STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		FCL080001	B. WING		04/2	2/2021
			<u>l</u>		1 04/2	Z/ZUZ I
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
BETHAN	IY RETREAT	102 ANN SPENCER	STREET R, NC 28159			
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE AT TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO			PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
C 000	Initial Comments		C 000			
	The Adult Care Lice annual survey on A	ensure Section conducted an pril 22, 2021.				
C 246	10A NCAC 13G .09	02(b) Health Care	C 246			
		02 Health Care Il assure referral and follow-up and acute health care needs				
	facility failed to ensu of 3 sampled reside refusals for two topi	et as evidenced by: views and interviews the ure physician notification for 2 ents related to medication ical pain medications a rapid acting insulin (Resident				
	The findings are:					
	1. Review of Reside 01/17/20 revealed of schizophrenia.	ent #2's current FL2 dated diagnoses included				
		#2's Resident Register ion date of 02/08/18.				
	Summary Sheet da was an order for a l	ent #2's Physician Order ted 01/17/20 revealed there Lidocaine 5% patch, apply to ily for 12 hours then remove, ilc back pain).				
	medication adminis revealed:	#2's February 2021 electronic tration record (eMAR)				
		y for a Lidocaine 5% patch, once daily for 12 hours, then				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
AND FLAN	OF CORRECTION	IDENTIFICATION NOWIGER.	A. BUILDING:		COIVIF	LETED
		FCL080001	B. WING		04/2	2/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BETHAN	IY RETREAT	102 ANN	STREET R, NC 28159			
0/10/15	CLIMMA DV CTA		·	DDOVIDEDIS DI AN OF CODDECT	ON	()(5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 246	Continued From pa	age 1	C 246			
	was applied 7 out of There was document the Lidocaine patch. There was no document the Lidocaine patch. There was no document the Lidocaine patch. There was an entrapply to lower back remove. There was document was applied 9 of 10 resident #2's Lidocain 11/21.	entation the resident refused in 21 of 28 opportunities. umentation the physician was sals. It #2's March 2021 eMAR, from 3/10/21, revealed: y for a Lidocaine 5% patch conce daily for 12 hours the entation the Lidocaine patch possible opportunities. ocaine patch was discontinued				
	Review of Resident #2's progress notes revealed there was no documentation the primary care physician (PCP) was notified of the Lidocaine patch refusals for 21 of 28 possible opportunities in February 2021 and 1 of 10 possible opportunities in March 2021.					
	04/22/21 at 3:05pm -Resident #2 freque patch for his back p -He did not mention patch"I guess he was no -She documented t -She did not notify to (PCP).	ently refused the Lidocaine pain. In why he did not want the				
		ne interview with Resident #2's t 2:17pm was unsuccessful.				

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		FCL080001	B. WING		04/22/2021	
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BETHAN	IY RETREAT	102 ANN S SPENCER	STREET R, NC 28159			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 246	Continued From pa	ge 2	C 246			
	Based on observations, interviews and record reviews it was determined Resident #2 was not interviewable.					
	order dated 03/10/2 Diclofenac 1% topic	ent #2's subsequent physician 21 revealed an order for cal gel apply 4 grams to lower day, (used to relieve pain, mation).				
	03/08/21 through 03-There was an entry apply to lower back applied at 8:00am, -There was docume applied 11 of 71 op -There was docume the Diclofenac gel 6-There was no documents.	y for Diclofenac 1% Topical gel three times a day, to be 2:00pm and 8:00pm. entation Diclofenac gel was				
	04/01/21 through 04-There was an entry apply to lower back applied at 8:00am, -There was docume applied 1 of 25 opp -There was docume Diclofenac gel 24 o -There was no documentified of the refus	y for Diclofenac 1% Topical gel three times a day, to be 2:00pm and 8:00pm. entation Diclofenac gel was ortunities. entation Resident #2 refused f 25 opportunities. umentation the PCP was				
	there was no docur notified the Diclofer opportunities in Ma	#2's progress notes revealed nentation the physician was nac gel refusals for 60 of 71 rch 2021, from 03/08/21 and 24 of 25 possible				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		FCL080001	B. WING		04/22/2021		
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
BETHAN	IY RETREAT	102 ANN S SPENCER	STREET 2, NC 28159				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE	
C 246	opportunities in Apr 04/09/21. Interview with the S 04/22/21 at 3:05pm -Resident #2 freque gel for his back pair -He did not mentior -"I guess he was no -She documented t -She did not notify t (PCP)She did not know s PCP. Attempted telephor PCP on 04/22/21 at Based on observatireviews, it was detainterviewable. Refer to interview w (RCD) on 04/22/21 Refer to interview w 04/22/21 at 3:30pm 2. Review of Reside 11/16/20 revealed: -Diagnoses include hypertension and sr-There was an order units per milliliter, ir meal (a rapid acting sugar levels)There was an order three times daily be served.	upervisor-in-Charge (SIC) on revealed: ently refused the Diclofenac on why he refused the gel. of in pain." the refusal in the eMAR. the primary care physician she was supposed to notify the reinterview with Resident #2's to 2:17pm was unsuccessful. cons, interviews and record termined Resident #2 was not with the Resident #2 was not with the Administrator on the the the interview with Resident #2 was not with the Resident Care Director at 3:05pm. With the Administrator on the the first part of a Novolog Flexpen 100 object 10 units before each grinsulin used to lower blood er for fingerstick blood sugars fore each meal (FSBS).	C 246				
	Review of Resident	#3's February 2021 electronic					

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	SURVEY
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	` '		COMPLETED	
	FCL080001	B. WING		04/2	2/2021
NAME OF PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BETHAMY RETREAT	102 ANN 9	STREET			
DETITABLE REINEAL	SPENCER	R, NC 28159			
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPERTION OF THE APPROPERTIES OF THE A	D BE	(X5) COMPLETE DATE
C 246 Continued From pa	ge 4	C 246			
medication administrevealed: -There was an entry units per milliliter, in meal, to be administed 5:00pmThere was docume administered 60 of -There was docume refused for 24 of 84 -There was no docume physician (PCP) was review of the FSBS through 02/28/21 results to 351. Review of Resident revealed: -There was an entry units per milliliter, in meal, to be administed 5:00pmThere was docume administered 67 of -There was docume refused for 24 of 91 -There was no docume refused for 24 of 91 -There was no docume refused for 24 of 91 -There was no docume refused for 24 of 91 -There was no docume refused for 24 of 91 -There was no docume refused for 24 of 91 -There was no docume refused for 24 of 91 -There was no docume refused for 24 of 91 -There was no docume refused for 24 of 91 -There was no docume refused for 24 of 91 -There was no docume refused for 24 of 91 -There was no document with the refused for 305. Review of Resident of 305.	tration record (eMAR) y for the Novolog Flexpen 100 nject 10 units before each stered at 7:30am, 11:30am and entation the Novolog 10u was 84 opportunities. entation the Novolog 10u was 9 opportunities. umentation the primary care 1s notified of the refusals. S readings from 02/01/21 evealed FSBS readings from 1 #3's March 2021 eMAR y for the Novolog Flexpen 100 nject 10 units before each 1 stered at 7:30am, 11:30am and 1 entation the Novolog 10u was 1 opportunities. 1 entation the Novolog 10u was 2 opportunities. 2 entation the Novolog 10u was 3 opportunities. 3 entation the PCP was als. 2 adings from 03/01/21 through 5 ESBS readings ranged from 84 2 #3's April 2021 eMAR, from				

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	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	` '		COMPLETED	
		FCL080001	B. WING		04/2	2/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BETHAN	IY RETREAT	102 ANN	_			
			R, NC 28159			I
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 246	Continued From pa	ge 5	C 246			
	-There was docume administered 34 of -There was docume refused 31 of 65 pc -There was no documotified of the refused Neview of FSBS results of the refused 19. Interview with the SO4/22/21 at 3:05pm	entation Novolog 10u was 65 opportunities. entation the Novolog 10u was essible opportunities. Immentation the PCP was als. adings from 04/01/21 through FSBS readings ranged from 93 upervisor-in-Charge (SIC) on				
	aide for the residen -Resident #3 somet insulinHe did not refuse it readings, he just re not feel he needed -She would take his before mealsHis FSBS was usu -She did not notify t	ts. times refused his Novolog nsulin based on his FSBS fused because he said he did that scheduled dose. FSBS three times daily				
	Attempted telephon primary care provid 2:17pm was unsuccessed on observati	en policy provided for staff ent refusals of medication. the interview with Resident #3's er (PCP) on 04/22/21 at cessful. ons, interviews and record rmined Resident #2 was not				
	Refer to interview w (RCD) on 04/22/21	vith the Resident Care Director at 3:05pm.				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		FCL080001	B. WING		04/2	2/2021
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
BETHAM	BETHAMY RETREAT 102 ANN SPENCE					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU) CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 246	Continued From pa	ge 6	C 246			
	Refer to interview w 04/22/21 at 3:30pm	rith the Administrator on				
	on 04/22/21 at 3:05 -She did not know t (PCP) were not bein refused their medic moreThe staff had been PCP when there we refusals of a medica -She had trained the including the curren Interview with the A	he primary care physicians ng notified when residents ation or treatments 3 times or trained to notify the resident's ere 3 or more consecutive ation. e staff regarding this policy,				
	procedures of the fa-Medication refusals PCP and their recorstaffIt was the policy of physician when a reconsecutive timesShe did not know pnotified when a reside when a reside more consecutive times.	s should be reported to the mmendations followed by the the facility to notify the esident refused a medication 3 ohysicians were not being dent refused their medication tion the SICs should notify the nt refused a medication 3 or mes.				
C 330	(a) A family care ho	04(a) Medication 04 Medication Administration ome shall assure that the ministration of medications,	C 330			

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STATE FORM 6899 V9YI11 If continuation sheet 7 of 15

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		FCL080001	B. WING		04/2	22/2021
NAME OF	PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	STATE, ZIP CODE		
BETHAN	BETHAMY RETREAT 102 AND SPENCE					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
C 330	prescription and not by staff are in accor (1) orders by a licer which are maintaine (2) rules in this Sec and procedures. This Rule is not me Based on observatireviews, the facility medication as order practitioner for 1 of (Resident #1) relate glucose levels. The findings are: Review of Resident 03/03/21 revealed: -Diagnoses include hypertension, schize-There was an order acting insulin to treat before meals and a -No sliding scale part Resident #1's FL2. Review of Resident revealed he was ad 03/09/21. Review of current produced to the control of the current produced to the current produced t	n-prescription and treatments rdance with: nsed prescribing practitioner ed in the resident's record; and tion and the facility's policies et as evidenced by: on, interviews and record failed to administer a red by a licensed prescribing 3 sampled residents ed to a medication to treat high	C 330			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			7 20.25 (6.			
		FCL080001	B. WING		04/2	2/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BETHAN	IY RETREAT	102 ANN SPENCER	STREET R, NC 28159			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
C 330	before meals and a FSBS less than 150 give 2 units, FSBS 251-300 give 6 unit greater than 350 gi Review of Resident Medication Administered and the revealed: There was an entrinsulin 10 units before sliding scale. The lispro insulin 10 administered 24 tinto 03/31/21. The lispro insulin 11 administered 24 tinto 03/31/21 due to "wito 150 ministered	at bedtime per sliding scale; 0 give 0 units, FSBS 151-200 201-250 give 4 units, FSBS s, 301-350 give 8 units, and ve 10 units. It #1's March 2021 electronic stration Record (eMAR) y dated 03/22/21 for lispropore each meal and at bedtime 10 units was documented as nes from 03/23/21 at 5:00pm 10 units was circled indicating in times from 03/23/21 and thheld per DR/RN orders". y dated 03/23/21 for lisprosing and at bedtime per sliding nan 150 give 0 units, FSBS s, FSBS 201-250 give 4 units, e 6 units, 301-350 give 8 units,	C 330			
	not administered te 04/22/21 due to "wi	0 units was circled indicating n times from 04/01/21 and thheld per DR/RN orders". y for lispro insulin before				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		FCL080001	B. WING		04/2	2/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BETHAN	BETHAMY RETREAT 102 ANN SPENCE					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
C 330	meals and at bedtir less than 150 give of units, FSBS 201-28 give 6 units, 301-38 than 350 give 10 urboth entries were. The sliding scale lias administered coscale. Observation of Resavailable for admin 3:55pm revealed: -There was a box or refrigerator, with a attached for Reside. The dispensed datached for diabete 150 = 0 units, 151-3 units, 251-300 = 6 greater than 350 = Interview with the Source of the pharmacy of the pha	me per sliding scale; FSBS 0 units, FSBS 151-200 give 2 50 give 4 units, FSBS 251-300 50 give 8 units, and greater nits. documented the same. ispro insulin was documented rrectly according to the sliding sident #1's medications istration on 04/22/21 at of insulin lispro in the pharmacy generated label ent #1. It was 03/09/2021. It was 03/09/2021. It he label were, "inject per taneously four times a day as so, for blood sugar less than 200 = 2 units, 201-250 = 4 units, 301-350 = 8 units, 10 units". Supervisor-in-charge (SIC) on a revealed: were faxed to the pharmacy entered them on the eMAR. Why there was a delay for in to be added to the eMAR. In inistering the lispro insulin to ding to the label on the box, by ministered the lispro insulin 10 and at bedtime and was cumented she had	C 330	DEFICIENCY		
	scale entry on the	ry and the lispro insulin sliding eMAR.				

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 102 ANN STREET 102 ANN STREET SPENCER, NC 28159 SPENCER, NC 28159 SPENCER, NC 28159 CANADA PROVIDER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR USE DEPITIFYING INFORMATION) C 330 Continued From page 10 -She thought the lispro insulin entries on the eMAR were a "little confusing" and should have gotten the order clarifiedShe did not know my she did not call the provider and get the order clarifiedIt was her responsibility to get physician orders clarified when needed. Telephone interview with a pharmacist from the facility's contracted pharmacy on 04/22/21 at 2.21pm revealed: -Resident #1's medications were usually filled by the Veteran's Administration (VA) pharmacy, but they could fill prescriptions on an emergency basis for Resident #1's lispro insulin once on 03/23/21Two insulin lispro pens were dispensed to the facility on 03/23/21 for Resident #1. Interview with the Resident Care Director (RCD) on 04/22/21 at 4:10pm revealed: -The SIC was responsible to administer medications according to the medication ordersShe did not know Resident #1 did not get lispro insulin 10 units before meals and at bedtime as orderedThe SIC should compare the medication label to the orders on the eMAR and clarify any discrepancies with the PCP or the pharmacyThe SIC care proposale to a clarify any confusing or incomplete orders with the Administrator on 04/22/21 at 1.	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER BETHAMY RETREAT 102 ANN STREET SPENCER, NC 28159 [M4] ID PROVIDER (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG CASO Continued From page 10 -She thought the lispro insulin entries on the eMAR and get the order clarifiedIt was her responsibility to get physician orders clarified when needed. Telephone interview with a pharmacist from the facility's contracted pharmacy, but they could fill prescriptions on an emergency basis for Resident #1's lispro insulin once on 03/23/21Two insulin lispro pens were dispensed to the facility on 03/23/21 for Resident #1. Interview with the Resident care Director (RCD) on 04/22/21 at 4-10pm revealed: -The SIC was responsible to administer medications according to the medication rate or of the MRR and clarify any discrepancies with the PCP. Interview with the Administrator on 04/22/21 at				A. BUILDING.			
SUMMARY STATEMENT OF DEFICIENCIES DIP PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES DIP PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES DIP PREFIX TAG SUMMARY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FULL TAG CROSS-REFERENCED TO THE APPROPRIATE DIP PREFIX TAG CROSS-REFERENCED THE ACCHOOLING TAG CROSS-REFERENCED THE ACCHOOLING TAG CROSS-REFERENCED THE ACCHOOLING TAG CROSS-REFERENCED THE ACCHOOLING TAG CROSS-REFERENCED THE			FCL080001	B. WING		04/22/2021	
CA D SUMMARY STATEMENT OF DEFICIENCIES D PROVIDER'S PLAN OF CORRECTION (CS)	NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
C 330 Continued From page 10 -She thought the lispro insulin entries on the eMAR were a "little confusing" and should have gotten the order clarifiedShe did not know why she did not call the provider and get the order clarified with the facility's contracted pharmacy on 04/22/21 at 2:21 pm revealed: -Resident #1's medications were usually filled by the Veteran's Administration (VA) pharmacy, but they could fill prescriptions on an emergency basis for Resident #1's lispro insulin once on 03/23/21Two insulin lispro pens were dispensed to the facility on 03/23/21 for Resident #1. Interview with the Resident #1 clarified not know Resident #1 dhot ordersShe did not know Resident #1 dhot get lispro insulin 10 units before meals and at bedtime as orderedThe SIC should compare the medication label to the orders on the eMAR and clarify any discrepancies with the PCP or the pharmacyThe SIC was responsible to clarify any confusing or incomplete orders with the PCP. Interview with the Administrator on 04/22/21 at	BETHAN	IY RETREAT					
-She thought the lispro insulin entries on the eMAR were a "little confusing" and should have gotten the order clarifiedShe did not know why she did not call the provider and get the order clarifiedIt was her responsibility to get physician orders clarified when needed. Telephone interview with a pharmacist from the facility's contracted pharmacy on 04/22/21 at 2:21pm revealed: -Resident #1's medications were usually filled by the Veteran's Administration (VA) pharmacy, but they could fill prescriptions on an emergency basis for Resident #1They filled Resident #1They filled Resident #1They filled Resident #1. Interview with the Resident Care Director (RCD) on 04/22/21 at 4:70pm revealed: -The SIC was responsible to administer medications according to the medication ordersShe did not know Resident #1 did not get lispro insulin 10 units before meals and at bedtime as orderedThe SIC should compare the medication label to the orders on the eMAR and clarify any discrepancies with the PCP or the pharmacyThe SIC was responsible to clarify any onfusing or incomplete orders with the PCP. Interview with the Administrator on 04/22/21 at	PRÉFIX	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE	COMPLETE
4:10pm revealed: -The SIC was responsible to administer resident medications as orderedThe SIC was responsible to clarify medication	C 330	-She thought the lise eMAR were a "little gotten the order cla-She did not know provider and get the lit was her responsible clarified when need to the veteran's contracted 2:21pm revealed: -Resident #1's medithe veteran's Admit they could fill preso basis for Resident and little could fill preso basis for	spro insulin entries on the confusing" and should have urified. Why she did not call the e order clarified. ibility to get physician orders led. I with a pharmacist from the pharmacy on 04/22/21 at lications were usually filled by nistration (VA) pharmacy, but riptions on an emergency #1. Int #1's lispro insulin once on ones were dispensed to the for Resident #1. Resident Care Director (RCD) open revealed: Insible to administer ling to the medication orders. Resident #1 did not get lispro one meals and at bedtime as open meals and at bedtime as open meals and clarify any the PCP or the pharmacy. Insible to clarify any confusing res with the PCP. Indication insulin orders and insible to administer resident ered.	C 330			

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		FCL080001	B. WING	B. WING		04/22/2021	
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1 04/2	2/2021	
BETHAM	BETHAMY RETREAT 102 ANN SPENCE						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE	
C 330	Continued From page 11		C 330				
	Attempted telephone interview with the VA pharmacy on 04/22/21 at 2:38pm was unsuccessful.						
	Attempted telephone interview with Resident #1's Primary Care Provider (PCP) on 04/22/21 at 3:02pm was unsuccessful.						
C 342	10A NCAC 13G .10 Administration	004(j) Medication	C 342				
	(j) The resident's n record (MAR) shall following: (1) resident's name (2) name of the me (3) strength and do medication adminis (4) instructions for a or treatment; (5) reason or justific medications or treadocumenting the re (6) date and time of (7) documentation of medications or treadomission, including (8) name or initials the medication or tresignature equivalents	dication or treatment order; osage or quantity of stered; administering the medication cation for the administration of tments as needed (PRN) and sulting effect on the resident; f administration; of any omission of tments and the reason for the refusals; and of the person administering reatment. If initials are used, a at to those initials is to be anintained with the medication					
	interviews, the facil	et as evidenced by: ons, record reviews, and ity failed to ensure the nic medication administration					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
71101 1211	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		OOWII	LLILD
			D. WING			
		FCL080001	B. WING		04/2	2/2021
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DDRESS, CITY, STATE, ZIP CODE			
DETHAN	IV DETDEAT	102 ANN 9	STREET			
BEIRAN	IY RETREAT	SPENCER	R, NC 28159			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 342	Continued From page 12		C 342			
	records (eMARs) fo (Resident #1).	or 1 of 3 sampled residents				
	The findings are:					
	03/03/21 revealed: -Diagnoses include hypertension, schiz -There was an orde acting insulin to trea before meals and a Review of a subsec 03/29/21 revealed: -There was an orde finger stick blood so at bedtimeThere was an orde before meals and a -There was an orde before meals and a FSBS less than 150 give 2 units, FSBS	ophrenia, and hyperlipidemia. It for lispro insulin (a fast at high glucose levels) 10 units to bedtime per sliding scale. Juent physician's order dated at to check Resident #1's ugar (FSBS) before meals and ar for lispro insulin 10 units to bedtime per sliding scale. It to administer lispro insulin to bedtime per sliding scale; or to administer lispro insulin to bedtime per sliding scale; or give 0 units, FSBS 151-200 201-250 give 4 units, FSBS s, 301-350 give 8 units, and				
	Medication Administrevealed: -There was an entryinsulin 10 units before sliding scaleThe lispro insulin 1 administered 24 timbedtime from 03/23 Review of Resident revealed:	#1's March 2021 electronic tration Record (eMAR) y dated 03/22/21 for lispropre each meal and at bedtime 0 units was documented as sees before meals and at 1/21 at 5:00pm to 03/31/21. #1's April 2021 MAR y for lispro insulin 10 units				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	SURVEY
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	` ,		(X3) DATE SURVEY COMPLETED	
			7 11 DOILD 11 TO			
		FCL080001	B. WING		04/2	2/2021
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DDRESS, CITY, STATE, ZIP CODE			
DETHAM	IY RETREAT	102 ANN \$	STREET			
DETHAN	II KEIKEAI	SPENCER	R, NC 28159			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 342	Continued From page 13		C 342			
0 042	before each meal a scale. -The lispro insulin 1 administered 32 timbedtime from 04/01 Observation of Resavailable for adminimation 3:55pm revealed: -There was a box or refrigerator, with a pattached for Reside -The directions on the sliding scale subcut needed for diabetes 150 = 0 units, 151-2 units, 251-300 = 6 to greater than 350 =	nd at bedtime per sliding 0 units was documented as less before meals and at /21 to 04/22/21. ident #1's medications stration on 04/22/21 at finsulin lispro in the charmacy generated label ent #1. the label were, "inject per taneously four times a day as so, for blood sugar less than 200 = 2 units, 201-250 = 4 units, 301-350 = 8 units, 10 units".	0 042			
	O4/22/21 at 1:56pm -She had never adrunits before meals -She documented to insulin 10 units entry scale entry on the end of the the e	ninistered the lispro insulin 10 and at bedtime. he same in both the lispro y and the lispro insulin sliding MAR. why she documented it as she did not administer it.				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		IDENTIFICATION NOWIBER.	A. BUILDING:		COMPLETED		
		FCL080001	B. WING		04/2	2/2021	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
BETHAMY RETREAT 102 ANN STREET SPENCER, NC 28159							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
C 342	Interview with the A 4:10pm revealed: -The SIC was responded as orders with the PCF Attempted telephore	administrator on 04/22/21 at consible to administer resident ered. Consible to clarify medication when necessary. The interview with Resident #1's der (PCP) on 04/22/21 at	C 342				

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