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 08/05/2015

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 164 SS=D	483.10(e), 483.75(l)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS The resident has the right to personal privacy and confidentiality of his or her personal and clinical records. Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident. Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility. The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law. The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident. This REQUIREMENT is not met as evidenced by: Based on record review, observation and staff and resident interviews, the facility failed to provide privacy to a resident by taking videos of a resident and posting it on the social media (snap chat) on 1 (Resident #3) of 3 sampled residents. Findings included:	F 164	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	9/2/15

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

Electronically Signed | 08/18/2015

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 08/05/2015

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 164	Continued From page 1 Resident #3 was admitted to the facility on 5/29/09 with multiple diagnoses including epilepsy and schizophrenia. The quarterly Minimum Data Set (MDS) assessment dated 6/8/15 indicated that Resident #3 had moderate cognitive impairment and had no behavioral symptoms. The facility's policy on " Electronic Communications Devices " dated 10/1/2014 was reviewed. The policy read in part " the use of personal electronic communications devices, including but not limited to cell phones, smart phones, camera phones, texting devices, PDAs (personal digital assistant) and the like is expressly forbidden in the resident areas of the facility. " On 8/4/15 at 6:15 PM, a geriatric certified aide (GCA) #1 was interviewed. The aide indicated that she heard that a GCA took pictures of Resident #3 using her phone camera and posted it on the instagram. It happened in June, 2015 and on day shift. She added that Resident #3 was aware about it and he was able to tell what happened. On 8/4/15 at 6:20 PM, Resident #3 was observed in his room. He was independent with ambulation and he was able to answer simple questions. He was interviewed at this time. He indicated that he was lying in bed and the GCA took pictures of him using her phone camera. He indicated that the GCA was laughing and thought it was funny. He stated " I was mad at her big time, didn't think it was funny what she did. " On 8/5/15 at 1:48 PM, administrative staff #1 was interviewed. She stated that NA #1 was working day shift. During her lunch break, NA #1 went outside the building, opened her phone and saw pictures of Resident #3. The pictures in the video was posted by GCA #2 on the snap chat. This	F 164	compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance. 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. F164 - On 6/25/2015 Resident's picture was immediately removed from social media site. - On 6/25/2015 Employee suspended immediately by Director of Nursing (DON) and later terminated. - On 7/1/2015 RP was notified. - On 7/1/2015 Social Worker initiated 100% audit of all interviewable residents about being photographed by an employee using their call phone, camera or electronic device. No negative feedback was given. - On 6/30/2015 the Director of Nursing (DON) initiated in-servicing to all staff on HIPPA, breach of resident/facility confidentiality, the facilities Electronic	

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 08/05/2015

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 164	Continued From page 2 video can only be viewed by her friends. NA #1 reported it to a staff member who then reported it to her. She called NA #1 to her office. Administrative staff #1 admitted that she had seen the videos of Resident #3 posted on the snap chat on the phone of NA #1. Resident #3 was wearing street clothes and a cap. He was swinging his legs on the air and you can hear GCA #2 talking to the resident. She indicated that when she asked GCA #2 why she took pictures of the resident she replied that the resident had given her permission to take pictures. She added that she investigated the incident and the GCA was terminated for failing to adhere to the electronic communications devices policy and Health Insurance Portability and Accountability Act (HIPPA) violation. The facility's investigation was reviewed. The written statement from GCA #2 dated 6/26/15 read " I was in the room on my break and I was talking to (name of Resident #3), he was laughing about something, he was talking then busted out laughing again. I asked if I could take a picture of him, he said yes to do so. " The written statement from NA #1 dated 6/30/15 read " I was out on my lunch break eating while I was looking on my phone on the app called snap chat and I saw where (name of GCA #2) had posted two videos of (name of Resident #3) . They were both 10 seconds long and one was of (name of Resident #3) kicking his legs in the air, yelling and on the video it stated " (name of Resident #3) after his happy medications " and the other one he was just lying there while (GCA #2) was asking him what's wrong. " NA #1 stated on her second written statement dated 7/1/15 " when I left at 3 o'clock that afternoon I could no longer see the videos that (name of the GCA#2) had posted. " On 8/4/15 and 8/5/15, tried to call GCA #2 and NA	F 164	Communication device Policy and the facilities Abuse Policy. No staff person was allowed to complete shift without receiving the in-service. The in-servicing was completed 7/18/2015. - On 7/1/2015 Facility Department Heads began monitoring cell phone usage in resident care areas daily using the Daily Round Sheet. - On 7/11/2015 Administrative staff began monitoring cell phone usage in resident care areas on the weekends using the Weekend Administrative Duty Checklist. - On 7/1/2015 the Administrator and/or DON began reviewing the Daily Round sheets 5x weekly to ensure rounds are made and any areas of concern are addressed and noted on the Daily Round Sheet. - On 7/13/2015 the Administrator and/or DON began reviewing the Weekend Administrative Duty Checklist every Monday to ensure rounds done over the weekend are being made and any areas identified as concerns are addressed. - The Quality Improvement Committee will meet monthly and review all the audit information to make recommendations, take actions as appropriate, and monitor continued compliance in this area.	

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 08/05/2015

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 164	Continued From page 3 #1 for interview but to no avail.	F 164		
F 223 SS=G	483.13(b), 483.13(c)(1)(i) FREE FROM ABUSE/INVOLUNTARY SECLUSION The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion. The facility must not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion. This REQUIREMENT is not met as evidenced by: Based on record review, observation and resident and staff interview, the facility failed to follow their facility procedure in dealing with physically/verbally aggressive residents for 1 (Resident #1) of 3 sampled residents causing skin tears and bruises to a resident. Findings included: Resident #1 was admitted to the facility on 3/1/12 and was readmitted on 6/5/13 with multiple diagnoses including dementia. The quarterly Minimum Data Set (MDS) assessment dated 6/16/15 indicated that Resident #1 had severe cognitive impairment and with verbal and other behavioral symptoms. The nurse aide's care guide for Resident #1 dated 6/22/15 was reviewed. The non - pharmacological behavioral interventions listed were " explain each activity/care procedure prior to beginning and re-approach resident after refusal. " The physician's orders were reviewed. The orders revealed that Resident #1 was started on	F 223	F223 - ON 7/13/2015 and 7/14/20015 the hall nurse and the Quality Assurance Nurse (QA) completed a head to toe assessment. - On 7/14/2015 the Director of Nursing (DON) immediately suspended the two both employees. - On 7/14/2015 the hall nurse notified the MD and RP. No new orders were received from the MD. - On 7/14/20015 the Social Worker initiated 100% audit of all interviewable residents and recorded visits on the Resident Abuse Interview sheet. No incidents of abuse was reported. - On 7/22/2015 the Staff Development Coordinator (SDC), Administrator, DON initiated in-servicing to all staff on 7/22/2015 and continued until all staff were in-serviced on dealing with	9/2/15

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 08/05/2015

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 223	Continued From page 4 Haldol (antipsychotic drug) 0.25 milligrams (mgs) daily for behavior on 6/22/15. On 7/1/15, the Haldol was discontinued and Depakote (drug for convulsions and mood stabilizing drug) 250 mgs at night for behavior was started. The nurse's notes for Resident #1 were reviewed. The notes dated 6/27/15 at 3:04 AM indicated that Resident #1 attempted to hit the staff and refused to go back to bed. On 6/30/15 at 4:51 PM, the notes indicated that Resident #1 continued to be agitated, calling roommate by names and roommate family members and tried to smack the nurse. On 7/2/15 at 10:36 PM, the notes indicated that Resident #1 played in feces and was resisting to care. On 7/14/15 at 9:44 AM, the notes revealed that on 7/13/15 at 11:00 PM, the 3-11 shift nurse aides reported to the 11-7 shift nurse that while they were giving care to Resident #1 and changing her soiled clothing, the resident was resistive to care, combative and verbally abusive. The nurse aides reported that while removing soiled clothing, they were holding onto the resident's arms and she was fighting and flailing arms and sustained 2 skin tears, one on the left arm and one on right arm. The nurse observed some light bruising on hands and forearm. The skin tear on the right forearm was 1 centimeter (cm) and on the left forearm was 2.5 cm in size. Treatment was provided per protocol. On 7/14/15 at 5:45 AM, the nurse observed the resident lying in bed alert and awake. The nurse observed bruising purplish in color on back of left hand and left forearm. The resident was unable to give information regarding the incident. The flow sheets of non - ulcer skin condition assessments dated 7/14/15 were reviewed. The assessment indicated that on left lower arm with very small open area with small amount of bleeding and large area purple/maroon colored	F 223	combative residents; instructing staff if a resident becomes combative to make sure resident is safe, walk away, tell the nurse. Nurses are to document that resident was combative during care, that the resident was left safely and C.N.A. left and will re-approach to provide care once the resident has calmed down. Nurses are to call family and let them know about combativeness of resident and assure them care will be attempted once resident calms down. - On 8/14/2015 the Administrative Nurses, Nurse Supervisor and/or Hall Nurse began conducting Activities of Daily Living (ADL) Care Audits which include monitoring caregivers while giving ADL Care to residents that are care planned for being combative during care to ensure proper procedures are followed should the resident become combative during care. These audits will be conducted 1x daily on all 3 shifts for 4 weeks then 2x weekly for 2 months using the QI ADL Care Audit Tool for Combative or Resistive Residents. -On 8/14/2015 the Administrator and /or DON will begin reviewing the ADL Care Audits 2x weekly to ensure the audit tool is being completed. - The Quality Improvement Committee will meet monthly and review all the audit information to make recommendations, take actions as appropriate, and monitor continued compliance in this area.	

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 08/05/2015

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 223	Continued From page 5	F 223		

bruising to lower arm and hand. The assessment also indicated that on the right lower arm a small open area with scant bloody exudate, and purple/maroon bruising to entire lower arm and hand.
The incident report dated 7/14/15 read " on 7/13/15 at 11:00 PM, two certified nurse aides (CNAs) giving care to resident. Reported to 11-7 shift nurse that while giving patient care and changing resident's clothes, resident resistive to care and combative. CNA reported that resident was kicking and arguing with them. CNA reported that they were holding onto resident's arms in order to change soiled clothing and resident sustained two skin tears, one on left forearm and the other one above right wrist. At this time, nurse noted no bruising. On 7/14/15 at 5:45 AM, Nurse observed resident lying in bed, alert and awake. Observed large bruising on right hand and forearm up to antecubital area and left back of hand and forearm up to the elbow. The writer was Nurse #1.
On 8/4/15 at 4:20 PM, Resident #1 was observed sitting at the side of bed having snacks. Resident #1 was confused as she was answering to questions inappropriately. Her roommate (Resident #2) was in the room at this time.
On 8/4/15 at 4:22 PM, Resident #2 was interviewed. Resident #2's cognition was intact. She stated that more than 2 weeks ago, a nurse aide (name of NA #2) and a new girl (name of NA #3) came in the room around 11 PM to care for (name of Resident #1). The curtain was pulled between the bed and she can't see the resident and the aides. She heard NA #2 yelling at the resident " be still. " The resident was struggling and was yelling " quit, quit. " After the incident the resident was noted to have bruises and skin tears on her arms/hands. Resident #2 indicated

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 08/05/2015

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 223	Continued From page 6	F 223		

that she reported the incident to the administrator and she was interviewed. Resident #2 added that both aides were no longer at the facility. She indicated that the resident was hard of hearing and can be combative at times during care.

On 8/5/15 at 9:05 AM, Nurse #1 was interviewed. She stated that she came in before 11 PM on 7/13/15. She started counting narcotics with the 3-11 shift nurse when NA #2 informed her to check Resident #1 as she was fighting during care. NA #2 also informed her that the resident had a skin tear on her arm. Nurse #1 stated that after counting, she went to check on Resident #1. She noticed skin tears and bruises on her right and left arm. She indicated that she didn't bother the resident at that time. Early morning, an aide assigned to Resident #1 informed her to look at the resident. She went to check on Resident #1 and it scared her, the resident had big bruises on her left and right arm, from the middle of her hand to the elbow. The dressing on her skin tears had bled through, so she had to change the dressings. Nurse #1 indicated that NA #2 had been working at the facility for a long time and NA #3 was still on orientation. She indicated that when a resident was combative during care " I would quit and would leave the resident alone. "
On 8/5/15 at 11:23 AM, tried to call NA #2 for interview but was not available.
On 8/5/15 at 11:24 AM, NA #3 was interviewed. She stated that she was new to the facility. She indicated that around 10:45 PM on 7/13/15, she helped NA #2 cleaned up Resident #1. Resident #1 was soiled with urine and feces. She stated that Resident #1 was cooperative when they started the care. She was sitting in the chair while they changed her bed. Then, they cleaned the resident, put her shirt on and put her back to

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 08/05/2015

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 223	Continued From page 7	F 223		

bed. They were about to put the brief on when the resident started to be combative. The resident started fighting with NA #2 telling her " I don't like you. " She continued putting the brief on her while NA #2 holding on both arms. NA #3 indicated that normally when the resident was combative during care, she would stop and walk away and come back later but she didn't do it because she didn't want the resident exposed with no brief and pajama on. She indicated that she was suspended and then terminated for not following the facility's procedure in dealing with aggressive resident. NA #3 indicated that she didn't notice the bruises or the skin tears on the resident's arms before the care.
The facility's abuse investigation was reviewed. The resident was assessed and treatment was provided to the skin tears. The 24 hour and 5 day reports were sent to the state. NA #2 and NA #3 were suspended immediately and were terminated. All staff were in -serviced on the facility's procedure in dealing with combative residents. The procedure included " if giving care to combative resident, make sure resident is safe, walk away. Tell the nurse. Nurse to document that resident was combative during care, resident was left safely and the nurse aide left and will re-approach to provide care at a later time. Nurse needs to call family and let them know about the combative resident and care will be provided a later time. " All alert and oriented residents were interviewed if they were abused or heard/seen another resident abused. One resident (Resident #2) had answered " yes " have heard/seen another resident being verbally/physically abused at the facility in the last 2 weeks. The statement from Resident #2 dated 7/14/15 written by a staff member read " (name of Resident #2) feels her roommate was abused

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 08/05/2015

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 223	Continued From page 8	F 223		

on Saturday night (July 11th) around 11 PM. She states staff was in to get (name of Resident #1) ready for bed and she was not ready. There were 2 staff members (NA #2 and the second girl she didn't know her name because she was new (NA #3)). She stated that NA #2 was yelling at the resident. She was not able to recall everything but stated that NA #2 was yelling for the resident to be still and roll over. She hurt her arms, they were black and blue. There is a skin tear on her left arm and right. I wish I could remember what was said. "

The written statement of NA # 2 was reviewed. The statement read " on last night at (name of Resident #1) room, I (NA#2) went into her room to change her. She already had dark bruises on her arms when I got in there. The bed was all wet and with feces. We got her up and put her in the chair. While I was in there she was scratching at me and kicking at me and she told me she wasn't going to do anything unless I tell her who sent me in there. I was on the side of the bed to the wall, the skin tear on her left arm did occur while I was in there but the bruises to her arms was already there. She was still fighting at me. She said I'm going to slap your face. So I backed up so she would not grab my glasses. I was trying to hold her hands but that didn't do much good because she was still fighting and saying I am a human not a horse. And after we change her clothes and got her pulled up in the bed she was still fighting but the bruises on her arms was from her elbow to her wrist was already there but the skin tear on the left arm happened while I was in there. "

The written statement of NA #3 dated 7/14/15 was reviewed. The statement read " around 10:45 PM, I (NA #3) was asked by (name of NA #2) to help change Resident #1. When we walked

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 08/05/2015

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 223	Continued From page 9	F 223		

into the room, you could visibly see the sheets were soiled. NA #2 got out the resident's night clothes and new brief and wipes. Then she told me to wait until she got back with new sheets. The resident was up sitting on the side of the bed at this point. She was lying down when we first walked in. We explained that we need to get her some clean clothes on. The resident was really confused and we talked to her a few minutes. We helped the resident stand up and sit in her chair for a few minutes while we changed the bed. She was okay with sitting in the chair but still did not want to get changed. She was soaked and had a large bowel movement so we had to get her changed. We got her back to the bed and changed her shirt so she would have clean clothes that was not soiled. She didn't want to change clothes but because they were soiled we needed to get her in some clean clothes. I took her old shirt off by pulling the shirt over her head and off her arms. This was when she started hitting. When we put the new shirt on, I guided one arm through and NA #2 guided the other one through. When we got the shirt on we explained that we were going to lay her down and roll her to change her. When we opened the brief you could see the poop in front of the brief. NA #2 rolled the resident to her first and I wiped the resident, cleaned and replaced the brief with a clean one. Then we rolled the resident towards me so NA #2 could get the other side of the brief out from under the resident. When the resident went to hit NA #2 I put my arm in the way so she would hit me instead. The resident was holding my hands until she slipped her hands off of mine and swung at NA #2. Then NA #2 was holding the resident while I hooked the brief and pulled her pants. While I was hooking the brief, the resident tried to hit NA #2 again. NA #2 said "

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 08/05/2015

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 223	Continued From page 10	F 223		

ouch. " And after we were done, I was told the resident had a skin tear on her left arm. "
On 8/5/15 at 1:48 PM, administrative staff #1 was interviewed. She indicated that the abuse allegation was unsubstantiated because there was no intent to harm the resident, both aides just wanted to clean the resident up and ready for bed. She indicated that both NAs (NA #2 and NA #3) were trained on abuse and in dealing with aggressive/combative residents prior to the incident. She added that her expectations were for the aides to leave the resident alone when she started to be combative and inform the nurse and the oncoming shift of the resident's behavior.
On 8/5/15 at 1:53 PM, administrative staff #2 was interviewed. The staff indicated that the abuse allegation was unsubstantiated because " we felt like it was not intentional. " The staff stated that all staff were in-serviced on how to deal with aggressive residents on a yearly basis. The staff added that both NAs were terminated for not following the procedure in dealing with an aggressive resident. His expectation was for the aides to secure the resident, make sure she was safe, walk away, re-approach the resident later or try with another staff member. The administrative staff indicated that there was no monitoring done except for the monitoring of staff during showers which was done on a quarterly basis.
On 8/5/15 at 2:46 PM, Resident #1 was observed during the incontinent care. NA #4 was observed to explain to the resident what she was about to do. The resident was hard of hearing and NA #4 has to explain to the resident repeatedly until she was able to hear and understand what the aide was saying. The resident was cooperative during the procedure. NA #4 stated that she had no problem with the resident as long as you let her know what you are going to do. NA #4 indicated

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 08/05/2015

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 223	Continued From page 11 that when a resident started to be combative during care, she would leave the resident alone and come back later.	F 223		