

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335490	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2025
NAME OF PROVIDER OR SUPPLIER Bethel Nursing Home Company Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 17 Narragansett Avenue Ossining, NY 10562	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>41666</p> <p>Based on observation, record review and interview conducted during a recertification survey from 3/18/25 to 3/21/25, the facility did not ensure infection control prevention practices were maintained to prevent the development and transmission of communicable diseases and infection for all residents. Specifically, the facility did not provide documentation of screening, administration, or declination and education provided for 5 of 10 staff (Certified Nurse Aide #1 and #4, Licensed Practical Nurse #1, Registered Nurse Supervisor #1, Dietary Aide #3) reviewed for influenza and 10 of 10 staff (Certified Nurse Aide #1, #2, #4, Licensed Practical Nurse #1, Registered Nurse Supervisor #1, Dietary Aide #3, Director of Environmental Services, Director of Housekeeping, Physical Therapist #1 and Housekeeping Aide #1) reviewed for pneumococcal vaccination.</p> <p>The findings are:</p> <p>The facility policy titled Prevention, Early Detection and Control of Influenza dated 6/2023 documents the purpose is to control the spread of respiratory infections which includes a preventative vaccination program. All staff members will be offered the influenza vaccine on an annual basis. A master line listing of all residents and staff is to be maintained for all influenza vaccinations administered.</p> <p>The facility did not provide a Pneumococcal Vaccination Policy.</p> <p>During the recertification survey the facility was asked to provide documentation that influenza vaccination was offered, education was provided, and staff had the opportunity to consent or decline the vaccine for Certified Nurse Aide #1 and #4, Licensed Practical Nurse #1, Registered Nurse Supervisor #1, Dietary Aide #3 but none was provided. In addition, the facility was asked to provide documentation that pneumococcal vaccination was offered, education was provided, and staff had the opportunity to consent or decline the vaccine for (Certified Nurse Aide #1, #2, #4, Licensed Practical Nurse #1, Registered Nurse Supervisor #1, Dietary Aide #3, Director of Environmental Services, Director of Housekeeping, Physical Therapist #1 and Housekeeping Aide #1 but none was provided.</p> <p>During an interview on 03/20/25 at 01:36 PM with the Infection Preventionist</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>they stated they are the Preventionist for a few facilities and forwards consents and declinations to Human Resources when they obtain them from staff. The Infection Preventionist stated they have not been keeping a list of which staff has consented and received the influenza vaccination and who has declined. In addition, they stated they have not been offering or keeping track of pneumococcal vaccination for staff. If staff had the vaccine, then fine but not offering it or educating staff.</p> <p>During an interview with the Director of Nursing on 03/20/25 at 01:18 PM they stated vaccine information is sent to the Human Resources offsite for the new hires. They do not get pneumococcal status and has not been keeping track of vaccines since they started at the facility two months ago but stated it was important and was aware it should be done.</p> <p>10NYCRR 415.19 (a)(1-3)</p> <p>51902</p>

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<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p>41666</p> <p>Based on observation, record review and interview conducted during a Recertification survey from 3/18/25 to 3/21/25, the facility did not ensure infection control prevention practices were maintained to prevent the development and transmission of communicable diseases and infection for all residents. Specifically, the facility did not provide documentation of screening, administration or declination and education provided for 10 of 10 staff (Certified Nurse Aide #1, #2, #4, Licensed Practical Nurse #1, Registered Nurse Supervisor #1, Dietary Aide #3, Director of Environmental Services, Director of Housekeeping, Physical Therapist #1 and Housekeeping Aide #1), reviewed for COVID vaccination.</p> <p>The findings are:</p> <p>The facility COVID policy dated 12/24/20 documents newly hired staff will be asked to provide COVID vaccination information as part of their Human Resources medical record as they do with other vaccines. If they are unvaccinated, or not up to date, they will be provided education on COVID19 and offered the COVID vaccine.</p> <p>During the recertification survey the facility was asked to provide documentation that COVID vaccination was offered, education was provided, and staff had the opportunity to consent or decline the vaccine for Certified Nurse Aide #1, #2, #4, Licensed Practical Nurse #1, Registered Nurse Supervisor #1, Dietary Aide #3, Director of Environmental Services, Director of Housekeeping, Physical Therapist #1 and Housekeeping Aide #1 but none was provided.</p> <p>During an interview with the Infection Preventionist on 03/20/25 at 01:36 PM they stated the facility had not been offering the COVID vaccination to staff and did not give a reason as to why it had not been done.</p> <p>During an interview with the Director of Nursing on 03/20/25 at 01:53 PM they stated they had been at the facility for a few months and COVID vaccinations had not been offered to staff to her knowledge. The Director of Nursing stated they did not know why it was not being offered to staff but it was important and should have been done.</p> <p>10NYCRR 415.19 (a)(1-3)</p>		