STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345146	A. BUILDING _____ B. WING _____	06/04/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
BETHANY WOODS NURSING AND REHABILITATION CENTER	33426 OLD SALISBURY ROAD BOX 1250 ALBEMARLE, NC 28002

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)
F 0880 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews with residents, staff, and Medical Director, the facility failed to follow CMS (Centers for Medicare and Medicaid Services) guidance to separate residents who attended out of facility appointments from general population residents for a 14-day observation period for 2 of 3 residents reviewed who were on [MEDICAL TREATMENT] (Residents #1 and #2). Residents #1 and #2 resided in semi-private rooms with general population roommates (Residents #5 and #6). This failure occurred during the COVID-19 pandemic and created an increased risk of exposure to [MEDICAL CONDITION] for the residents who attended out of facility appointments and an increased risk of transmitting COVID-19 to their general population roommates. The findings included: Centers for Medicare and Medicaid Services (CMS) memo QSO-20-28-NH dated 4/24/20, indicated the following information in the Frequently Asked Questions (FAQs) section for the purpose of clarifying guidance: Q: Can residents leave the nursing home for an appointment or outside activity? A: Facilities should consider the necessity of the appointment to the resident ' s health, and whether it is critical for the resident to attend the appointment .If attending the appointment is necessary, the facility should help arrange for the resident to attend the appointment by taking precautions to minimize the risk of transmission of COVID-19 (e.g., giving the resident a surgical mask to wear while attending the appointment). Also, the facility should monitor the resident upon return for fever and signs and symptoms of respiratory infection for 14 days after the outside appointment (preferably in a space dedicated for observation of asymptomatic residents) . 1. Resident #1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of Resident #1 ' s electronic medical record indicated he was admitted (3/25/20) to a semi-private room on the 400 hall with a roommate (Resident #4). The admission Minimum Data Set (MDS) assessment dated [DATE] indicated Resident #1 ' s cognition was fully intact, and he was receiving [MEDICAL TREATMENT] services. A room change note dated 4/16/20 completed by Social Worker #1 indicated Resident #1 requested a room change due to a conflict with his roommate (Resident #4). On 4/16/20 Resident #1 was moved to a different semi-private room on the 400 hall with a roommate (Resident #5). Review of the facility ' s census report dated 6/1/20 indicated the 600 hall had 8 semi-private rooms that were open and available (16 total beds). An interview was conducted with the Administrator on 6/1/20 at 11:10 AM. She indicated that the facility was limiting out of facility appointments for residents. She explained that only medically necessary appointments were being attended. She stated that [MEDICAL TREATMENT] treatment was a medically necessary appointment and that the facility had 3 residents who regularly left the facility for [MEDICAL TREATMENT] treatment (Residents #1, #2, and #3). The Administrator reported that 2 of these 3 residents on [MEDICAL TREATMENT] (Residents #1 and #2) resided in semi-private rooms with residents who were not on [MEDICAL TREATMENT] and who had not attended out of facility appointments (Residents #5 and #6). She revealed that she was unaware of any CMS guidance that indicated residents who left the facility for outside appointments should be separated from the general population for a 14-day time period preferably in a space dedicated for observation of asymptomatic residents. She explained that the facility ' s COVID-19 policy made no reference to the separation of residents who left the facility for outside appointments from the general population and that she had not thought about this issue prior to this date (6/1/20). The Administrator stated that the facility had precautions in place for the residents on [MEDICAL TREATMENT]. She reported that all residents wore facemasks when out of their rooms and that the residents on [MEDICAL TREATMENT] wore facemasks during transport to [MEDICAL TREATMENT], at [MEDICAL TREATMENT], and upon their return transport to the facility. She indicated that the nurse on duty screened the residents on [MEDICAL TREATMENT] by obtaining vital signs when they returned to the unit. She stated that residents were not required to wear facemasks in their rooms, but some residents had chosen to do so. During an interview with the Infection Control Preventionist (ICP)/Assistant Director of Nursing (ADON) on 6/1/20 at 11:30 AM she verified that 2 of 3 residents on [MEDICAL TREATMENT] (Residents #1 and #2) resided in semi-private rooms with general population roommates (Residents #5 and #6). The ICP/ADON reiterated the Administrator ' s statement that she was unaware of any CMS guidance that indicated residents who left the facility for outside appointments were to be separated from the general population for a 14-day time period preferably in a space dedicated for observation of asymptomatic residents and that the facility ' s COVID-19 policy made no reference to the separation of residents who left the facility for outside appointments from the general population. A follow up interview was conducted by phone with the Administrator on 6/2/20 at 3:20 PM. She was asked if there were other rooms available that would have allowed the residents on [MEDICAL TREATMENT] to be separated from the general population. She stated that the 600 hall was a closed hall and had all beds empty. She reported that this hall (600) had been empty for months, even prior to the pandemic. She stated that the reason the 600 hall was not in use was due to the census as well as staffing and the ability to monitor residents. She explained that the facility had not wanted to place 1 or 2 residents in the 600 hall by themselves as staff wouldn ' t be in that area as frequently for monitoring if they were splitting time between the 600 hall and another hall. The Administrator stated she had not thought about utilizing the 600 hall as a dedicated 14-day observation area for residents who left the facility for outside appointments as she was unaware of any CMS guidance related to this issue. A phone interview was conducted with Resident #1 on 6/4/20 at 10:00 AM. He confirmed he attended [MEDICAL TREATMENT] treatment multiple times per week. He additionally confirmed he resided in a semi-private room with a roommate (Resident #5) who was not on [MEDICAL TREATMENT]. Resident #1 stated that he wore his facemask anytime he was out of his room. He revealed he normally did not wear the facemask inside of his room, indicating that it was uncomfortable. During a phone interview with Nursing Assistant (NA) #1 on 6/4/20 at 11:40 AM she stated that she was familiar with Resident #1. She confirmed Resident #1 was on [MEDICAL TREATMENT] and that he shared a room with a resident who was not on [MEDICAL TREATMENT] (Resident #5). NA #1 reported that Resident #1 wore his facemask anytime he was out of his room. She stated that sometimes he wore the facemask in his room and sometimes he did not. A phone interview was conducted with the Medical Director on 6/4/20 at 12:10 PM. He spoke about the purpose of limiting out of facility appointments for residents. He stated that anytime a resident left the facility and was in a different environment they had an increased risk of exposure to [MEDICAL CONDITION] (COVID-19). He indicated that this applied to residents on [MEDICAL TREATMENT] services as they were out of the facility multiple times per week for [MEDICAL TREATMENT] treatment which increased their risk of exposure to [MEDICAL CONDITION] each time they left the facility. The Medical Director was asked if these residents on [MEDICAL TREATMENT], who were at an increased risk of exposure to [MEDICAL CONDITION], also increased the risk of exposure and/or transmission of [MEDICAL CONDITION] to a general population roommate. He indicated that this would place a roommate at an increased risk of exposure and/or transmission of COVID-19. He further indicated that if the facility had open beds available to allow for separation of the residents on [MEDICAL TREATMENT] from general population residents that this would be an unnecessary increased risk for the general population roommate. 2. Resident #2 was most recently readmitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of Resident #2 ' s electronic medical record indicated he was readmitted (3/5/20) to a semi-private room on the 400 hall with a roommate (Resident #6). The significant change Minimum Data Set (MDS) assessment dated [DATE] indicated Resident #2 ' s cognition was intact, and he was receiving [MEDICAL TREATMENT] services. Review of the facility '

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

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 0880 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	(continued... from page 1) s census report dated 6/1/20 indicated the 600 hall had 8 semi-private rooms open and available (16 total beds). An interview was conducted with the Administrator on 6/1/20 at 11:10 AM. She indicated that the facility was limiting out of facility appointments for residents. She explained that only medically necessary appointments were being attended. She stated that [MEDICAL TREATMENT] treatment was a medically necessary appointment and that the facility had 3 residents who regularly left the facility for [MEDICAL TREATMENT] treatment (Residents #1, #2, and #3). The Administrator reported that 2 of these 3 residents on [MEDICAL TREATMENT] (Residents #1 and #2) resided in semi-private rooms with residents who were not on [MEDICAL TREATMENT] and who had not attended out of facility appointments (Residents #5 and #6). She revealed that she was unaware of any CMS guidance that indicated residents who left the facility for outside appointments should be separated from the general population for a 14-day time period preferably in a space dedicated for observation of asymptomatic residents. She explained that the facility ' s COVID-19 policy made no reference to the separation of residents who left the facility for outside appointments from the general population and that she had not thought about this issue prior to this date (6/1/20). The Administrator stated that the facility had precautions in place for the residents on [MEDICAL TREATMENT]. She reported that all residents wore facemasks when out of their rooms and that the residents on [MEDICAL TREATMENT] wore facemasks during transport to [MEDICAL TREATMENT], at [MEDICAL TREATMENT], and upon their return transport to the facility. She indicated that the nurse on duty screened the residents on [MEDICAL TREATMENT] by obtaining vital signs when they returned to the unit. She stated that residents were not required to wear facemasks in their rooms, but some residents had chosen to do so. During an interview with the Infection Control Preventionist (ICP)/Assistant Director of Nursing (ADON) on 6/1/20 at 11:30 AM she verified that 2 of 3 residents on [MEDICAL TREATMENT] (Residents #1 and #2) resided in semi-private rooms with general population roommates (Residents #5 and #6). The ICP/ADON reiterated the Administrator ' s statement that she was unaware of any CMS guidance that indicated residents who left the facility for outside appointments were to be separated from the general population for a 14-day time period preferably in a space dedicated for observation of asymptomatic residents and that the facility ' s COVID-19 policy made no reference to the separation of residents who left the facility for outside appointments from the general population. A follow up interview was conducted by phone with the Administrator on 6/2/20 at 3:20 PM. She was asked if there were other rooms available that would have allowed the residents on [MEDICAL TREATMENT] to be separated from the general population. She stated that the 600 hall was a closed hall and had all beds empty. She reported that this hall (600) had been empty for months, even prior to the pandemic. She stated that the reason the 600 hall was not in use was due to the census as well as staffing and the ability to monitor residents. She explained that the facility had not wanted to place 1 or 2 residents in the 600 hall by themselves as staff wouldn ' t be in that area as frequently for monitoring if they were splitting time between the 600 hall and another hall. The Administrator stated she had not thought about utilizing the 600 hall as a dedicated 14-day observation area for residents who left the facility for outside appointments as she was unaware of any CMS guidance related to this issue. A phone interview was conducted with Resident #2 on 6/4/20 at 9:53 AM. He confirmed he attended [MEDICAL TREATMENT] treatment multiple times per week. He additionally confirmed he resided in a semi-private room with a roommate (Resident #6) who was not on [MEDICAL TREATMENT]. Resident #2 stated that he wore his facemask anytime he was out of his room and most of the time when he was in his room. He indicated his roommate (Resident #6) sometimes wore his mask in the room and sometimes he didn ' t. During a phone interview with Nursing Assistant (NA) #2 on 6/4/20 at 11:30 AM she stated that she was familiar with Resident #2. She confirmed Resident #2 was on [MEDICAL TREATMENT] and that he shared a room with a resident who was not on [MEDICAL TREATMENT] (Resident #6). NA #2 reported that Resident #2 wore his facemask anytime he was out of his room and most of the time in his room. She stated that at night, sometimes she had to remind him to take off the facemask when he slept. She reported that Resident #2 ' s roommate (Resident #6) wore his facemask when he was out of his room, but not when he was in the room. A phone interview was conducted with the Medical Director on 6/4/20 at 12:10 PM. He spoke about the purpose of limiting out of facility appointments for residents. He stated that anytime a resident left the facility and was in a different environment they had an increased risk of exposure to [MEDICAL CONDITION] (COVID-19). He indicated that this applied to residents on [MEDICAL TREATMENT] services as they were out of the facility multiple times per week for [MEDICAL TREATMENT] treatment which increased their risk of exposure to [MEDICAL CONDITION] each time they left the facility. The Medical Director was asked if these residents on [MEDICAL TREATMENT], who were at an increased risk of exposure to [MEDICAL CONDITION], also increased the risk of exposure and/or transmission of [MEDICAL CONDITION] to a general population roommate. He indicated that this would place a roommate at an increased risk of exposure and/or transmission of COVID-19. He further indicated that if the facility had open beds available to allow for separation of the residents on [MEDICAL TREATMENT] from general population residents that this would be an unnecessary increased risk for the general population roommate.