

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445159	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/11/2025
NAME OF PROVIDER OR SUPPLIER  Bethany Center for Rehabilitation and Healing LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  421 Ocala Drive Nashville, TN 37211	

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)
<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on policy review, medical record review, and interview, the facility failed to provide information regarding a resident's right to develop an Advance Directive for 4 of 33 sampled residents (Resident #21, #71, #77 and #108) reviewed for Advance Directives.</p> <p>The findings include:</p> <p>1. Review of the facility policy titled Advance Directives, revised on 9/2022, revealed .The resident has the right to formulate an advance directive .Prior to or upon admission of a resident, the social services director or designee inquires of the resident, his/her family members and/or his or her legal representative, about the existence of any written advance directives. The resident or representative is provided with written information concerning the right to refuse or accept medical or surgical treatment and to formulate an advance directive .</p> <p>2. Review of the medical record revealed Resident #21 was admitted to the facility on [DATE], with diagnoses including of Alzheimer's Disease, Anxiety, Depression, and Diverticulosis.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #21 had a Brief Interview for Mental Status (BIMS) score 99, which indicated Resident #21 was severely cognitively impaired.</p> <p>The facility was unable to provide the completed documentation that the resident representative was educated regarding advance directives and/or to formulate an advance directive.</p> <p>3. Review of the medical record revealed Resident #71 was admitted to the facility on [DATE], with diagnoses including Alzheimer's Disease, Chronic Obstructive Pulmonary Disease, Bipolar Disorder, and Hypertension.</p> <p>Review of the significant change MDS assessment dated [DATE], revealed a BIMS score of 3, which indicated Resident #71 was severely cognitively impaired.</p> <p>The facility was unable to provide the completed documentation that the resident representative was educated regarding advance directives and/or to formulate an advance directive.</p> <p>(continued on next page)</p>

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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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>4. Review of the medical record revealed Resident # 77 was admitted to the facility on [DATE], with diagnoses including Cerebral Infarction, Diabetes, Depression, Bipolar Disorder, and Parkinson's Disease.</p> <p>Review of the annual MDS assessment dated [DATE], revealed a BIMS score of 15, which indicated Resident # 77 was cognitively intact.</p> <p>The facility was unable to provide the completed documentation that the resident was educated regarding advance directives and/or to formulate an advance directive.</p> <p>5. Review of the medical record revealed Resident # 108 was admitted to the facility on [DATE], with diagnoses including Left Femur Fracture, Cerebral Infarction, Anxiety, Dementia, Osteoporosis and Depression.</p> <p>Review of the quarterly MDS assessment dated [DATE], revealed a BIMS score was not completed due to Resident #108 was severely cognitively impaired.</p> <p>The facility was unable to provide the completed documentation that the resident representative was educated regarding advance directives and/or to formulate an advance directive.</p> <p>6. During an interview on 4/1/2025 at 1:34 PM, the Social Services Assistant confirmed that the facility was unable to provide Advance Directive documentation for Residents #21, #71, #77, and #108.</p>

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<p>F 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p>Based on policy review, Certified Nursing Assistant (CNA) training record review, and interview, the facility failed to ensure 23 of 23 CNAs (CNA G, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z, AA, BB, CC, DD, and EE) employed for a full year received at least 12 hours of in-service training.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. Review of the facility's policy titled In-Service Training, Nurse Aide, dated august 2022, revealed .all Personnel are required to participate in regular in-service education .Annual in-service: Ensure the continuing competence of nurse aides; are no less than 12 hours per year .</li> <li>2. Review of the Inservice Training Hours revealed: <ol style="list-style-type: none"> <li>a. CNA G had a hire date of 3/30/2024 and had only competed 8.50 in-service hours from 4/3/2024 -present.</li> <li>b. CNA J had a hire date of 9/13/2006 and had only competed 4.0 in-service hours from 9/18/2024 -present.</li> <li>c. CNA K had a hire date of 11/9/2023 and had only competed 2.0 in-service hours from 11/20/2024 -present.</li> <li>d. CNA L had a hire date of 1/31/2023 and had only competed 10.50 in-service hours from 2/5/2024 -present.</li> <li>e. CNA M had a hire date of 8/15/2019 and had only competed 4.0 in-service hours from 9/18/2024 -present.</li> <li>f. CNA N had a hire date of 8/9/2013 and had only competed 5.0 in-service hours from 8/13/2024 -present.</li> <li>g. CNA O had a hire date of 3/30/2023 and had only competed 8.50 in-service hours from 4/3/2024 -present.</li> <li>h. CNA P had a hire date of 3/4/2011 and had only competed 9.50 in-service hours from 3/6/2024 -present.</li> <li>i. CNA Q had a hire date of 12/20/2022 and had only competed 10.50 in-service hours from 2/5/2024 -present.</li> <li>j. CNA R had a hire date of 1/17/2000 and had only competed 10.50 in-service hours from 2/5/2024 -present.</li> <li>k. CNA S had a hire date of 6/29/2023 and had only competed 6.0 in-service hours from 7/9/2024 -present.</li> </ol> </li> </ol> <p>(continued on next page)</p>		

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<p>F 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>I. CNA T had a hire date of 1/17/2024 and had only completed 10.50 in-service hours from 2/5/2024 -present.</p> <p>m. CNA U had a hire date of 1/10/2023 and had only completed 10.50 in-service hours from 2/5/2024 -present.</p> <p>n. CNA V had a hire date of 2/28/2023 and had only completed 9.50 in-service hours from 3/6/2024 -present.</p> <p>o. CNA W had a hire date of 8/3/2012 and had only completed 5.0 in-service hours from 8/13/2024 -present.</p> <p>p. CNA X had a hire date of 11/21/2014 and had only completed 2.0 in-service hours from 11/20/2024 -present.</p> <p>q. CNA Y had a hire date of 9/7/2023 and had only completed 4.0 in-service hours from 9/18/2024 -present.</p> <p>r. CNA Z had a hire date of 5/25/2023 and had only completed 7.0 in-service hours from 6/5/2024 -present.</p> <p>s. CNA AA had a hire date of 7/3/2024 and had only completed 5.0 in-service hours from 7/7/2024 -present.</p> <p>t. CNA BB had a hire date of 2/14/2022 and had only completed 10.50 in-service hours from 2/5/2024 -present.</p> <p>u. CNA CC had a hire date of 4/12/2022 and had only completed 8.0 in-service hours from 5/14/2024 -present.</p> <p>v. CNA DD had a hire date of 6/29/2020 and had only completed 6.0 in-service hours from 7/9/2024 -present.</p> <p>x. CNA EE had a hire date of 7/20/2023 and had only completed 5.0 in-service hours from 8/13/2024 -present.</p> <p>3. During an interview on 4/3/2025 at 3:09 PM, Staff Development was asked how many CNA in-service hours are required for a year. The Staff Development confirmed 12 hours yearly. The Staff Development stated, .they have not completed any hours for 2025 yet .I do 6 months at one time .I start in January and go through December not from hire date to hire date .</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>Based on policy review, observation, and interview, the facility failed to ensure medications were properly stored and secured when 1 of 4 staff members (Registered Nurse (RN) II) left the medication unattended and out of sight at the bedside in Resident #10's room.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. Review of the facility's policy titled Medication Labeling and Storage, dated 5/19/2023, revealed .trays or carts used to transport such items are not left unattended if open or otherwise potentially available to others .</li> <li>2. Observation on 4/2/2025 at 3:40 PM, revealed Register Nurse (RN) II left the medication on the over bed table in Resident #10's room. RN II went into the bathroom with the door almost closed completely, with a small crack toward the hall, to wash her hands and left the medication out of sight and unattended on the over bed table by B bed.</li> </ol> <p>During an interview with surveyors present, on 4/3/2025 at 11:23 AM, the Director of Nursing (DON) was asked should medications be left unattended and out of sight. The DON stated, Did you ask the nurse .was it A bed or B bed .Did she not take the medicine with her .</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on policy review, observation, and interview, the facility failed to ensure food was served under sanitary conditions when 4 of 19 staff members (Certified Nursing Assistant (CNA) F, G, H and Activity Assistant E) failed to perform hand hygiene and handled food with barehand during dining observations, and when 1 of 2 staff (Dietary [NAME] I) failed to perform proper hand hygiene when preparing meal trays. The facility had a census of 166 with 166 of those residents receiving a tray from the kitchen.</p> <p>The findings include:</p> <p>1. Review of the facility policy titled Handwashing/Hand Hygiene, dated 10/2023, revealed .All personnel are expected to adhere to hand hygiene policies and practices to help prevent the spread of infections to other personnel, residents, and visitors .Perform hand hygiene before applying non-sterile gloves. When applying, remove one glove from the dispensing box at a time, touching only the top of the cuff. When removing gloves .turning the glove inside out .Perform hand hygiene .</p> <p>Review of the undated facility policy titled, Food Sanitation, revealed .All staff will wash their hands just before they start to work in the kitchen and when they have used their hands in an unsanitary way .</p> <p>2. Observation in the 1st floor dining room on 3/31/2025 at 12:00 PM, revealed Activity Assistant E repositioned Resident #57's grilled cheese on the plate with bare hand during meal setup.</p> <p>Observation in the 1st floor day room on 3/31/2025 at 12:11 PM, revealed CNA G opened Resident #72's milk carton by pulling it open with her finger in the carton and assisted resident to eat without performing hand hygiene.</p> <p>Observation during dining in the Resident's room on 4/1/2025 at 7:56 AM, revealed CNA F held Resident #85's toast in her bare hand to spread jelly on it.</p> <p>Observation in the Resident's room on 4/1/2025 at 7:58 AM, revealed CNA H repositioned Resident #48 in the bed and repositioned pillow under resident's left arm and continued to feed resident without performing hand hygiene.</p> <p>3. Observation in the Kitchen on 4/1/2025 from 5:01 PM to 5:26 PM, revealed Dietary [NAME] I with gloved hands preparing meal trays at the steam table. Dietary [NAME] I was observed leaving the serving line multiple times with gloved hands to open the warming oven door to obtain food items and then returned to the serving line to prepare food trays with the same gloves. Dietary [NAME] I changed gloves multiple times and did not perform hand hygiene prior to donning new gloves.</p> <p>4. During an interview on 4/3/2025 at 12:19 PM, the Director of Nursing (DON) confirmed that staff should not touch food items with their bare hands during tray setup, and staff should not place their finger in a milk carton to open it.</p> <p>During an interview on 4/3/2025 at 12:38 PM, the Certified Dietary Manager (CDM) confirmed that staff should perform hand hygiene and change gloves prior to handling or serving food.</p>		

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<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>Based on Quarterly Payroll Based Journal (PBJ), staffing time sheets, and interview the facility failed to submit accurate staffing data for Quarter 2, Quarter 3, and Quarter 4/2024.</p> <p>The findings included:</p> <p>1. Review of the PBJ Staffing Data Report for Quarter 2 2024 (January 1-March 31) revealed excessively low weekend staffing.</p> <p>Review of the PBJ Staffing Data Report for Quarter 3 2024 (April 1-June 30) revealed one star staff rating and excessively low weekend staffing.</p> <p>Review of the PBJ Staffing Data Report for Quarter 4 2024 (July 1-September 30) revealed excessively low weekend staffing.</p> <p>2. Review of the Direct Care Staffing which included the facility census, direct care staff hours, and PPD (Per Patient Day-total hours of Registered Nurse Hours, Licensed Practical Nurse Hours, and Certified Nursing Assistant hours divided by the resident census = hours of care provided to each resident in a facility) provided by the Administrator via email on 4/11/2025 revealed the following:</p> <p>Saturday 3/16/2024 Total PPD 2.83</p> <p>Saturday 4/27/2024 Total PPD 2.96</p> <p>Saturday 5/25/2024 Total PPD 2.74</p> <p>Saturday 7/6/2024 Total PPD 2.96</p> <p>Saturday 9/8/2024 Total PPD 3.16</p> <p>Review of the Direct Care Staffing revealed the facility had PPD greater than 2.7 over 5 random Saturdays reviewed for excessively low staffing on the weekends during Quarter 2, Quarter 3, and Quarter 4.</p> <p>3. During a telephone interview on 4/11/2025 at 12:33 PM, Staffing Director was asked about the PBJ that reflected excessively low staffing on the weekends for the last 3 quarters for 2024. The Staffing Director stated, .yes, it is low staffing due to call ins, agency staff was included in the numbers .</p> <p>During a telephone interview on 4/11/2025 at 12:52 PM, the Administrator was asked about the facility PBJ reports for quarter 2, quarter 3, and quarter 4 which reflected excessively low weekend staffing. The Administrator stated, .we staff the same way on the weekends as we do on the weekdays .I will need to look back at the reports .If you will provide me the dates you want to review, I can send the staffing for those dates .</p> <p>(continued on next page)</p>

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<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a telephone interview on 4/11/2025 at 2:33 PM, the Administrator concluded the facility was not excessively low for staffing on the weekends during the quarters, but the facility failed to code direct care hours for a Certified Nursing Assistant that works in staffing, central supply, and medical records.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on policy review, medical record review, observation, and interviews, the facility failed to ensure infection control practices to prevent the spread of infection were used when 1 of 5 (Registered Nurse (RN II) nurses failed to perform hand hygiene during medication administration and Certified Nursing Assistant (CNA) LL was not following Enhance Barrier Precautions (EBP)s while providing care for Resident #311.</p> <p>The findings include:</p> <p>1. Review of the facility policy titled Instillation Eye Drops, dated 1/2014, revealed Should both eyes require instillation, wash and dry your hands thoroughly before treating each eye.</p> <p>Review of the facility policy titled, Enhanced Barrier Precautions, dated 4/2024 revealed, .Enhanced barrier precautions (EBPs) are utilized to reduce the transmission of multi-drug resistant organisms (MDROs) to residents .EBPs employ targeted gown and glove use in addition to standard precautions during high contact resident care activities when contact precautions do not otherwise apply. Gloves and gown are applied prior to performing the high contact resident care activity (as opposed to before entering the room).</p> <p>2. Review of the medical record revealed Resident #10 was admitted to the facility on [DATE], with diagnoses including Dementia, Insomnia, Cerebrovascular Disease, Fracture of Sacrum and Fracture Left Femur.</p> <p>Review of the Physician Order dated 8/9/2024, revealed Systane Solution 0.4-0.3% [percent] Instill 1 drop in both eyes four times a day for dry eyes.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 00, which indicated Resident #10 was severely cognitively impaired.</p> <p>Observation on 4/2/2025 at 3:40 PM, in Resident #10 's room, revealed RN II administered one drop of Artificial Tears to right eye and immediately administered one drop to the left eye. RN II failed to change gloves or perform hand hygiene between treating each eye.</p> <p>During an interview on 4/3/2025 at 12:10 PM the Director of Nursing (DON) was asked what should nurses do if administering eye drops to both eyes. The DON confirmed nurse should change gloves between eyes and do hand hygiene when they remove gloves.</p> <p>3. Review of medical record revealed Resident #311 was admitted to the facility on [DATE], with diagnoses which included Sepsis, Cerebral Palsy, Infection and Inflammatory Reaction due to other Urinary Catheter, Unspecified Intellectual Disabilities, and Urinary Tract Infection.</p> <p>Review of the admission Minimum Data Set (MDS) dated [DATE], revealed Resident #311 had a Brief Interview for Mental Status score of 0 which indicated severe cognitive impairment. Continued review revealed Resident #311 had an indwelling catheter. Further review revealed Resident #311 had 1 stage 3 pressure ulcer upon admission and received antibiotics over the last 7 days.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the care plan dated 3/21/2025, revealed a focus for PICC (Peripherally Inserted Central Catheter) line for administration of medication, a focus for Indwelling Catheter, and a focus for actual Pressure Injury on admission 3/22/2025 Right Lateral Thigh Stage 3.</p> <p>Observation and interview when entering Resident #311's room on 4/2/2025 at 10:25 AM, with Licensed Practical Nurse (LPN) KK, CNA LL was in the room standing by his bed. A used brief was laying in the floor adjacent to where CNA LL was standing. Resident #311 was laying on his back with no shirt and a clean brief was noted on the resident. CNA LL stated, I was about to get the resident up. LPN KK was asked if Resident #311 was on EBPs and LPN KK stated, Yes. LPN KK was asked if the CNA providing care should be wearing a gown. LPN KK stated, Yes. CNA LL stated, .Why should I be wearing a gown is there a sign on the door . LPN KK stated, Yes there is a sign on his door. LPN KK was asked why the resident would be on EBPs. LPN KK stated, .he has a catheter, he has a PICC line, and he has ESBL [Extended Spectrum Beta-Lactamase a group of enzymes produced by certain bacteria resistant to a wide range of antibiotics] . LPN KK was asked if the used brief should be thrown on the floor unbagged. LPN KK stated, No, and the curtain should have been pulled around the resident for his privacy.</p> <p>During an interview on 4/3/2025 at 12:19 PM, the Director of Nursing (DON) was asked if a resident was under EBPs what a CNA should be wearing while providing care. The DON stated, .PPE [Personal Protective Equipment] a gown and gloves . The DON was asked if a soiled brief should be placed in the floor unbagged. The DON stated, .soiled briefs should be disposed of in a garbage and no it should not be in the floor . the curtain should have been pulled .EHPs is used to protect the resident who has an opening on his body that would be a source of infection .it is to prevent infections.</p>		