STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366334	A. Building B. Wing	04/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bethany Nursing Home, Inc	626 34th Street, NW Canton, OH 44709

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on observation, interview and policy review, the facility failed to provide a dignified dining experience for Resident #68. This affected one resident (#68) of one reviewed for dignity. The facility census was 78. Findings include: Review of the medical record for Resident #68 revealed an admission date of 04/27/23 with diagnoses including non-traumatic subarachnoid hemorrhage, muscle weakness, hereditary motor and sensory neuropathy, Alzheimer's disease, hemiplegia affecting right dominant side, dysphagia (difficulty swallowing), and personal history of transient ischemic attack and cerebral infarction. Review of the quarterly Minimum Data Set (MDS) Assessment, dated 01/18/24, revealed Resident #41 had severe cognitive impairment and was dependent on staff for eating assistance. On 04/01/24 at 11:34 A.M., Resident #68 was observed sitting in a chair in the common area by the nurses' station with her lunch tray on a table in front of her. Resident #68 did not attempt to feed herself and no staff attempted to assist her with the meal at that time. On 04/01/24 at 11:47 A.M., State Tested Nurse Aide (STNA) #502 began assisting Resident #68 with eating her meal. STNA #502 stood beside Resident #68 while assisting with feeding. On 04/01/24 at 11:51 A.M., interview with STNA #502 verified she stood beside Resident #68 to provide feeding assistance because it made it easier to go back and forth between residents while assisting with feeding. On 04/03/24 at 2:36 P.M., interview with the Director of Nursing (DON) stated the expectation for staff assisting residents with feeding is that staff would sit next to residents while providing assistance. Review of facility policy titled Assistance with Meals, dated 03/2022, revealed residents who could not feed themselves would be fed with attention to safety, comfort, and dignity, including not standing over residents while assisting them with meals.

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.

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

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F 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to provide Residents #72 and #73 with the Skilled Nursing Facility Advance Beneficiary Notice of Non-coverage (SNF ABN) informing them of the financial liability for continuation of skilled services not covered by Medicare. This affected two residents (#72 and #73) of three residents reviewed for beneficiary notification. The facility census was 78. Findings include: 1. Review of the medical record for Resident #72 revealed an admission date of 09/19/23 with diagnoses including non-traumatic chronic subdural hemorrhage, difficulty in walking, muscle weakness, other symptoms involving the musculoskeletal system, breast cancer, asthma, protein-calorie malnutrition, and weakness. Review of the Notice of Medicare Non-Coverage (NOMNC) form, dated 10/30/23, for Resident #72 revealed the last covered day for skilled services was 11/03/23. Resident #72 remained in the facility until her discharge on [DATE]. On 04/02/24 at 9:12 A.M., interview with the Administrator verified Resident #72 was not provided an SNF ABN form when she was issued her NOMNC form but should have been provided an SNF ABN. 2. Review of the medical record for Resident #73 revealed an admission date of 09/29/23 with diagnoses including chronic myelomonocytic leukemia, difficulty in walking, other symptoms involving the musculoskeletal system, atrial fibrillation, polyneuropathy, spinal stenosis, and acquired absence of the left leg below the knee. Review of the NOMNC form, dated 10/23/23, for Resident #73 revealed the last covered day for skilled services was 10/23/23. Resident #73 was a current resident in the facility at the time of the survey. On 04/02/24 at 9:12 A.M., interview with the Administrator verified Resident #73 was not provided an SNF ABN form when he was issued his NOMNC form but should have been provided an SNF ABN.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0623 Level of Harm - Potential for minimal harm Residents Affected - Some	Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interview, the facility failed to ensure the ombudsman was notified, in writing, of the resident's transfer/discharge. This affected three residents of three residents (#2, #79 and #80) reviewed for hospitalization and discharge. The facility identified 52 residents transferred/discharged since January 2024. The facility census was 78. Findings include: 1. Review of the medical record for Resident #79 revealed an admission date of 01/17/24 and a discharge date of 02/12/24. Diagnoses included malignant neoplasm of posterior wall of bladder, mixed irritable bowel syndrome, adult failure to thrive, and secondary malignant neoplasm of bone. 2. Review of the medial record for Resident #80 revealed an admission date of 01/29/24 and a discharge date of 02/04/24. Diagnoses of aftercare following joint replacement surgery, difficulty walking, hypertension, and atherosclerotic heart disease of native coronary artery without angina pectoris. Interview on 04/03/24 at 9:51 A.M. with the Administrator verified the facility did not provide a written notice of transfer to the hospital for Resident #79 or discharge for Resident #80 to the ombudsman. 3. Review of the medical record for Resident #2 revealed an admission date of 02/19/24 with diagnoses including atrial fibrillation, hypertension, congestive heart failure, anxiety disorder, muscle weakness, dysphagia, and end stage heart failure. Resident #2 was transferred to the hospital on [DATE] due to vaginal bleeding. On 04/03/24 at 9:51 A.M., interview with the Administrator verified the Ombudsman had not been notified of discharges and transfers beginning in January 2024.

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. Based on medical record review, interview, and policy review, the facility failed to ensure psychotropic medications which were ordered on an as necessary basis had a specific duration for use. This affected two (Resident #26 and #335) of six residents reviewed for the medical necessity of medication use. The facility census was 78. Findings include: 1. Review of Resident #26's medical record revealed diagnoses including depression and anxiety disorder. Review of physician orders revealed an order dated 03/08/24 for trazodone (an anti-depressant) 12.5 milligrams (mg) at bedtime as needed (prn). There was no time limit on the order or documentation regarding when the next re-evaluation of its continued use would be completed. Review of the March 2024 and April 2024 Medication Administration Record (MAR) revealed Resident #26 was administered the trazodone on an as necessary basis 13 times. During an interview on 04/03/24 at 12:10 P.M., the Director of Nursing (DON) verified the order for trazodone did not have specific orders for the duration of use. 2. Review of Resident #335's medical record revealed diagnoses including congestive heart failure, depression, and anxiety disorder. Review of physician orders revealed an order dated 03/26/24 for Ativan (anti-anxiety medication) 0.5 mg four times a day as needed. There was no stop date on the order. Review of the March 2024 and April 2024 MAR revealed Resident #335 had received three doses of the Ativan ordered on an as needed basis. During an interview on 04/03/24 at 11:26 A.M., the DON verified the Ativan ordered on an as necessary basis did not have a limit on the number of days for use but should have a time limit of 14 days unless the physician would have extended the time for re-evaluation. Review of the facility's policy, PRN Psychotropic Policy (dated March 2024), revealed psychotropic medications ordered on an as necessary basis were limited to 14 days. If the prescriber or attending physician believed it was appropriate to extend the order beyond 14 days, he or she would document the rationale for extending the use and include the duration for the order.

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement a program that monitors antibiotic use. 2. Review of the medical record for Resident #23 revealed an admission date of 05/06/22. Diagnosis included Alzheimer's disease, muscle weakness, difficulty in walking, weakness, metabolic encephalopathy, and polyosteoarthritis. Review of the physician orders for March 2024 and April 2024 revealed an order for nitrofurantoin macrocrystal 50 milligram (MG) one capsule by mouth every other day in the A.M. for urinary tract infection prophylaxis. Review of the Medication Administration Records for March 2024 and April 2024 revealed Nitrofurantoin Macrocrystal 50 milligram (MG) one capsule by mouth every other day in the A.M. for urinary tract infection Prophylaxis was administered as ordered. On 04/03/24 at 2:30 P.M., interview with the Director of Nursing (DON), who also served as the facility's Infection Preventionist, stated they do not monitor or track antibiotics for prophylactic use. She stated any residents who had orders for prophylactic antibiotics were receiving them for prevention of infections. On 04/04/24 at 12:00 P.M., interview with the DON stated she had been the Infection Preventionist for the previous six or seven years and did not track the use of prophylactic antibiotics per the instructions of her predecessor. Review of the facility policy titled Bethany Nursing Home Antibiotic Stewardship - Review and Surveillance of Antibiotic Use and Outcomes, dated 08/2023, revealed all resident antibiotic regimens would be documented on the facility-approved antibiotic surveillance tracking form. Based on record review, interview and policy review, the facility failed to monitor prophylactic antibiotic use. This affected one resident (#23) of two residents reviewed for antibiotic use and one resident (#36) of five residents reviewed for unnecessary medications. The facility census was 78. Findings include: 1. Review of the medical record for Resident #36 revealed an admission date of 11/16/23 with diagnoses including type two diabetes mellitus, anemia, vascular dementia without behavioral disturbances, granulomatous disorder of the skin and congestive heart failure. Review of the physician's orders for April 2024 identified orders for minocycline hydrochloride (HCl) 50 milligrams (mg) twice daily for skin. Further review of the medical record identified no active infections of the skin. On 04/03/24 at 2:30 P.M., interview with the Director of Nursing (DON), who also served as the facility's Infection Preventionist, stated the facility does not monitor or track antibiotics for prophylactic use. She stated any residents who had orders for prophylactic antibiotics were receiving them for prevention of infections. (continued on next page)

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 04/04/24 at 12:00 P.M., interview with the DON stated she had been the Infection Preventionist for the previous six or seven years and did not track the use of prophylactic antibiotics per the instructions of her predecessor.