

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL080001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/22/2021</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BETHAMY RETREAT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>102 ANN STREET SPENCER, NC 28159</b>
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments	C 000		
C 246	<p>10A NCAC 13G .0902(b) Health Care</p> <p>10A NCAC 13G .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure physician notification for 2 of 3 sampled residents related to medication refusals for two topical pain medications (Resident #2) and a rapid acting insulin (Resident #3).</p> <p>The findings are:</p> <p>1. Review of Resident #2's current FL2 dated 01/17/20 revealed diagnoses included schizophrenia.</p> <p>Review of Resident #2's Resident Register revealed an admission date of 02/08/18.</p> <p>a. Review of Resident #2's Physician Order Summary Sheet dated 01/17/20 revealed there was an order for a Lidocaine 5% patch, apply to lower back once daily for 12 hours then remove, (used to treat chronic back pain).</p> <p>Review of Resident #2's February 2021 electronic medication administration record (eMAR) revealed: -There was an entry for a Lidocaine 5% patch, apply to lower back once daily for 12 hours, then remove.</p>	C 246		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL080001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/22/2021</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BETHAMY RETREAT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>102 ANN STREET SPENCER, NC 28159</b>
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 246	<p>Continued From page 1</p> <ul style="list-style-type: none"> <li>-There was documentation the Lidocaine patch was applied 7 out of 28 opportunities.</li> <li>-There was documentation the resident refused the Lidocaine patch 21 of 28 opportunities.</li> <li>-There was no documentation the physician was notified of the refusals.</li> </ul> <p>Review of Resident #2's March 2021 eMAR, from 03/01/21 through 03/10/21, revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for a Lidocaine 5% patch apply to lower back once daily for 12 hours the remove.</li> <li>-There was documentation the Lidocaine patch was applied 9 of 10 possible opportunities.</li> <li>-Resident #2's Lidocaine patch was discontinued on 03/11/21.</li> </ul> <p>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.</p> <p>Interview with the Supervisor-in-Charge (SIC) on 04/22/21 at 3:05pm revealed:</p> <ul style="list-style-type: none"> <li>-Resident #2 frequently refused the Lidocaine patch for his back pain.</li> <li>-He did not mention why he did not want the patch.</li> <li>-"I guess he was not in pain."</li> <li>-She documented the refusal on the eMAR.</li> <li>-She did not notify the primary care physician (PCP).</li> <li>-She did not know she was supposed to notify the PCP.</li> </ul> <p>Attempted telephone interview with Resident #2's PCP on 04/22/21 at 2:17pm was unsuccessful.</p>	C 246		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL080001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/22/2021</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BETHAMY RETREAT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>102 ANN STREET SPENCER, NC 28159</b>
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 246	<p>Continued From page 2</p> <p>Based on observations, interviews and record reviews it was determined Resident #2 was not interviewable.</p> <p>b. Review of Resident #2's subsequent physician order dated 03/10/21 revealed an order for Diclofenac 1% topical gel apply 4 grams to lower back three times a day, (used to relieve pain, swelling and inflammation).</p> <p>Review of Resident #2's March 2021 eMAR, from 03/08/21 through 03/31/21, revealed:                      -There was an entry for Diclofenac 1% Topical gel apply to lower back three times a day, to be applied at 8:00am, 2:00pm and 8:00pm.                      -There was documentation Diclofenac gel was applied 11 of 71 opportunities.                      -There was documentation Resident #2 refused the Diclofenac gel 60 of 71 opportunities.                      -There was no documentation the primary care physician (PCP) was notified of the refusals.</p> <p>Review of Resident #2's April 2021 eMAR, from 04/01/21 through 04/09/21, revealed:                      -There was an entry for Diclofenac 1% Topical gel apply to lower back three times a day, to be applied at 8:00am, 2:00pm and 8:00pm.                      -There was documentation Diclofenac gel was applied 1 of 25 opportunities.                      -There was documentation Resident #2 refused Diclofenac gel 24 of 25 opportunities.                      -There was no documentation the PCP was notified of the refusals.                      -Diclofenac gel was discontinued on 04/10/21.</p> <p>Review or Resident #2's progress notes revealed there was no documentation the physician was notified the Diclofenac gel refusals for 60 of 71 opportunities in March 2021, from 03/08/21 through 03/31/21, and 24 of 25 possible</p>	C 246		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL080001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/22/2021</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BETHAMY RETREAT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>102 ANN STREET SPENCER, NC 28159</b>
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 246	<p>Continued From page 3</p> <p>opportunities in April 2021, from 04/01/21 through 04/09/21.</p> <p>Interview with the Supervisor-in-Charge (SIC) on 04/22/21 at 3:05pm revealed:</p> <ul style="list-style-type: none"> <li>-Resident #2 frequently refused the Diclofenac gel for his back pain.</li> <li>-He did not mention why he refused the gel.</li> <li>-"I guess he was not in pain."</li> <li>-She documented the refusal in the eMAR.</li> <li>-She did not notify the primary care physician (PCP).</li> <li>-She did not know she was supposed to notify the PCP.</li> </ul> <p>Attempted telephone interview with Resident #2's PCP on 04/22/21 at 2:17pm was unsuccessful.</p> <p>Based on observations, interviews and record reviews, it was determined Resident #2 was not interviewable.</p> <p>Refer to interview with the Resident Care Director (RCD) on 04/22/21 at 3:05pm.</p> <p>Refer to interview with the Administrator on 04/22/21 at 3:30pm.</p> <p>2. Review of Resident #3's current FL2 dated 11/16/20 revealed:</p> <ul style="list-style-type: none"> <li>-Diagnoses included Type II Diabetes, hypertension and schizophrenia.</li> <li>-There was an order for a Novolog Flexpen 100 units per milliliter, inject 10 units before each meal (a rapid acting insulin used to lower blood sugar levels).</li> <li>-There was an order for fingerstick blood sugars three times daily before each meal (FSBS).</li> </ul> <p>Review of Resident #3's February 2021 electronic</p>	C 246		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL080001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/22/2021</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BETHAMY RETREAT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>102 ANN STREET SPENCER, NC 28159</b>
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 246	<p>Continued From page 4</p> <p>medication administration record (eMAR) revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for the Novolog Flexpen 100 units per milliliter, inject 10 units before each meal, to be administered at 7:30am, 11:30am and 5:00pm.</li> <li>-There was documentation the Novolog 10u was administered 60 of 84 opportunities.</li> <li>-There was documentation the Novolog 10u was refused for 24 of 84 opportunities.</li> <li>-There was no documentation the primary care physician (PCP) was notified of the refusals.</li> </ul> <p>Review of the FSBS readings from 02/01/21 through 02/28/21 revealed FSBS readings from 114 to 351.</p> <p>Review of Resident #3's March 2021 eMAR revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for the Novolog Flexpen 100 units per milliliter, inject 10 units before each meal, to be administered at 7:30am, 11:30am and 5:00pm.</li> <li>-There was documentation the Novolog 10u was administered 67 of 91 opportunities.</li> <li>-There was documentation the Novolog 10u was refused for 24 of 91 opportunities.</li> <li>-There was no documentation the PCP was notified of the refusals.</li> </ul> <p>Review of FSBS readings from 03/01/21 through 03/31/21 revealed FSBS readings ranged from 84 to 305.</p> <p>Review of Resident #3's April 2021 eMAR, from 04/01/21 through 04/22/21 revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for Novolog Flexpen 100 units per milliliter, inject 10 units before each meal, to be administered at 7:30am, 11:30am and 5:00pm.</li> </ul>	C 246		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL080001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/22/2021</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BETHAMY RETREAT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>102 ANN STREET SPENCER, NC 28159</b>
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 246	<p>Continued From page 5</p> <ul style="list-style-type: none"> <li>-There was documentation Novolog 10u was administered 34 of 65 opportunities.</li> <li>-There was documentation the Novolog 10u was refused 31 of 65 possible opportunities.</li> <li>-There was no documentation the PCP was notified of the refusals.</li> </ul> <p>Review of FSBS readings from 04/01/21 through 04/22/21 revealed FSBS readings ranged from 93 to 219.</p> <p>Interview with the Supervisor-in-Charge (SIC) on 04/22/21 at 3:05pm revealed:</p> <ul style="list-style-type: none"> <li>-She was the primary caregiver and medication aide for the residents.</li> <li>-Resident #3 sometimes refused his Novolog insulin.</li> <li>-He did not refuse insulin based on his FSBS readings, he just refused because he said he did not feel he needed that scheduled dose.</li> <li>-She would take his FSBS three times daily before meals.</li> <li>-His FSBS was usually not over 300.</li> <li>-She did not notify the PCP when Resident #3 refused his insulin because there was no order to notify him.</li> </ul> <p>There was no written policy provided for staff procedure for resident refusals of medication.</p> <p>Attempted telephone interview with Resident #3's primary care provider (PCP) on 04/22/21 at 2:17pm was unsuccessful.</p> <p>Based on observations, interviews and record reviews it was determined Resident #2 was not interviewable.</p> <p>Refer to interview with the Resident Care Director (RCD) on 04/22/21 at 3:05pm.</p>	C 246		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL080001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/22/2021</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BETHAMY RETREAT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>102 ANN STREET SPENCER, NC 28159</b>
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 246	<p>Continued From page 6</p> <p>Refer to interview with the Administrator on 04/22/21 at 3:30pm.</p> <p>Interview with the Resident Care Director (RCD) on 04/22/21 at 3:05pm revealed:</p> <ul style="list-style-type: none"> <li>-She did not know the primary care physicians (PCP) were not being notified when residents refused their medication or treatments 3 times or more.</li> <li>-The staff had been trained to notify the resident's PCP when there were 3 or more consecutive refusals of a medication.</li> <li>-She had trained the staff regarding this policy, including the current SIC.</li> </ul> <p>Interview with the Administrator on 04/22/21 at 3:30pm revealed:</p> <ul style="list-style-type: none"> <li>-The RCD trained the SIC in the policies and procedures of the facility.</li> <li>-Medication refusals should be reported to the PCP and their recommendations followed by the staff.</li> <li>-It was the policy of the facility to notify the physician when a resident refused a medication 3 consecutive times.</li> <li>-She did not know physicians were not being notified when a resident refused their medication 3 or more times.</li> <li>-It was her expectation the SICs should notify the PCP when a resident refused a medication 3 or more consecutive times.</li> </ul>	C 246		
C 330	<p>10A NCAC 13G .1004(a) Medication Administration</p> <p>10A NCAC 13G .1004 Medication Administration (a) A family care home shall assure that the preparation and administration of medications,</p>	C 330		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL080001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/22/2021</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BETHAMY RETREAT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>102 ANN STREET SPENCER, NC 28159</b>
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 330	<p>Continued From page 7</p> <p>prescription and non-prescription and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures.</p> <p>This Rule is not met as evidenced by: Based on observation, interviews and record reviews, the facility failed to administer a medication as ordered by a licensed prescribing practitioner for 1 of 3 sampled residents (Resident #1) related to a medication to treat high glucose levels.</p> <p>The findings are:</p> <p>Review of Resident #1's current FL2 dated 03/03/21 revealed: -Diagnoses included diabetes mellitus, hypertension, schizophrenia, and hyperlipidemia. -There was an order for lispro insulin (a fast acting insulin to treat high glucose levels) 10 units before meals and at bedtime per sliding scale. -No sliding scale parameter was listed on Resident #1's FL2.</p> <p>Review of Resident #1's admission information revealed he was admitted to the facility on 03/09/21.</p> <p>Review of current physician's orders dated 03/29/21 revealed: -There was an order to check Resident #1's finger stick blood sugar (FSBS) before meals and at bedtime. -There was an order for lispro insulin 10 units before meals and at bedtime per sliding scale. -There was an order to administer lispro insulin</p>	C 330		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL080001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/22/2021</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BETHAMY RETREAT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>102 ANN STREET SPENCER, NC 28159</b>
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 330	<p>Continued From page 8</p> <p>before meals and at bedtime per sliding scale; FSBS less than 150 give 0 units, FSBS 151-200 give 2 units, FSBS 201-250 give 4 units, FSBS 251-300 give 6 units, 301-350 give 8 units, and greater than 350 give 10 units.</p> <p>Review of Resident #1's March 2021 electronic Medication Administration Record (eMAR) revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry dated 03/22/21 for lispro insulin 10 units before each meal and at bedtime per sliding scale.</li> <li>-The lispro insulin 10 units was documented as administered 24 times from 03/23/21 at 5:00pm to 03/31/21.</li> <li>-The lispro insulin 10 units was circled indicating not administered ten times from 03/23/21 and 03/31/21 due to "withheld per DR/RN orders".</li> <li>-There was an entry dated 03/23/21 for lispro insulin before meals and at bedtime per sliding scale; FSBS less than 150 give 0 units, FSBS 151-200 give 2 units, FSBS 201-250 give 4 units, FSBS 251-300 give 6 units, 301-350 give 8 units, and greater than 350 give 10 units.</li> <li>-Both entries were documented the same.</li> <li>-The sliding scale lispro insulin was documented as administered correctly according to the sliding scale.</li> </ul> <p>Review of Resident #1's April 2021 MAR revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for lispro insulin 10 units before each meal and at bedtime per sliding scale.</li> <li>-The lispro insulin 10 units was documented as administered 32 times from 04/01/21 to 04/22/21.</li> <li>-The lispro insulin 10 units was circled indicating not administered ten times from 04/01/21 and 04/22/21 due to "withheld per DR/RN orders".</li> <li>-There was an entry for lispro insulin before</li> </ul>	C 330		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL080001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/22/2021</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BETHAMY RETREAT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>102 ANN STREET SPENCER, NC 28159</b>
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 330	<p>Continued From page 9</p> <p>meals and at bedtime per sliding scale; FSBS less than 150 give 0 units, FSBS 151-200 give 2 units, FSBS 201-250 give 4 units, FSBS 251-300 give 6 units, 301-350 give 8 units, and greater than 350 give 10 units.</p> <p>-Both entries were documented the same.</p> <p>-The sliding scale lispro insulin was documented as administered correctly according to the sliding scale.</p> <p>Observation of Resident #1's medications available for administration on 04/22/21 at 3:55pm revealed:</p> <p>-There was a box of insulin lispro in the refrigerator, with a pharmacy generated label attached for Resident #1.</p> <p>-The dispensed date was 03/09/2021.</p> <p>-The directions on the label were, "inject per sliding scale subcutaneously four times a day as needed for diabetes, for blood sugar less than 150 = 0 units, 151-200 = 2 units, 201-250 = 4 units, 251-300 = 6 units, 301-350 = 8 units, greater than 350 = 10 units".</p> <p>Interview with the Supervisor-in-charge (SIC) on 04/22/21 at 1:56pm revealed:</p> <p>-Medication orders were faxed to the pharmacy and the pharmacy entered them on the eMAR.</p> <p>-She did not know why there was a delay for Resident #1's insulin to be added to the eMAR.</p> <p>-She had been administering the lispro insulin to Resident #1 according to the label on the box, by sliding scale only.</p> <p>-She had never administered the lispro insulin 10 units before meals and at bedtime and was unsure why she documented she had administered the insulin.</p> <p>-She documented the same in both the lispro insulin 10 units entry and the lispro insulin sliding scale entry on the eMAR.</p>	C 330		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL080001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/22/2021</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BETHAMY RETREAT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>102 ANN STREET SPENCER, NC 28159</b>
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 330	<p>Continued From page 10</p> <ul style="list-style-type: none"> <li>-She thought the lispro insulin entries on the eMAR were a "little confusing" and should have gotten the order clarified.</li> <li>-She did not know why she did not call the provider and get the order clarified.</li> <li>-It was her responsibility to get physician orders clarified when needed.</li> </ul> <p>Telephone interview with a pharmacist from the facility's contracted pharmacy on 04/22/21 at 2:21pm revealed:</p> <ul style="list-style-type: none"> <li>-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.</li> <li>-They filled Resident #1's lispro insulin once on 03/23/21.</li> <li>-Two insulin lispro pens were dispensed to the facility on 03/23/21 for Resident #1.</li> </ul> <p>Interview with the Resident Care Director (RCD) on 04/22/21 at 4:10pm revealed:</p> <ul style="list-style-type: none"> <li>-The SIC was responsible to administer medications according to the medication orders.</li> <li>-She did not know Resident #1 did not get lispro insulin 10 units before meals and at bedtime as ordered.</li> <li>-The SIC should compare the medication label to the orders on the eMAR and clarify any discrepancies with the PCP or the pharmacy.</li> <li>-The SIC was responsible to clarify any confusing or incomplete orders with the PCP.</li> </ul> <p>Interview with the Administrator on 04/22/21 at 4:10pm revealed:</p> <ul style="list-style-type: none"> <li>-The SIC was responsible to administer resident medications as ordered.</li> <li>-The SIC was responsible to clarify medication orders with the PCP when necessary.</li> </ul>	C 330		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL080001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/22/2021</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BETHAMY RETREAT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>102 ANN STREET SPENCER, NC 28159</b>
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 330	Continued From page 11  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 330		
C 342	10A NCAC 13G .1004(j) Medication Administration  10A NCAC 13G .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's name; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR).  This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure the accuracy of electronic medication administration	C 342		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL080001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/22/2021</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BETHAMY RETREAT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>102 ANN STREET SPENCER, NC 28159</b>
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 342	<p>Continued From page 12</p> <p>records (eMARs) for 1 of 3 sampled residents (Resident #1).</p> <p>The findings are:</p> <p>Review of Resident #1's current FL2 dated 03/03/21 revealed: -Diagnoses included diabetes mellitus, hypertension, schizophrenia, and hyperlipidemia. -There was an order for lispro insulin (a fast acting insulin to treat high glucose levels) 10 units before meals and at bedtime per sliding scale.</p> <p>Review of a subsequent physician's order dated 03/29/21 revealed: -There was an order to check Resident #1's finger stick blood sugar (FSBS) before meals and at bedtime. -There was an order for lispro insulin 10 units before meals and at bedtime per sliding scale. -There was an order to administer lispro insulin before meals and at bedtime per sliding scale; FSBS less than 150 give 0 units, FSBS 151-200 give 2 units, FSBS 201-250 give 4 units, FSBS 251-300 give 6 units, 301-350 give 8 units, and greater than 350 give 10 units.</p> <p>Review of Resident #1's March 2021 electronic Medication Administration Record (eMAR) revealed: -There was an entry dated 03/22/21 for lispro insulin 10 units before each meal and at bedtime per sliding scale. -The lispro insulin 10 units was documented as administered 24 times before meals and at bedtime from 03/23/21 at 5:00pm to 03/31/21.</p> <p>Review of Resident #1's April 2021 MAR revealed: -There was an entry for lispro insulin 10 units</p>	C 342		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL080001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/22/2021</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BETHAMY RETREAT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>102 ANN STREET SPENCER, NC 28159</b>
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 342	<p>Continued From page 13</p> <p>before each meal and at bedtime per sliding scale.</p> <p>-The lispro insulin 10 units was documented as administered 32 times before meals and at bedtime from 04/01/21 to 04/22/21.</p> <p>Observation of Resident #1's medications available for administration on 04/22/21 at 3:55pm revealed:</p> <p>-There was a box of insulin lispro in the refrigerator, with a pharmacy generated label attached for Resident #1.</p> <p>-The directions on the label were, "inject per sliding scale subcutaneously four times a day as needed for diabetes, for blood sugar less than 150 = 0 units, 151-200 = 2 units, 201-250 = 4 units, 251-300 = 6 units, 301-350 = 8 units, greater than 350 = 10 units".</p> <p>Interview with the Supervisor-in-charge (SIC) on 04/22/21 at 1:56pm revealed:</p> <p>-She had never administered the lispro insulin 10 units before meals and at bedtime.</p> <p>-She documented the same in both the lispro insulin 10 units entry and the lispro insulin sliding scale entry on the eMAR.</p> <p>-She did not know why she documented it as administered when she did not administer it.</p> <p>Interview with the Resident Care Director (RCD) on 04/22/21 at 4:10pm revealed:</p> <p>-The SIC was responsible to administer medications according to the medication orders.</p> <p>-She did not know Resident #1 did not get lispro insulin 10 units before meals and at bedtime as ordered.</p> <p>-The SIC should compare the medication label to the orders on the eMAR and clarify any discrepancies with the PCP or the pharmacy.</p>	C 342		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL080001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/22/2021</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BETHAMY RETREAT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>102 ANN STREET SPENCER, NC 28159</b>
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 342	<p>Continued From page 14</p> <p>Interview with the Administrator on 04/22/21 at 4:10pm revealed:</p> <ul style="list-style-type: none"> <li>-The SIC was responsible to administer resident medications as ordered.</li> <li>-The SIC was responsible to clarify medication orders with the PCP when necessary.</li> </ul> <p>Attempted telephone interview with Resident #1's Primary Care Provider (PCP) on 04/22/21 at 3:02pm was unsuccessful.</p>	C 342		