated to allow for on dialysis from general remaining the state of th	s facemask anytime he was most of the time in his room. In the sound of the facemask when he shat Resident #2 's #6) wore his facemask his room, but not when he sound of the facemask his room, but not when he sound of the face of limiting out of facility idents. He stated that fit the facility and was in a to they had an increased risk rus (COVID-19). He plied to residents on dialysis he out of the facility multiple halysis treatment which of exposure to the virus each lity. The Medical Director residents on dialysis, who had risk of exposure to the the risk of exposure to the the risk of exposure and/or irus to a general population rated that this would place a reased risk of exposure of COVID-19. He further accility had open beds separation of the residents that eccessary increased risk for	F8	380			