

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

PRINTED: 01/24/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345146	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/21/2013
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		
(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 278 SS=B	<p>483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED</p> <p>The assessment must accurately reflect the resident's status.</p> <p>A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>A registered nurse must sign and certify that the assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interview, the facility failed to accurately assess residents in areas of dental status (Resident #84), hospice (Resident #123) and medications (Resident #73) for 3 of 11 sampled residents.</p>	F 278		12/19/13	

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

TITLE

(X6) DATE

Electronically Signed

12/11/2013

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 278	<p>Continued From page 1</p> <p>The findings included:</p> <p>1. Resident #84 was admitted to the facility on 8/3/10 and readmitted on 9/1/13. The quarterly Minimum Data Set (MDS) dated 9/8/13 indicated no broken teeth or tooth fragments.</p> <p>On 11/19/13 at 8:11 AM, Resident #84 was observed to have 1 upper and 1 lower tooth and multiple broken teeth. The resident stated at this time she has had broken teeth for a number of years and they continue to break, but due to her medical condition she cannot have extensive dental work done. She denied any dental pain.</p> <p>During an interview on 11/20/13 at 4:11 PM, Resident #84's responsible party stated she had discussed the resident's dental condition with the physician some time ago and the decision was the risks of dental work outweighed the benefits.</p> <p>During an interview on 11/20/13 at 5:11 PM, MDS Nurse #1 acknowledged that Resident #84's dental condition was coded inaccurately as she was aware the resident had many broken teeth.</p> <p>2. Resident #123 was readmitted to the facility on 6/4/13. Admission orders included hospice care for failure to thrive. The record revealed hospice services began on 6/4/13 and included weekly visit reports from the hospice nurse.</p> <p>The Minimum Data Set (MDS) dated 9/4/13 indicated no hospice services were being provided.</p> <p>During an interview on 11/20/13 at 4:45 PM, the Responsible Party (RP) stated the hospice nurse</p>	F 278			

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F 278	Continued From page 2 came in once a week and an aide came more frequently. The RP added that she was pleased with the care the hospice staff provided. During an interview on 11/20/13 at 5:09 PM, MDS Nurse #1 acknowledged it was an oversight that Resident #123 was not coded for receiving hospice services. 3. Resident #73 was re- admitted to the facility on 8/24/12. The quarterly Minimum Data Set (MDS) assessment dated 11/1/13 indicated that Resident #73 had received a diuretic medication for 4 days. The physician's orders and the Medications Administration Record (MAR) for October, 2013 were reviewed. The records revealed that Resident #73 had no order for a diuretic medication and had not received a diuretic medication in October, 2013. On 11/20/13 at 5:00 PM, MDS Nurse #1 was interviewed. The MDS Nurse reviewed the records and stated that it was her mistake. She stated that Resident #73 was not on a diuretic medication and the MDS was coded wrong	F 278			
F 371 SS=E	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY 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	F 371		12/19/13	

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F 371	Continued From page 3 This REQUIREMENT is not met as evidenced by: Based on observation and staff interviews, the facility failed to discard out of date meat in the walk-in cooler. The findings included: A facility policy titled "Use and Storage of Leftovers" version date 8-2013 stated, in part, "Each day, an assigned person will check leftovers and throw out any foods that have been kept up to the maximum length of time allowed. The maximum length of time a food may be kept is shown on the following chart. Food category: meats, salads; or any food containing vegetables; soups containing potentially hazardous foods. Maximum time to be kept: 5 days." On 11/18/13 at 11:00 AM., the initial tour of the kitchen was conducted with the Dietary Manager. The walk-in cooler was entered and ¼ (one quarter) of a roll of ham was observed opened and wrapped in plastic on a shelf. The ham was dated 11/4/13. The Dietary Manager stated opened meat products should be discarded after 5 days. A second observation was made on 11/20/13 at 9:10AM. The walk-in cooler was entered and the ¼ roll of ham was observed still on the shelf and dated 11/4/13. On 11/20/13 at 9:27AM., the Dietary Manager stated the cooks checked every morning for outdated food items. He said the afternoon cook also checked for outdated food items prior to	F 371			

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F 371	Continued From page 4 leaving in the evening around 7:30 PM. The Dietary Manager stated the meat should have been thrown out and he threw the meat in the trash can. On 11/20/13 at 9:28AM., the cook stated that he had not checked for expired food that morning. He stated he checked for expired foods every other day and had checked the walk-in cooler on Monday between 9:00-9:30 AM.	F 371			
F 431 SS=D	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the	F 431		12/17/13	

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F 431	<p>Continued From page 5</p> <p>Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews, the facility failed to discard expired medications from three (200 Hall, 300 Hall and 800 Hall medication carts) of eight medication carts. The findings included:</p> <p>1a. An observation of the 300 Hall medication cart was made on 11/20/2013 at 6:01 PM. Twenty five tablets of Loratadine 10 milligrams (mgs) with an expiration date of 11/14/2013 were observed in the medication cart. Three tablets of Loratadine 10 mg with an expiration date of 10/27/2013 were observed in the medication cart.</p> <p>1b. An observation of the 200 Hall medication cart was made on 11/20/2013 at 6:18 PM. Twenty three tablets of Phenergan 25 mg with an expiration date of 9/20/2013 were observed in the medication cart.</p> <p>An interview was conducted with Nurse #2 on 11/20/2013 at 6:07 PM. The nurse stated the Loratadine was discontinued and the nurses were expected to pull the discontinued medications from the cart.</p> <p>An interview was conducted with Nurse #3 on 11/20/2013 at 6:24 PM. The nurse stated I would</p>	F 431			

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F 431	<p>Continued From page 6</p> <p>check the expiration date prior to administering a medication to a resident.</p> <p>An interview was conducted with the Director of Nursing (DON) on 11/20/2013 at 6:09 PM. The DON stated the nurses were expected to remove medications from the medication carts on the day they were discontinued.</p> <p>An interview was conducted with the DON on 11/21/2013 at 8:17 AM. She stated the nurses were responsible for checking the medication carts for expired medications during each shift. The QI Nurse and the Supply Coordinator were responsible for checking the medication carts weekly for expired medications.</p> <p>2. On 11/20/13 at 5:55 PM, the medication cart on the 800 hall was observed. A bottle of Certavite tablets was observed. The expiration date on the bottle had faded. The month was unreadable and the year was 13 (2013). A hand written date, with a black marker, of 9/13 was noted on the bottle. At 6:00 PM, administrative staff #1 was interviewed. She stated that she could not read the month's expiration date but the year was 13 (2013). She acknowledged that the hand written date on the bottle was 9/13 and stated that she would discard the medication.</p> <p>On 11/21/13 at 8:36 AM, Nurse #1 was interviewed. She stated that she was responsible for ordering over the counter medications and restocking the medication rooms. She also</p>	F 431			

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F 431	Continued From page 7 stated that she was responsible for checking the expiration dates of the stock medications in the medication rooms and the nurses were responsible to check the medication carts. She added that she had to write the expiration dates on the bottle of all the stock medications using a black marker so it would be easy for her and the nurses to see. Nurse #1 acknowledged that the 9/13 written on the bottle of Certavite was the manufacturer's expiration date.	F 431		