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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL080034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 12/07/2022
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NAME OF PROVIDER OR SUPPLIER BETHAMY RETREAT	STREET ADDRESS, CITY, STATE, ZIP CODE 102 ANN STREET SPENCER, NC 28159
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C 000 Initial Comments C 000

The Adult Care Licensure Section and the Rowan County Department of Social Services conducted an annual survey and follow-up survey on December 06, 2022 and December 07, 2022.

C 105 10A NCAC 13G .0317(d) Building Service Equipment C 105

10A NCAC 13G .0317 Building Service Equipment
 (d) The hot water tank shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, and laundry. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C).

This Rule is not met as evidenced by:
 Based on observations, record reviews, and interviews, the facility failed to ensure the hot water temperatures were maintained at a minimal of 100 degrees Fahrenheit (F) to a maximum of 116 degrees F for 4 of 4 fixtures (two sinks and two showers) used by the residents.

The findings are:
 Observation of the facility during the initial tour on 12/10/22 at 8:30am revealed:
 -There were 2 bathrooms for 5 residents.
 -One bathroom (#2) had a shower/tub combination and a sink.
 -One bathroom had a shower and a sink.
 -There was a kitchen sink in a open area adjacent to the dining table.
 -No residents were observed in the kitchen area.
 -There was a laundry room with one gas hot water heater located in the left corner.

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Dorothy Morris</i>	TITLE ADMINISTRATOR	(X8) DATE 1/23/2023
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Reviewed and Acknowledged
 - Addendums
 3-7-2023
 (HRP)

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C 105 Continued From page 1

C 105

Observation of the facility's hot water temperatures on 12/06/22 revealed:

- At 9:00 am, the hot water temperature at the kitchen sink was 126 with no steam visible and the personal care aide (PCA) standing near the sink.
- At 9:04am, the hot water temperature at the sink in bathroom #1 was 122 degrees F, and the shower hot water temperature was 124 degrees F.
- At 9:08am, the hot water temperature at the sink in bathroom #2 was 118 degrees F, and the shower hot water temperature was 124 degrees F.

Review of the facility's water temperature log revealed:

- There were water temperatures documented for August 2022 and September 2022.
- On 08/18/22 with no time documented, the log documented bath (no indication which bath or fixture) hot water temperature was 109 degrees F and kitchen hot water temperature was 109 degrees F.
- On 09/09/22 with no time documented, there were hot water temperatures documented for resident bathroom 1 (no indication which fixture) of 111 degrees F, and kitchen hot water temp of 111 degrees F.
- On 09/15/22 with no time documented, there were hot water temperatures documented for resident bathroom 2 (no indication which fixture or bath) of 113 degrees F, and kitchen hot water temp of 113 degrees F.
- There were no additional logs available for review documenting hot water temps for October 2022, November 2022, and December 2022.

Observation on 12/06/22 at 9:10 am revealed:

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C 105	<p>Continued From page 2</p> <ul style="list-style-type: none"> -The Administrator entered the facility. -The Administrator was informed of the elevated hot water temperatures. <p>Interview with Administrator on 12/06/22 at 9:12am revealed:</p> <ul style="list-style-type: none"> -The hot water heater was set half way between low and hot with settings for hot and very hot indicated on the setting dial. -She adjusted the hot water temperature down. -She told the personal care aide (PCA) to go ahead and run a load of laundry and use hot water. <p>Observation of thermometer temperature on 12/06/22 at 9:20am, revealed:</p> <ul style="list-style-type: none"> -The surveyors thermometer read 32 degrees F during calibration with an ice water slurry and needed not adjustment to temperatures. -The Adult Home Specialist's (AHS) thermometer read 32.9 degrees F with an ice water slurry and temperature were adjusted by 0.9 degrees F. <p>Recheck of the facility's hot water temperatures on 12/06/22 revealed:</p> <ul style="list-style-type: none"> -At 9:45am, the kitchen sink was 110 degrees F, resident bathroom #1 sink was 105 degrees F, resident bathroom #2 sink was 110 degrees F. -At 11:30am, the kitchen sink was 103 degrees F, resident bathroom #2 sink was 101 degrees F, resident bathroom #2 sink was 101 degrees F. <p>Interview with a resident on 12/06/22 at 9:20am revealed:</p> <ul style="list-style-type: none"> -The water took 30 seconds to 1 minute to get hot. -He knew the hot water had been consistently 'pretty hot'. -He showered without staff assistance. -He adjusted the knob to the right (added cold 	C 105		
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C 105	<p>Continued From page 3</p> <p>water) to adjust the temperature. -He had not been burned by the hot water.</p> <p>Interview with a second resident on 12/06/22 at 9:25am revealed: -He showered without staff assistance. -The water got too hot and must be adjusted. -The water had been consistently too hot. -He had not been burned by the hot water. -He had not told staff about the hot water.</p> <p>Interview with a third resident on 12/06/22 at 9:35am revealed: -He showered without staff assistance. -He had not been burned by the hot water.</p> <p>Interview with a fourth resident at 9:38am revealed: -The water was hot. -He adjusted the hot water by adding cold water before he entered into the shower. -He liked the water hot.</p> <p>Interview with Administrator on 12/06/22 at 9:55am revealed: -The hot water heater was set between low and high setting, there were no temperature settings. -She had been monitoring temperatures and kept a log. -The log and thermometer were missing. -Within the last month, hot water temperature was 114 degrees. -She did not take temperatures early in the day. -No one had complained that the hot water was too hot. -All residents were independent with bathing.</p> <p>Interview with the Resident Care Director (RCD) on 12/06/22 at 10:10am revealed: -The medication aides (MAs) should be checking</p>	C 105		
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C 105	<p>Continued From page 4</p> <p>hot water temperatures periodically and recording. -No staff had informed hot water temperatures were elevated. -No resident had complained about the hot water being too hot.</p> <p>Recheck of the facility's hot water temperatures on 12/07/22 revealed at 11:30am, the kitchen sink was 113 degrees F, bathroom #1 sink was 111 degrees F, and bathroom #2 sink was 111 degrees F.</p>	C 105	<p>10A NCAC 13G .0317 (d) Building Service</p> <p>C 105 Hot water temperature was adjusted. Sic will monitor daily in the early AM for two Weeks. Then weekly for 4 weeks. Then Monthly to ensure correct water temperature</p> <p>Exhibit 1 & 1A</p>	12-7-22
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C 140	<p>10A NCAC 13G .0405(a)(b) Test For Tuberculosis</p> <p>10A NCAC 13G .0405 Test For Tuberculosis (a) Upon employment or moving into a family care home, the administrator, all other staff, and any persons living in the family care home shall be tested for tuberculosis disease in compliance with control measures adopted by the Commission for Public Health as specified in 10A NCAC 41A .0205, which is hereby incorporated by reference, including subsequent amendments. (b) There shall be documentation on file in the family care home that the administrator, all other staff, and any persons living in the family care home are free of tuberculosis disease. Readopted Eff. July 1, 2021.</p> <p>This Rule is not met as evidenced by: Based on interviews, and record reviews, the facility failed to ensure 1 of 4 sampled staff (Staff A) was tested for tuberculosis (TB) disease in compliance with control measures adopted by the Commission of Public Health upon hire.</p> <p>The findings are:</p>	C 140	<p>C 140</p> <p>Staff A went to our company for her pre-employment screening. She did TB test and drug screening on 8-5 2022 Then her 2nd TB again on 8-19-2022.. EXHIBIT 2-a-b-c-d</p> <p>New BOM was not familiar with all of our tests and screening necessary for pre-employment and has been trained on all of the compliance issues necessary for new hires.</p> <p>She has re-organized all files and all employees are in compliance and meet all requirement to be employed at Bethamy Center. BOM will monitor all employee charts for compliance.</p>	12/15/2022
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C 140 Continued From page 5 C 140

Review of Staff A's, medication aide (MA), personnel record revealed.
 -Staff A was hired on 08/29/22.
 -There was no documentation of a completed test for tuberculosis.

Interview with Staff A on 12/07/22 at 11:40am revealed:
 -She went to a local urgent care provider for TB skin testing upon hire.
 -She only went for one TB skin test.

Interview with the Business Office Manager (BOM) on 12/07/22 at 2:50 pm revealed:
 -On 12/07/22, she contacted the local urgent care provider.
 -There was documentation at the local urgent care center that Staff A had a TB skin test administered.
 -Staff A did not return to have the TB test read.
 -The BOM was responsible for setting up new hire TB skin tests.
 -She was new to the BOM position and did not know why Staff A did not return to complete TB skin testing or have a second TB skin test.

Interview with the Administrator on 12/07/22 at 2:55pm revealed:
 -The BOM was responsible to maintain staff personnel records.
 -She did not know why Staff A did not have documentation of TB skin testing.

C 147 10A NCAC 13G .0406(a)(7) Other Staff Qualifications C 147

10A NCAC 13G .0406 Other Staff Qualifications
 (a) Each staff person of a family care home

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C 147 Continued From page 6

C 147

shall:
 (7) have a criminal background check completed in accordance with G.S. 131D-40 and results available in the staff person's personnel file;

This Rule is not met as evidenced by:
 Based on observations, record reviews and interviews, the facility failed to ensure 1 of 4 sampled staff (Staff A) had a criminal background check completed upon hire.

The findings are:

Review of Staff A's, medication aide (MA), personnel record revealed:
 -Staff A was hired on 08/29/22.
 -There was no documentation of a completed criminal background check or signed consent for completing a criminal background check.

Interview with Staff A on 12/07/22 at 11:40am revealed she did not know if the facility did a criminal background check when she was hired.

Interview with the Business Office Manager (BOM) on 12/07/22 at 2:50 pm revealed:
 -The facility's BOM was responsible for completing criminal background checks of newly hired staff.
 -She did not know why Staff A did not have documentation of a criminal background check in her personnel record.

Interview with the Administrator on 12/07/22 at 2:55pm revealed:
 -Some items had been thinned from personnel records and placed in mass storage.
 -She did not know why there was no documentation of a criminal background check in

C-147

Background check 8/01/22

Exhibit 3

New BOM will monitor and supervise charts on new employees.

12-10-22

Bethamy

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C 147	Continued From page 7 Staff A's personnel record. -There should be an invoice for the payment of Staff A's criminal background check.	C 147		
C 176	10A NCAC 13G .0507 Training on Cardio-Pulmonary Resuscitation 10A NCAC 13G .0507 Training on Cardio-Pulmonary Resuscitation Each family care home shall have one staff person on the premises at all times who has completed within the last 24 months a course on cardio-pulmonary resuscitation and choking management, including the Heimlich maneuver, provided by the American Heart Association, American Red Cross, National Safety Council, American Safety and Health Institute and Medic First Aid, or by a trainer with documented certification as a trainer on these procedures from one of these organizations. The staff person trained according to this Rule shall have access at all times in the facility to a one-way valve pocket mask for use in performing cardio-pulmonary resuscitation. This Rule is not met as evidenced by: TYPE B VIOLATION Based on record reviews, observations, and interviews, the facility failed to ensure at least one staff person was always on the premises that had completed an accredited course on cardio-pulmonary resuscitation (CPR) and choking management course within the last 24 months for 3 of 4 sampled staff (Staff B, Staff C, and Staff D).	C 176		

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C 176	<p>Continued From page 8</p> <p>The findings are:</p> <ol style="list-style-type: none"> Review of Staff C's, personal care aide (PCA), personnel records revealed: <ul style="list-style-type: none"> -Staff C was hired on 09/20/22 as a PCA and was the live in staff for the facility. -There was no documentation Staff C had completed CPR and choking management training. <p>Review of one of the resident's current FL2 dated 11/21/22 revealed diagnoses included end stage renal disease and atrial fibrillation.</p> <p>Interview with Staff C on 12/07/22 at 8:10 am revealed: <ul style="list-style-type: none"> -She did not have CPR training and had never complete CPR training. -She resided at the facility and was on site 7 nights a week. -She worked 5 day shifts (each 12 hours) per week and had 2 day shifts (each 12 hours) off per week. -She was the only staff present when she worked except when a medication aide (MA) from the sister facility adjacent to this facility came to administer routine medications 3 times a day. -When she was on duty, she provided care for residents who had diagnoses of various heart conditions. </p> <p>Review of one of the resident's current FL2 dated 11/21/22 revealed diagnoses included end stage renal disease and atrial fibrillation.</p> <p>Refer to interview with the Resident Care Director (RCD) on 12/06/22 at 10:10am.</p> <p>Refer to interview with the Business Office Manager (BOM) on 12/06/22 at 11:55am.</p>	C 176	<p><i>C-176</i></p> <p>Staff C denies telling surveyor she was not qualified.</p> <p>She has worked in multiple facilities has kept her CPR training up to date every two years. She renewed her CPR class on line in August until she could renew it in November because she knew it was time to renew her Certificate.</p> <p>She was updated on Dec. 7th, 2022</p> <p><i>RED will schedule CPR training to maintain compliance every 6 months with Southern Pharmacy.</i></p>	12/7/22
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C 176 Continued From page 9

C 176

Refer to interview with the Administrator on 12/06/22 at 4:00pm.

- 2. Review of Staff B's, medication aide (MA), personnel records revealed:
 - Staff B was hired on 10/27/20.
 - Staff B completed an online only CPR and choking management course dated 03/03/21.
 - There was no documentation Staff B completed CPR demonstration of skills to complete the online computer course.

Interview with Staff B on 12/06/22 at 1:00pm revealed:

- The CPR class she took on 03/03/21 did not include any return demonstration of CPR skills and had never completed CPR prior to 03/13/21.
- She was scheduled as the medication aide for the facility on some days, but that meant she was in the facility to administer medications only which took about 45 to 60 minutes in the morning and 15 minutes at lunch.
- There was another staff member present at the facility when she worked but she did not know if the other staff member had current CPR certification.

C-176

Staff B has updated her hands on CPR training on Dec 7, 2022

12-7-22

Refer to interview with the Resident Care Director (RCD) on 12/06/22 at 10:10am.

12/11/2022 5

RCD will monitor charts and maintain CPR compliance.

12-10-22

Refer to interview with the Business Office Manager (BOM) on 12/06/22 at 11:55am.

Refer to interview with the Administrator on 12/06/22 at 4:00pm.

- 3. Review of Staff D's, personal care aide (PCA), personnel records revealed:
 - Staff D was hired on 03/20/20.

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C 176 Continued From page 10

C 176

-There was documentation Staff D had completed an accredited course on CPR and choking management course 10/12/20 and expired on 10/12/22.

Review of one of the resident's current FL2 dated 11/21/22 revealed diagnoses included end stage renal disease and atrial fibrillation.

Observation on 12/06/22 from 8:15am to 5:00pm revealed Staff D worked as the only on-duty staff member at the facility.

Review of Staff D's time sheet records from 11/16/22 to 12/5/22 revealed:

- On 11/24/22 Staff D worked from 7:41am to 8:08pm.
- On 12/01/22 Staff D worked from 6:50am to 10:30pm.
- On 12/02/22 Staff D worked from 7:46am to 6:59pm.
- On 12/05/20 Staff D worked from 6:56am to 3:09pm.

Interview with Staff D on 12/06/22 at 2:40pm revealed:

- She was the only staff present when she worked except when a medication aide (MA) from the sister facility adjacent to this facility came to administer routine medications 3 times a day.
- She had worked at the facility on days the live in staff was scheduled off.
- She deferred other questions to be directed to the RCD.

Refer to interview with the Resident Care Director (RCD) on 12/06/22 at 10:10am.

Refer to interview with the Business Office Manager (BOM) on 12/06/22 at 11:55am.

Staff D has renewed her CPR training on Dec 7, 2022

12/7/22

CPR training will be monitored by RCD to keep facility in compliance. Staff CPR scheduled every 12-10-22 6 months with Southern Pharmacy

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C 176	Continued From page 11	C 176		
	Refer to interview with the Administrator on 12/06/22 at 4:00pm.			
	Interview with the Resident Care Director (RCD) on 12/06/22 at 10:10am revealed:			
	<ul style="list-style-type: none"> -She was responsible to schedule staff to work at the facility. -CPR training had been scheduled for 11/15/22 but was cancelled by the provider scheduled to complete the CPR training. -A CPR class had been scheduled for 01/17/23. 			
	Interview with the Business Office Manager (BOM) on 12/06/22 at 11:55am revealed:			
	<ul style="list-style-type: none"> -The staff records were kept in her office. -She was new to the position and was not aware of who was responsible for assuring staff had required training including CPR. -CPR training had been scheduled for 11/15/22 but was cancelled by the provider. 			
	Interview with the Administrator on 12/06/22 at 4:00pm revealed:			
	<ul style="list-style-type: none"> -There had been recent changes to the facility management staff. -The previous BOM left in November 2022 and moved personnel files all around prior to her departure. -The current BOM was organizing the business office again and gathering information for central filing of staff records. -There had been a CPR and choking class scheduled for November 2022 but it was cancelled by the provider. -She would arrange for the provider to come before (on 12/07/22) the rescheduled class on 01/17/23. -She knew staffs' CPR certifications were due soon but not that the expiration was in October 			

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C 176	<p>Continued From page 12</p> <p>2022.</p> <p>The facility failed to ensure at one least one staff on duty at all times had completed cardio-pulmonary resuscitation and choking management training course within the last 24 months which placed the residents at risk of a possible delay of life-saving measures if needed. This failure was detrimental to the health, welfare and safety of the residents and constitutes a Type B Violation.</p> <p>The facility provided a Plan of Protection in accordance with G.S. 131D-34 on 12/06/22</p> <p>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JANUARY 21, 2023.</p>	C 176		
C 202	<p>10A NCAC 13G .0702(a) Tuberculosis Test and Medical Examination</p> <p>10A NCAC 13G .0702 Tuberculosis Test and Medical Examination</p> <p>(a) Upon admission to a family care home each resident shall be tested for tuberculosis disease in compliance with the control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services, Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, North Carolina 27699-1902.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 1 of 3 sampled residents (#2) had completed tuberculosis (TB) testing</p>	C 202		

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C 202 Continued From page 13

C 202

upon admission in compliance with the control measures for the Commission for Health Services.

The findings are:

Review of Resident #2's current FL-2 dated 11/21/22 revealed diagnoses included bacteremia due to methicillin resistant Staphylococcus epidermidis, anemia, diabetes mellitus, end stage renal disease, and amputation above the knee.

Review of Resident #2's Resident Register revealed an admission date of 10/19/21.

Review of Resident #2's immunization and TB skin testing form revealed there was no documentation for TB skin test completed for Resident #2.

Interview with the Resident Care Director (RCD) on 12/07/22 at 5:35pm revealed:

- She knew residents needed TB skin test upon admission unless there was documentation of 2 previous negative TB skin tests from a previous facility upon admission.
- She did not know Resident #2's TB skin test results were not available for review in his record.
- She had been working as the RCD since middle November 2022 and had been focused on staffing shortages, processing new orders, ensuring residents had medications for administration and trying to go through an enormous amount of not filed paperwork and unprocessed paperwork.
- She had not audited residents' records for TB skin tests documentation.

Interview with the Administrator on 12/07/22 at 5:50pm revealed:

C-202
Resident #2 TB skin test was found in old chart Exhibit # 7a & b

12-13-22

*charts will be monitored by new RED to stay up to date and in compliance.
BOM will check*

~~_____~~
~~_____~~
~~_____~~

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C 202 Continued From page 14 C 202

- She was aware all residents should have 2 TB skin tests on file in the resident's record.
- The RCD was responsible for ensuring residents had a completed TB skin test upon admission.
- The current RCD had been in the RCD position since 11/19/22 and had not audited residents' records for TB skin test documentation.
- The former RCD had thinned residents' records and placed information in large boxes in storage.
- Resident #2 had TB skin test results in his record previously.
- She was currently going through boxes of residents' paperwork trying to locate and re-file TB skin test results along with other information that should not have been purged from the records.

Interview with Resident #2 on 12/07/22 at 6:20pm revealed he could not remember if he had a TB skin test in the past.

C 204 10A NCAC 13G .0702 (c-1) Tuberculosis Test And Medical Examination C 204

10A NCAC 13G .0702 Tuberculosis Test And Medical Examination

(c) The results of the complete examination are to be entered on the FL-2, North Carolina Medicaid Program Long Term Care Services, or MR-2, North Carolina Medicaid Program Mental Retardation Services, which shall comply with the following:

(1) The examining date recorded on the FL-2 or MR-2 shall be no more than 90 days prior to the person's admission to the home.

This Rule is not met as evidenced by:
Based on interviews and record reviews, the

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C 204	Continued From page 15	C 204		
	<p>facility failed to ensure the examining date documented on the resident's FL2 was no more than 90 days prior to admission for 1 of 3 sampled residents (Resident #1).</p> <p>The findings are:</p> <p>Review of Resident #1's current FL2 dated 03/10/22 revealed:</p> <ul style="list-style-type: none"> -Diagnoses included weakness, Type 2 diabetes, essential primary hypertension, gastro-esophageal reflux (GERD), unsteadiness, other reduced mobility, unspecified atrial fibrillation, and mixed hyperlipidemia. -There was an entry under medications to "please see MAR" [medication administration record]. -There were MAR sheets dated August 2022 from another facility along with the FL2, but no signed medication orders. <p>Review of Resident #1's Resident Register revealed an admission date of 08/22/2022.</p> <p>Review of Resident #2's record revealed there was no new FL2.</p> <p>Review of Resident #1's facility Primary Care Provider's (PCP) notes for a history and physical dated 09/06/22 revealed an examination performed and medication were reviewed and approved on 09/06/22 at 4:10pm.</p> <p>Interview with Resident #1 on 12/07/22 at 5:30pm revealed:</p> <ul style="list-style-type: none"> -He had seen a PCP at the facility at least once. -He did not know what kind of paperwork was completed. <p>Interview with the Resident care Director (RCD) on 12/07/22 at 5:35pm revealed:</p>		<p>New FL 2 completed 12/14/2022</p> <p>Exhibit # 9</p> <p>Care Plan located in old chart Exhibit 10 a-b-c</p> <p>Old Care plan dated 11/20/22 was signed by Dr in the wrong line but was signed exhibit 11 a b c</p>	<p>12-14-22</p>
			<p><i>RED will monitor charts to keep records up to date and in compliance. BSM will follow up to ensure charts include all requirements for new admits.</i></p>	<p>12-10-22</p>

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-She did not know Resident #1's FL2 was more than 90 days old upon admission and had not been updated as of 12/07/22.
-She had been working as the RCD since mid November 2022.
-She had not audited residents' records for FL2 status.

Interview with the Administrator on 12/07/22 at 5:50pm revealed:
-She knew residents could be admitted with a FL2 that was less than 90 days old..
-The RCD was responsible for ensuring residents had proper FL2 documentation upon admission..
-The current RCD had been in the RCD position since 11/19/22 and had not audited residents' records for FL2 updates.
-The former RCD would have been responsible for ensuring the FL2 was appropriate.
-The facility had a different RCD, Business Office Manager (BOM), and Administrator/Consultant during the time Resident #1 was admitted.
-She and the RCD were sorting through papers that needed to be filed and auditing records for proper orders, FL2, and health care needs.

C 231 10A NCAC 13G .0801(b) Resident Assessment	C 231
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10A NCAC 13G .0801 Resident Assessment
(b) The facility shall assure an assessment of each resident is completed within 30 days following admission and at least annually thereafter using an assessment instrument established by the Department or an instrument approved by the Department based on it containing at least the same information as required on the established instrument. The assessment to be completed within 30 days following admission and annually thereafter shall

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C 231	Continued From page 17 be a functional assessment to determine a resident's level of functioning to include psychosocial well-being, cognitive status and physical functioning in activities of daily living. Activities of daily living are bathing, dressing, personal hygiene, ambulation or locomotion, transferring, toileting and eating. The assessment shall indicate if the resident requires referral to the resident's physician or other licensed health care professional, a provider of mental health, developmental disabilities or substance abuse services or a community resource. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 1 of 3 sampled residents (#2) had an assessment and care plan updated annually. The findings are: Review of Resident #2's current FL-2 dated 11/21/22 revealed diagnoses included bacteremia due to methicillin resistant Staphylococcus epidermidis, anemia, diabetes mellitus, end stage renal disease, and amputation above knee. Review of Resident #2's Resident Register revealed an admission date of 10/19/21. Review of Resident #2's current care plan dated 08/16/22 revealed: -The care plan was completed but not signed by a primary care provider (PCP). -Resident #2 required supervision with eating, and bathing. -Resident #2 was independent with toileting, dressing, grooming, transferring and ambulation.	C 231		
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C 231 Continued From page 18

C 231

-There were no additional care plans available for review.

Interview with the Resident care Director (RCD) on 12/07/22 at 5:35pm revealed:

- Resident #2 did not have a care plan initially (today) in his record for review.
- The Administrator and the RCD were sorting through papers that needed to be filed or had been pulled from the resident's record and located a care plan assessment dated 08/16/22 that had not been signed.
- She did not know Resident #2 was missing a current care plan.
- She had not audited residents' records for care plan status.

Interview with Resident #2 on 12/07/22 at 6:15pm revealed:

- He was pretty much independent with activities of daily living.
- He liked to stay in his room most of the time and sleep, except on dialysis days.
- He used the local veteran's administration for his primary care and medications.
- He was not seen routinely by the facility's contracted PCP.
- He had been in the hospital a couple times recently for recurring infection at a dialysis access port.

Interview with the Administrator on 12/07/22 at 6:30pm revealed:

- She knew residents needed annual care plans or updated care plans if significant changes occurred.
- The RCD was responsible for ensuring residents had up to date care plans.
- The current RCD had been in the RCD position since 11/19/22 and had not audited residents'

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C 231	Continued From page 19 records for care plans -The former RCD would have been responsible for ensuring the care plan was signed in August 2022. -She and the RCD were sorting through papers that needed to be filed and auditing residents' records for compliance with care plans.	C 231	C 231 New RCD and BOM have worked diligently to bring all records back into compliance. and all records are in compliance. RCD and BOM will work together to ensure all auditing and compliance issues going forward will be met.	
C 242	10A NCAC 13G .0901(a) Personal Care and Supervision 10A NCAC 13G .0901 Personal Care and Supervision (a) Family care home staff shall provide personal care to residents according to the residents' care plans and attend to any other personal care needs residents may be unable to attend to for themselves. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews and record reviews the failed to provided needed personal care for 1 of 3 sampled residents related to fingernails and toenails needed to be trimmed and scaly and crusty scalp. The findings are: Review of Resident #5's current FL2 dated 12/06/22 revealed diagnoses included dementia of frontal lobe, bipolar disorder, Post Traumatic Stress Disorder (PTSD) and hearing loss. Review of Resident #5's care plan dated 07/22/22 revealed: -He required limited assistance with bathing. -He required limited assistance with grooming	C 242		12/10/2022

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C 242	<p>Continued From page 20</p> <p>and personal hygiene.</p> <p>Observation of Resident #5 on 12/07/22 at 8:10am at the breakfast table and 8:50am in his room revealed:</p> <ul style="list-style-type: none"> -His fingernails on both of his hands were a 1/2 inch long beyond his fingertips. -The toenail on the great toe on his right foot was approximately 1 inch beyond the tip of his toe. -The toenail on the 2nd toe on his right foot was growing in a curve toward the 3rd toe and was hooked under the 3rd toe's nail. -The toenail on the 3rd toe on his right foot was growing toward the 2nd toe and overlapped the 2nd toe's nail. -The toenail on the 4th toe on the right foot was growing toward the 3rd toe and extended approximately a 1/2 beyond the tip of his toe. -The toenail on the 5th toe on his right foot was broken with sharp edges. -The skin on his right foot at the base of his toes was scaling. -The toenail on the 2nd toe on his left foot was growing toward his left great toe. -The toenail on the 3rd toe on his left foot was growing toward and under his 2nd toe. -The toenail on the 4th toe on his left foot was growing toward and under his 3rd toe. -The skin on his left foot at the base of his toes was scaling. <p>Review of Resident #5's facility notes and provider encounter forms revealed there was no documentation Resident #5's PCP had been contacted regarding Resident #5's long fingernails and toenails.</p> <p>Interview with a personal care aide (PCA) on 12/07/22 at 8:50am revealed:</p> <ul style="list-style-type: none"> -She had been working at the facility since 	C 242	<p>C-242</p> <p>Residents toenails and fingernails were cut.</p> <p>Resident has been moved to bigger facility to ensure his needs are being promptly taken care of since he is difficult in persuading to let staff help him with his personal grooming needs.</p> <p>12/23/22</p> <p>RD will monitor residents on a monthly basis for personal care and grooming needs.</p> <p>MISSIT 19</p>	<p>12/8/22</p> <p>12/23/22</p>
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C 242

September 2022.
-The medication aides (MAs) was responsible for trimming toenails.
-She did not trim nails for residents.
-Resident #5 routinely bathed himself and she had not had occasion to notice the nails.

Interview with the Resident Care Director (RCD) on 12/07/22 at 9:20 am revealed:
-She worked at the facility and the sister assisted living facility adjacent to the facility.
-She began her position 11/19/22.
-She thought the medication aides (MA) were responsible for trimming toenails.

Interview with Resident #5's primary care provider (PCP) on 12/07/22 at 11:15 am revealed:
-Resident #5 received medical care through the local Veterans Administration clinics.
-Resident #5 did not qualify for podiatry services through the VA because he was not diabetic.
-The facility may trim Resident #5's fingernails and toenails.

Interview with the Administrator on 12/07/22 at 7:30pm revealed:
-She did not know Resident #5's nails had gotten so long.
-The MAs should have trimmed his nails.
-Facility staff had not informed her Resident #5's nails needed trimming or alerted her if he might be refusing personal care.

Based on observation, interviews, and record review it was determined Resident #5 was not interviewable.

Observation of Resident #5 on 12/07/22 at 8:10am at the breakfast table and 8:50am in his room revealed:

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C 242	<p>Continued From page 22</p> <ul style="list-style-type: none"> -His hair contained crusted large, dried flakes of skin. -One flake was the size of a dime. -His hair was greasy and uncombed. <p>Review of Resident #5's care plan dated 07/22/22 revealed:</p> <ul style="list-style-type: none"> -He required limited assistance with bathing. -He required limited assistance with grooming and personal hygiene. <p>Observation on 12/07/22 at 3:00pm revealed dried flakes of skin remained in his hair after a haircut earlier that day.</p> <p>Interview with a personal care aide (PCA) on 12/07/22 at 8:50am revealed:</p> <ul style="list-style-type: none"> -Resident #5 showered independently but was unable to wash his hair. -She washed his hair at the kitchen sink. -She last washed his hair on 12/03/22. -She used a regular shampoo to wash his hair. <p>Review of Resident #5's signed physician orders dated 07/05/22 revealed there was an order for fluocinolone acetonide solution 0.01% apply a small amount topically to scaling areas on face and scalp every day as needed.</p> <p>Review of Resident #5's medical visit summary dated 11/01/22 revealed there was an order for fluocinolone acetonide solution 0.01% apply small amount to affected area once or twice daily on scaling areas of face and scalp.</p> <p>Review of Resident #5's October 2022, November 2022, and December 2022 electronic medication administration records (eMARs) revealed there was no documentation that fluocinolone was applied routinely or as needed</p>	C 242	<p>C 242 <i>Monthly</i> RCD will monitor treatments and documentation of treatments for clients. Med Techs will receive training on treatments and documentation as well.</p> <p>A clarification for the Dr order on Fluocinolone has been received and corrected on the MAR</p> <p>Exhibit 12a & b</p>	<p>12/10/2022</p> <p>12/7/2022</p>

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C 242	<p>Continued From page 23</p> <p>to Resident #5's scaly scalp.</p> <p>Interview with Resident #5's primary care provider (PCP) on 12/07/22 at 11:05 am revealed:</p> <ul style="list-style-type: none"> -Resident #5's dermatologist ordered fluocinolone. -The FL2 she signed dated 12/06/22 contained the current active orders on file at the Veteran's Administration Medical Center. -She did not know Resident #5's fluocinolone acetonide solution was not being applied to the flaking and crusted areas as ordered. <p>Interview with the Resident Care Director (RCD) on 12/07/2022 at 2:45 pm revealed she did not know why Resident #5's fluocinolone was discontinued.</p> <p>Review of Resident #5's care notes and physician encounter documentation revealed there was no documentation that the primary care provider (PCP) was notified of the scaling scalp.</p> <p>Based on observation, interviews, and record review it was determined Resident #5 was not interviewable.</p> <p>[Refer to Tag C 0330 10A NCAC 13G .1004(a) Medication Administration (Type B Violation)].</p> <p>The facility failed to provide needed personal care for 1 of 3 sampled residents related to Resident #5 that had excessively long fingernails and toenails which could result in irritation and discomfort associated with long toenails rubbing against his toes and discomfort when wearing his shoes; and a scaly and crusty scalp with an order for a medicated shampoo not used which resulted in crusting and itching of the scalp. This failure was detrimental to the health, safety and</p>	C 242		
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C 242 Continued From page 24

welfare of the resident and constitutes a Type B Violation.

The facility provided a plan of protection in accordance with G.S. 131D-34 on 12/07/22 for this violation.

THE CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JANUARY 21, 2023.

C 242

C 246 10A NCAC 13G .0902(b) Health Care

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.

This Rule is not met as evidenced by:
TYPE B VIOLATION

C 246

Based on interviews and record reviews, the facility failed to ensure physician notification for 1 of 3 related to a resident (#2) not receiving fingerstick blood sugars (FSBS) and sliding scale insulin as ordered.

The findings are:

Review of Resident #2's current FL-2 dated 11/21/22 revealed diagnoses included bacteremia due to methicillin resistant staphylococcus epidermidis, anemia, diabetes mellitus, end stage renal disease, and amputation above knee.

Review of Resident #2's Resident Register revealed an admission date of 10/19/21.

Review of Resident #2's signed physician's

C-246

RCD is waiting on clarification orders on how to handle Resident 2's FSBS and his sliding scale insulin on days he is receiving Dialysis.. we will update as soon as an order is received... RCD will monitor update monthly
EXHIBIT 15

12-16-22

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C 246	<p>Continued From page 25</p> <p>orders dated 07/14/22 revealed:</p> <ul style="list-style-type: none"> -There was an order to check FSBS once daily. -There was an order for Lantus (a long-acting insulin) 8 units subcutaneously (SQ) at bedtime. <p>Review of Resident #2's physician's orders from a hospital discharge dated 11/22/22 revealed:</p> <ul style="list-style-type: none"> -There was an order to check FSBS prior to meals and to stop taking Lantus insulin. -There was an order for insulin lispro (a rapid acting insulin) per sliding scale insulin (SSI) 3 times daily with meals with SSI parameters: FSBS 180-200 = 1 unit, FSBS 201-250 = 3 units, FSBS 251-300 = 5 units, FSBS 301-350 = 6 units, FSBS 351-400 = 8 units, FSBS greater than 400 = call provider. Start on 11/22/22. <p>Review of Resident #2's November 2022 electronic medication administration record (eMAR) revealed:</p> <ul style="list-style-type: none"> -There was an entry for check FSBS daily scheduled at 8:00am daily. -FSBS checks were documented daily at 8:00am except on 11/20/22, 11/21/22, and 11/22/22 when the resident was in the hospital. -The FSBS range at 8:00am from 11/01/22 to 11/19/22 (resident went to the hospital for bacterial infection) was 73 to 384. -The FSBS range at 8:00am from 11/23/22 to 11/30/22 was 81 to 207. -There was an entry for FSBS before meals beginning on 11/22/22 scheduled at 7:30am, 11:30am, and 5:00pm. -There were 8 consecutive FSBS values not documented 11/23/22 at 11:30am to 11/30/22 at 11:30am; with 11/29/22 documented for resident out of the facility and 11/30/22 documented for resident refused. -It could not be determined if Resident #2 should have received lispro insulin with SSI parameters. 	C 246		
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C 246	<p>Continued From page 26</p> <ul style="list-style-type: none"> -There were 5 consecutive FSBS not documented at the 5:00pm scheduled time from 11/23/22 to 11/27/22. -It could not be determined if Resident #2 should have received lispro insulin with SSI parameters. <p>Review of Resident #2's December 2022 eMAR revealed:</p> <ul style="list-style-type: none"> -There was an entry for check FSBS daily scheduled at 8:00am daily. -FSBS checks were documented daily at 8:00am from 12/01/22 to 12/07/22. -There was a second entry for FSBS before meals scheduled at 7:30am, 11:30am, and 5:00pm. -The FSBS range at 8:00am from was 112 to 201. -There were 3 FSBS values not documented at 11:30am on 12/01/22, 12/03/22 and 12/06/22 documented for out of facility. <p>Review of Resident #2's record revealed there was no documentation Resident #2's primary care provider (PCP), the physician ordering FSBS and SSI on the hospital discharge dated 11/22/22, was notified related to the resident not having FSBS checks and SSI if needed for 16 opportunities from 11/22/22 to 12/07/22.</p> <p>According to the American Diabetes Association publication "Diabetes Spectrum":</p> <ul style="list-style-type: none"> -Diabetic kidney in part makes up the microvascular complications associated with diabetes. -Complications may greatly affect patients' quality of life. -Twenty to forty percent of patients with diabetes develop diabetic kidney disease, the leading cause of end-stage renal disease. -Compliance with diabetic therapies, including 	C 246		
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C 246	<p>Continued From page 27</p> <p>insulin administration, reduces the risk of the complications.</p> <p>Observation of medication on hand for administration for Resident #2 on 12/07/22 at 5:00pm revealed there was a partial lispro pen labeled as dispensed on 11/28/22 on the medication cart.</p> <p>Interview with the Resident Care Director (RCD) on 12/07/22 at 6:00pm revealed:</p> <ul style="list-style-type: none"> -The process for orders for medications or treatments received from the PCPs via physicians' orders from PCP encounters or hospital discharge summaries was: -The medication aide (MA) sent orders to the contracted pharmacy for entering onto the eMAR. The contracted pharmacy dispensed the medication if the residents' medications were supplied by the contract pharmacy. -If the residents' medications were supplied by an outside pharmacy (like the Veteran's Administration pharmacy) the physician's order was faxed to resident's pharmacy provider. -Orders entered onto the eMAR, were in pending and not appearing for the MA to administer until the medication was received at which time the MA approved the order entry (released from pending) and the order appeared at the scheduled time on the eMAR for administration. -If an order was not approved and released, the MA would not know to administer a medication or treatment. -Resident #2's order for FSBS before meals did not appear on the eMAR until 11/28/22. <p>Interview with a MA on 12/07/22 at 5:00pm revealed:</p> <ul style="list-style-type: none"> -Resident #2's order for FSBS and lispro insulin would not appear on the eMAR for MAs to 	C 246		
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C 246	Continued From page 28	C 246	<p>administer until the medication was received in the facility.</p> <ul style="list-style-type: none"> -The MA would not know FSBS were scheduled except for previous orders prior to the new order acceptance. -Resident #2 had dialysis on Tuesday, Thursday, and Saturday and left the building around 10:00am and returned around 4:30pm. <p>Interview with the RCD on 12/07/22 at 5:35pm revealed:</p> <ul style="list-style-type: none"> -The facility's policy was to notify the PCP after a medication or treatment was not administered for 3 consecutive opportunities. -The MAs were supposed to notify the PCP, document PCP notification and inform the RCD related to the missed treatment or medication. -She had not audited resident records related to PCP notification for Resident #2 not receiving FSBS as ordered from 11/22/22 to 12/07/22 or not receiving FSBS and sliding scale insulin at noon on dialysis days (Tuesday, Thursday, and Saturday) for 4 doses. -She did not realize Resident #2 was out of the facility at 11:30am on his dialysis days. -She would contact the PCP regarding administering the FSBS and SSI lispro at 11:30am on dialysis days. <p>Interview with Resident #2 on 12/07/22 at 6:10pm revealed:</p> <ul style="list-style-type: none"> -He did not receive FSBS or insulin for several days after returning from the hospital because it took some time to get medications mailed from the VA pharmacy. -Dialysis staff did not administer medications or do FSBS, but he thought they could monitor blood sugar because they had constant blood samples available. -He used a local dialysis center and had been 	
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C 246 Continued From page 29

C 246

treated at a local hospital a few times but received most of his services from the local VA clinics.

- He had an appointment with his PCP and the kidney center at the VA next week for routine follow-up of recent hospitalization.
- He did not know if the facility contacted his PCP regarding the delay in receiving his FSBS and insulin or no FSBS at noon on dialysis days.

Interview with the Administrator on 12/07/22 at 6:30pm revealed:

- The Resident Care Director (RCD) was responsible for ensuring residents received medications or treatments as ordered.
- The current RCD had been in the RCD position since 11/19/22 and had not audited residents' eMARs for administration of treatments or medications related to refusing, not being available to administer, or missed administration.
- MAs were supposed to inform the RCD after 3 opportunities when medications or treatments were not administered as ordered.
- The RCD was responsible to inform the residents' PCPs for medications or treatments not administered as ordered.

Attempted interview with Resident #2's PCP on 12/07/22 at 4:45pm was unsuccessful.

The facility failed to notify the primary care provider (PCP) for 1 of 3 residents related to failure a resident who went to dialysis 3 times weekly not receiving fingerstick blood sugars (FSBS) and sliding scale insulin as ordered which could result in increased risk for further kidney damage (#2). This failure was detrimental to the health, safety and welfare of the residents which constitutes a Type B Violation.

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C 246 Continued From page 30

The facility provided a plan of protection in accordance with G.S. 131D-34 on 12/07/22 for this violation.

THE CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JANUARY 21, 2023

C 246

C 246

Order was received from the Clients doctor to instruct FSBS on his days of Dialysis Client took a copy of the order with him to give to the Dialysis nurse Exhibit 15 28

C 262 10A NCAC 13G .0904(b)(3) Nutrition and Food Service

10A NCAC 13G .0904 Nutrition And Food Service (b) Food Preparation and Service in Family Care Homes:
(3) Hot foods shall be served hot and cold foods shall be served cold.

This Rule is not met as evidenced by:
Based on observations and interviews, the facility failed to ensure hot foods were maintained hot until residents were ready to eat their meals.

The findings are:

Observation dining room on 12/06/22 between 11:00am and 12:30pm revealed:

- The facility had a serving bar located between the kitchen area and the dining table.
- There was a micro-wave oven located on the serving bar next to the outside wall.
- At 11:00am, a staff member identified as kitchen staff from the adjacent sister facility brought 5 covered containers of food to the kitchen area of the facility.
- There were containers of black eyed peas, kraut and wienies, mixed vegetables, hamburger in noodles, and dinner rolls.
- The personal care aide (PCA) sat the containers

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C 262 Continued From page 31

C 262

on the bar between the kitchen and the dining table.

- At 12:00pm, the PCA began serving plates to 4 residents seated at the dining table.
- At 12:05pm, the PCA served the last resident's plate.
- The PCA did not warm the individual containers or the plated meals prior to serving each resident.

Interview with a resident seated in the television/sitting room on 12/06/22 at 12:10pm revealed:

- The food was good at lunch.
- The food was warm enough for him.
- He thought staff warmed the food if it was too cold.

Interview with the PCA on 12/06/22 at 11:45am revealed:

- She had just started helping on the Tuesday day-shift to give the full time live in staff a day off.
- The food was prepared in the kitchen at the sister facility adjacent to the facility.
- The food was brought over to the facility in bulk by kitchen staff or a PCA from the sister facility to be served.
- The PCA plated the food for the residents at meal time.
- The food still felt a little warm to her as she was plating the meals.

Interview with the Dietary Manager on 12/06/22 at 4:15pm revealed:

- She usually sent food to the facility between 11:00am and 11:30am.
- She made sure the food was really hot when she sent it to the adjacent facility.
- The staff at the facility should plate the food and serve the food hot.
- If there was a delay in serving food and the food

C-262

Relief staff has been reminded to serve hot foods hot and cold foods cold. Also a notice has been posted to remind them in the dining area.
Exhibit 8

12-10-22

SJC will monitor relief staff and consult with clients to make sure food is served at appropriate temperatures

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C 262	Continued From page 32 was cold, the plated meals could be heated in the micro-wave. Interview with the Administrator on 12/06/22 at 12:59 pm: -Hot foods were supposed to be served hot to the residents. -The staff could warm the food in the micro-wave if not served as soon as it was sent over to the facility. -She did not know the food was sitting out on the serving bar for up to one hour prior to plating and hot food not served to the residents hot.	C 262		
C 270	10A NCAC 13G .0904 (c-7) Nutrition And Food Service 10A NCAC 13G .0904 Nutrition And Food Service Menus in Family Care Homes: (7) The facility shall have a matching therapeutic diet menu for all physician-ordered therapeutic diets for guidance of food service staff. This Rule is not met as evidenced by: Based on observation, interviews and record reviews the facility failed to ensure matching therapeutic diets menus were available for 1 of 3 sampled residents who was ordered a no concentrated sweet diet (#1). The findings are: Review of Resident #1's current FL2 dated 03/10/22 revealed: -Diagnoses included weakness, Type 2 diabetes and gastro-esophageal reflux disease. -There was an order for no concentrated sweet	C 270	C270 DM has updated list and reviewed requirements for Diabetic Diets as required to stay in compliance. DM and RCD will ensure all new clients are added to the kitchen special diet list.	12/15/2022

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C 270	<p>Continued From page 33</p> <p>(NCS) diet with regular texture.</p> <p>Review of the facility's diet order sheets revealed Resident #1 did not have a facility diet order sheet available for review.</p> <p>Observation of the facility kitchen and dining room on 12/06/22 at 11:40am revealed there was no therapeutic diet menu or therapeutic diet list posted in the kitchen.</p> <p>Review of the facility's daily menu at a glance titled "Weekly Menu" provided by the Dietary Manager on 12/07/22 at 2:40pm revealed there was no carbohydrate diet listed on the menu. (do you mean no concentrated sweets diet?)</p> <p>Review of the facility's Winter-Spring Diet Spread sheet Dietary Manager on 12/07/22 at 2:40pm revealed there was no carbohydrate diet listed on the menu. (Same comment as above)</p> <p>Review of the facility's preprinted diet order sheet used by providers to order the residents' diets revealed there was a choice of low concentrated sweets (LCS) for residents' diets, but NCS was not listed on the choices of diets.</p> <p>Observation of the lunch meal service on 12/06/22 at 12:01pm revealed Resident #1 was served unsweet tea, kraut and wieners, hamburger with macaroni noodle, and a peach/orange mixed fruit in syrup cup. Resident #1 consumed 100% of his meal.</p> <p>Without a therapeutic diet menu it could not be determined if Resident #3 was served the appropriate meal.</p> <p>Review of the diet orders for residents in the</p>	C 270		
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C 270 Continued From page 34

C 270

facility presented by the Dietary Manager on 12/06/22 at 4:00pm revealed Resident #1 was not listed on the therapeutic diet order sheet.

Interview with the Dietary Manager (DM) on 12/06/22 at 4:15pm revealed:

- All meals were prepared for the facility in the main kitchen (where she was located) of the sister facility adjacent to the facility.
- She had a list of residents' physician diet orders in the kitchen (at the adjacent facility) where she prepared the meals.
- She had not physically been to the facility to inspect the kitchen area for several months.
- All diabetic residents received a "diabetic diet".
- She did not realize Resident #1's diet was not listed on her sheet kept in the main kitchen.
- She thought the low concentrate sweet (LCS) and the no concentrated sweet (NCS) were interchangeable since both diets were ordered for diabetic residents.

Interview with the Administrator on 12/06/22 at 12:59 pm:

- The DM had worked at the facility for several years as the DM and primary cook.
- The Resident Care Director (RCD) was responsible to ensure the DM had a current list of physician ordered therapeutic diets that were offered at the facility available for the residents.
- The DM was responsible to ensure the facility had a matching therapeutic menu for all residents diet orders using the facility's diet order sheet listings the diets offered by the facility.
- She did not know Resident #1's diet had not been switched to a therapeutic menu routinely offered by the facility.

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C 283	Continued From page 35	C 283		
C 283	10A NCAC 13G .0904 (e-3) Nutrition And Food Service	C 283		
	10A NCAC 13G .0904 Nutrition And Food Service			
	Therapeutic Diets in Family Care Homes:			
	(3) The facility shall maintain an accurate and current listing of residents with physician-ordered therapeutic diets for guidance of food service staff.			
	This Rule is not met as evidenced by:			
	Based on observations, record reviews and interviews the facility failed to ensure an accurate and current listing of residents with physician ordered therapeutic diets for guidance of the dietary staff for 1 of 3 sampled residents (#1) with physician's orders for a no concentrated sweet diet.			
	The findings are:			
	Observation of the facility's kitchen on 12/06/22 at 11:00am revealed there was no list of residents ordered therapeutic diets, food allergies, or food dislikes available for review.			
	Interview with the personal care aide (PCA) on 12/06/22 at 11:45am revealed:			
	-She had just started helping on the Tuesday day-shift to give the full time live in staff a day off.			
	-The food was prepared in the kitchen at the sister facility adjacent to the facility.			
	-The food was brought over to the facility in bulk by kitchen staff or a PCA from the sister facility to be served.			
	-The PCA plated the food for the residents at			

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C 283 Continued From page 36

C 283

meal time.
 -She knew the facility had 2 diabetic residents because she helped in the kitchen at the sister facility adjacent to this facility.
 -There was no list posted in the facility for physician ordered therapeutic diets for guidance of the dietary staff.

Review of Resident #1's current FL2 dated 03/10/22 revealed:
 -Diagnoses included weakness, type 2 diabetes and gastro-esophageal reflux disease.
 -There was an order for no concentrated sweet diet with regular texture.

Observation of the lunch meal on 12/06/22 at 12:01pm revealed Resident #1 was served unsweet tea, kraut and wieners, hamburger with noodles, and a peach/orange mixed fruit in syrup cup.

Review of the diet orders for residents in the facility presented by the Dietary Manager on 12/06/22 at 4:00pm revealed Resident #1 was not listed on the therapeutic diet order sheet.

Interview with the Dietary Manager (DM) on 12/06/22 at 4:15pm revealed:
 -All meals were prepared for the facility in the main kitchen (where she was located) of the sister facility adjacent to the facility.
 -She had a list of physician diet orders in the kitchen at the adjacent facility where she prepared the meals.
 -She had not physically been to the facility to inspect the kitchen area for several months.
 -She thought there used to be a list posted in the kitchen for residents' ordered therapeutic diets.
 -All diabetics received a "diabetic diet".
 -The staff working at the facility knew which

C - 283
 DM monitors Diet orders.
 Diet orders have been verified with DM and available in kitchen for review 12/12/2022
 Exhibit 13a and 13 b
 D.M. will review new FL-2s for diet orders. 12.12.22

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C 283	<p>Continued From page 37</p> <p>residents were diabetic.</p> <ul style="list-style-type: none"> -She did not realize Resident #1's diet was not listed on her sheet kept in the main kitchen. -She did not know what happen to the list posted in the facility for physician ordered therapeutic diets for guidance of the staff plating the residents' meals in the facility. <p>Interview with the Administrator on 12/06/22 at 12:59 pm:</p> <ul style="list-style-type: none"> -The DM had worked at the facility for several years as the DM and primary cook. -The Resident Care Director (RCD) was responsible to ensure the DM had a current list of physician ordered therapeutic diets for the residents. -The DM was responsible to ensure the facility had a current list of physician ordered therapeutic diets for the residents posted for the staff to use in plating and serving meals in the facility. -She did not know the list was not posted for staff in the facility. 	C 283		
C 291	<p>10A NCAC 13G .0905 (c) Activities Program</p> <p>10A NCAC 13G .0905 Activities Program</p> <p>(c) The activity director shall:</p> <ol style="list-style-type: none"> (1) use information on the residents' interests and capabilities as documented upon admission and updated as needed to arrange for or provide planned individual and group activities for the residents, taking into account the varied interests, capabilities, and possible cultural differences of the residents; (2) prepare a monthly calendar of planned group activities in a format that is legible and shall be posted in a location accessible to residents by the first day of each month, and updated when there are any changes; 	C 291		

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C 291 Continued From page 38

C 291

- (3) involve community resources, such as recreational, volunteer, and religious organizations, to enhance the activities available to residents;
- (4) evaluate and document the overall effectiveness of the activities program at least every six months with input from the residents to determine what have been the most valued activities and to elicit suggestions of ways to enhance the program;
- (5) encourage residents to participate in activities; and
- (6) assure there are supplies necessary for planned activities, supervision, and assistance to enable each resident to participate. Aides and other facility staff may be used to assist with activities.

This Rule is not met as evidenced by:
Based on observations and interviews, the facility failed to post an updated activity calendar for the 5 residents residing at the facility to have the opportunity to view upcoming activity events.

C 291

Administrator will monitor Activity Director to ensure Calendar is posted in a timely manner.

12/18/2022

The findings are:

Observations made on 12/06/22 at 12:00pm revealed :
-There was an activity calendar for November 2022 located on top of the medication cart.
-There was no activity calendar for December 2022 posted in the facility.

Interview with a medication aide (MA) on 12/06/22 at 12:05pm revealed:
-The activity calendar was completed by the Activity Director (AD) that was shared at the

Activity Director always posts the Activity Calendar on the 1st day of the month. She had a resident council meeting the first week of December and was waiting for input from residents to finish the calendar for December...It was finished and posted

12/8/2022

Exhibit 14

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C 291	<p>Continued From page 39</p> <p>facility and the adjacent sister facility. -The AD had not brought a December 2022 activity calendar to the facility to post.</p> <p>Interview with 2 residents seated in the television/sitting room on 12/06/22 at 3:00pm revealed: -The AD usually posted a calendar for activities on a board in the hallway for the residents to review any planned activities. -There was a calendar posted for November 2022. -They had not seen a calendar for December 2022 posted anywhere.</p> <p>Interview with the Resident Care Director (RCD) on 12/07/22 at 7:13pm revealed: -It was the responsibility of the AD to complete the monthly activity calendar. -It was the responsibility of the AD to post the updated activity calendar in the main hallway for resident access. -She did not know the updated activity calendar for December 2022 was not posted in the main hallway.</p> <p>Interview with the Administrator on 12/07/22 at 7:17pm revealed: -It was the responsibility of the AD to complete the monthly activity calendar. -It was the responsibility of the AD to post the updated activity calendar in the main hallway for resident access. -The AD was in a training class at the sister facility today. -She did not know the updated activity calendar for December 2022 was not posted in the main hallway.</p> <p>Attempted interview with the AD on 12/07/22 at</p>	C 291		
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C 291	Continued From page 40 7:25pm was unsuccessful.	C 291		
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, 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: TYPE B VIOLATION</p> <p>Based on observations, interviews, and record reviews, the facility failed to administer medications as ordered for 3 of 3 residents (#1, #2, and #5) including an injectable diabetic medication, a proton pump inhibitor medication, and a topical dry skin lotion (#1), a moisturizing eye drop (#2), an antipsychotic medication and topical scalp treatment (#5).</p> <p>The findings are:</p> <p>1. Review of Resident #1's current FL2 dated 03/10/22 revealed diagnoses included weakness, Type 2 diabetes, essential primary hypertension, gastro-esophageal reflux disease (GERD), unsteadiness, other reduced mobility, unspecified atrial fibrillation, and mixed hyperlipidemia.</p> <p>a. Review of Resident #1's signed physician's orders dated 09/16/22, and 11/16/22 revealed:</p>	C 330		

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C 330	Continued From page 41	C 330		
	<p>-There was an order for Ozempic 4mg/3ml injection (a subcutaneously injectable long-acting solution used to treat diabetes) inject 1mg subcutaneously once a week on Thursday.</p> <p>-There was an order to check fingerstick blood sugar (FSBS) twice a day.</p>			
	<p>Review of Resident #1's October 2022 electronic medication administration record (eMAR) revealed:</p>			
	<p>-There was an entry for Ozempic 4mg/3ml injection solution inject 1mg subcutaneously once a week on Thursday scheduled for administration at 8:00am.</p>			
	<p>-Ozempic was documented as administered on 10/06/22, 10/13/22, and 10/27/22 at 8:00am each Thursday.</p>			
	<p>-Ozempic was not documented as administered on 10/20/22.</p>			
	<p>-FSBS values ranged from 102 to 146 from 10/22/22 to 10/31/22.</p>			
	<p>Review of Resident #1's November 2022 eMAR revealed:</p>			
	<p>-There was an entry for Ozempic 4mg/3ml injection solution inject 1mg subcutaneously once a week on Thursday scheduled for administration at 8:00am.</p>			
	<p>-Ozempic was documented as administered 11/03/22 at 8:00am.</p>			
	<p>-Ozempic was documented with circled MA initials and explanation "physically unable to take" under the exceptions at 8:00am on 11/10/22, 11/17/22, and 11/24/22.</p>			
	<p>-FSBS values ranged from 95 to 172 from 11/01/22 to 11/30/22.</p>			
	<p>Review of Resident #1's December 2022 eMAR revealed:</p>			
	<p>-There was an entry for Ozempic 4mg/3ml</p>			

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C 330	<p>Continued From page 42</p> <p>injection solution inject 1mg subcutaneously once a week on Thursday scheduled for administration at 8:00am.</p> <ul style="list-style-type: none"> -Ozempic was documented with circled MA initials and explanation "physically unable to take" under the exceptions at 8:00am on 12/01/22. -FSBS values ranged from 112 to 188 from 12/01/22 to 12/07/22. <p>According to the American Diabetes Association publication "Diabetes Spectrum":</p> <ul style="list-style-type: none"> -Diabetic kidney in part makes up the microvascular complications associated with diabetes. -Complications may greatly affect patients' quality of life. -Twenty to forty percent of patients with diabetes develop diabetic kidney disease, the leading cause of end-stage renal disease. -Compliance with diabetic therapies, including insulin administration, reduces the risk of the complications. <p>Observation of medication on hand for administration to Resident #1 on 12/07/22 at 8:45am revealed there was no Ozempic 4mg/3ml injection solution available for administration.</p> <p>Interview with Resident #1 during the initial tour on 12/06/22 at 9:25am revealed:</p> <ul style="list-style-type: none"> -He had not been receiving Ozempic SQ injection for 3 or 4 weeks. -He had a supply when he came to the facility in August 2022, but that supply must have ran out. -He was supposed to receive the medication through a manufacturer's assistance program and the facility staff had not been ordering it that way. -He could not pay the pharmacy's price of more than 1000.00 dollars. 	C 330		
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C 330 Continued From page 43

C 330

-His FSBS values had been going up since he was out of Ozempic.

Interview with Resident #1's primary care provider (PCP) on 12/07/22 at 4:20pm revealed:

- He expected medications to be administered as ordered.
- He had received laboratory test results in September 2022 that documented a HgA1C (a test used to monitor blood sugar values over an extended period of time with value less than 6.0 considered to be good control) value of 6.1.
- Not receiving Ozempic 1mg SQ injection weekly could result in higher fingerstick blood sugar (FSBS) values indicating unstable diabetic blood sugar control placing the resident at risk of damage to the kidneys and eyes.

C 330

Interview with a medication aide (MA) on 12/06/22 at 2:00pm revealed:

- Resident #1's Ozempic 4mg/3ml SQ injection had not been available for administration since early November 2022.
- He had a supply when he came to the facility but it ran out.
- She had notified the former Resident Care Director (RCD) in early November 2022 that Resident #1's Ozempic 4mg injection was not available to administer.
- She told the RCD Resident #1's Ozempic was obtained through a patient assistance program, according to the resident, but she had not seen any paperwork for ordering the medication.
- She had informed the current RCD Resident #1 was out of Ozempic 4mg SQ injection but could not recall the exact date.

Resident 1 is a VA client. He just got approved to see a new PA who will manage his diabetes care and needs starting January 18 at 9 am. This should resolve any problems getting his Ozempic.

12/28/2022

RCD will follow up after each medication review to insure all diabetics are getting the right medications in the right dose at the right time. The VA will be supplying all of his medications. Staff (MAs) will be retrained in medication compliance.

Interview with the RCD on 12/07/22 at 3:30pm revealed:

- She had not seen paperwork for ordering

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C 330	<p>Continued From page 44</p> <p>Resident #1's Ozempic through the patient assistance (paperwork observed in the back of Resident #1's facility record binder) until she was informed the paperwork was in the back of the resident's facility record binder today (12/07/22). -Resident #1 had told the RCD he could not pay the pharmacy for the Ozempic because of the high cost.</p> <p>Interview with the Administrator on 12/07/22 at 6:30pm revealed the former RCD would have been responsible for ordering Resident #1's Ozempic 4mg SQ injection from the patient assistance program to ensure the resident did not run out.</p> <p>Refer to interview with the Resident Care Director (RCD) on 12/07/22 at 3:30pm.</p> <p>Refer to interview with the Administrator on 12/07/22 at 6:30pm.</p> <p>b. Review of Resident #1's signed physician's orders dated 09/16/22, and 11/16/22 revealed an order for omeprazole 20mg (used to treat acid reflux from GERD) one capsule twice a day, 30 minutes before breakfast and bedtime.</p> <p>Observation of Resident #1 on 12/07/22 revealed: -At 8:00am, Resident #1 was seated with the other residents in the dining area eating breakfast. -At 8:40am, the morning medication aide (MA) prepared 8 oral medications including one omeprazole 20mg capsule. -At 8:45am, Resident #1 was seated in a wheelchair in his room when the MA administered his oral medication, including one omeprazole 20mg capsule.</p>	C 330		
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C 330	<p>Continued From page 45</p> <p>Review of Resident #1's December 2022 electronic medication administration record (eMAR) revealed:</p> <ul style="list-style-type: none"> -There was an entry for omeprazole 20mg take one capsule twice a day, 30 minutes before breakfast and bedtime, scheduled for administration at 8:00am and 8:00pm. -Omeprazole 20mg was documented as administered at 8:00am on 12/07/22. <p>Observation of medication on hand for administration to Resident #1 on 12/07/22 at 8:45am revealed there was a bingo card dispensed on 11/18/22 with 6 doses remaining of 28 doses dispensed on 11/18/22 and labeled for one capsule 30 minutes before breakfast and bedtime.</p> <p>Interview with the MA on 12/07/22 at 9:00am revealed:</p> <ul style="list-style-type: none"> -She was responsible for assisting with administering morning medications at the sister assisted living facility adjacent to this facility and the morning medications at the facility. -She came to the facility within the scheduled grace period of one hour before or one hour after the scheduled time for administration. -She was administering medications at the other facility and not able to come to this facility before Resident #1 ate breakfast. -There were times when she administered Resident #1's omeprazole 20mg 30 minutes before breakfast. <p>Interview with Resident #1 on 12/07/22 at 4:20pm revealed:</p> <ul style="list-style-type: none"> -Breakfast was routinely served from 7:30am to 8:15am. -He had taken omeprazole 20mg for his GERD for many years. 	C 330		
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C 330 Continued From page 46

C 330

-Sometimes he received omeprazole before breakfast and sometimes the MA administered omeprazole after he had eaten.
 -He did not have discomfort from acid reflux if he was administered omeprazole before breakfast or one hour after he ate: much later and he was very uncomfortable.
 -He had not had discomfort this morning.

Interview with the Resident Care Director (RCD) on 12/07/22 revealed:
 -The facility shared MA staff with the sister facility located adjacent to the facility.
 -Her office was in the sister facility.
 -The facility and sister facility had experienced MA staff shortages recently.
 -She had started to work with administration to schedule MA staff to ensure going forward Resident #1 was administered omeprazole 30 minutes before his meals.

Interview with Resident #1's primary care provider (PCP) on 12/07/22 at 4:20pm revealed:
 -Receiving omeprazole 20mg before meals would allow the medication to be absorbed prior to the increase of stomach acid released by ingestion of food.
 -Resident #1 could experience increased heartburn or reflux if omeprazole 20mg was administered after a meal instead of before.
 -He expected medications to be administered as ordered.

Interview with the Administrator on 12/07/22 at 6:30pm revealed the RCD had worked with the Administrator to schedule additional morning shift MA staff to ensure one MA was available to administer medications on time for the facility.

Refer to interview with the Resident Care Director

C 330

Until Retreat SIC has passed her Med Tech training and is certified extra staff has been hired to make sure residents are getting morning medications in a timely manner 12/12/2022

RCD is monitoring med pass at Retreat and checking on a monthly basis to ensure compliance.

Y8

PRINTED: 12/21/2022
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL080034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 12/07/2022
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NAME OF PROVIDER OR SUPPLIER BETHAMY RETREAT	STREET ADDRESS, CITY, STATE, ZIP CODE 102 ANN STREET SPENCER, NC 28159
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(RCD) on 12/07/22 at 3:30pm.

Refer to interview with the Administrator on 12/07/22 at 6:30pm.

c. Review of Resident #1's signed physician's orders dated 09/16/22, and 11/16/22 revealed an order for ammonium lactate lotion 12% (used to treat dry skin), apply topically to both lower legs at bedtime for dry skin.

Review of Resident #1's October 2022, November 2022, and December 2022 electronic medication administration records (eMARs) revealed:

- There was an entry for ammonium lactate lotion 12%, apply topically to both lower legs at bedtime for dry skin, scheduled for administration at 8:00pm daily.
- Ammonium lactate lotion 12% was documented as administered daily from 10/01/22 to 12/07/22 except documented as refused on 10/05/22 and 10/07/22.

Observation of medication on hand for administration to Resident #1 on 12/07/22 at 5:00pm revealed there was no ammonium lactate lotion 12% on the medication cart or in overstock medications for application to Resident #1.

Telephone interview with a pharmacy technician at the facility's contracted pharmacy provider on 12/07/22 at 5:30pm revealed:

- Resident #1 was dispensed 400ml of ammonium lactate 12% lotion on 08/24/22.
- Resident #1's 400ml of ammonium lactate 12% lotion dispensed on 08/24/22 was returned to the pharmacy for credit.
- There was no documentation for additional dispensing of ammonium lactate 12% lotion by

C 330

C 330

Staff have been retrained and is applying lotion according to the MAR. RCD reviewed MARs with all med techs and will ensure that all residents are receiving all treatments correctly according to their MARs

12/12/2022

RCD is monitoring on a monthly basis to ensure treatments are being received MedTchs are receiving intensive training in charting and compliance issues 4-28-23

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C 330	<p>Continued From page 48</p> <p>the contracted pharmacy.</p> <p>Interview with Resident #1 on 12/07/22 at 5:10pm revealed:</p> <ul style="list-style-type: none"> -He did not have a lotion applied to his lower legs in the evening. -He had a skin lotion he got from a local store that he could apply to dry skin but he did not use that lotion. -He received a gel he used to his knee and shoulder at night. -He received a cream he applied to his legs and feet but it was a thick cream, not a lotion. -He did not think he had a lotion to be applied to his legs at bedtime since he came to the facility in August 2022. <p>Interview with a medication aide (MA) on 12/07/22 at 7:30pm revealed:</p> <ul style="list-style-type: none"> -She administered medications to the residents in the evenings when she worked. -She reviewed Resident #1's eMAR but did not think she had applied ammonium lactate 12% lotion. -She did not recall Resident #1 ever having ammonium lactate 12% lotion. -She must have incorrectly documented application of ammonium lactate 12% lotion when she documented application of his topical gel and cream for his feet and legs scheduled at 8:00pm daily. <p>Interview with the Resident Care Director (RCD) on 12/07/22 at 3:30pm revealed she did not know Resident #1 had not been receiving ammonium lactate 12% lotion at night as ordered.</p> <p>Interview with the Administrator on 12/07/22 at 6:30pm revealed:</p> <ul style="list-style-type: none"> -The Resident Care Director (RCD) was 	C 330		
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responsible for ensuring residents were administered medications as ordered.

- The facility had a turn-over with the RCD and Administrator/Consultant within the last 3 months.
- The current RCD had been in the RCD position since 11/19/22 and had not audited residents' records for medications.
- The MAs were responsible to ensure medications were available for administration or application during the interim when there was no RCD.

Refer to interview with the Resident Care Director (RCD) on 12/07/22 at 3:30pm.

Refer to interview with the Administrator on 12/07/22 at 6:30pm.

2. Review of Resident #2's current FL2 dated 11/21/22 revealed diagnoses included diabetes mellitus, atrial fibrillation, and major depression.

Review of Resident #2's signed physician's orders dated 07/14/22 and hospital discharge summary dated 11/22/22 revealed an order for artificial tears (used to treat dry eyes), one drop in each eye 4 times a day.

Review of Resident #2's October 2022, November 2022, and December 2022 electronic medication administration records (eMARs) revealed:

- There was an entry for artificial tears instill one drop in both eyes 4 times a day.
- "Not given by facility" was documented beside scheduled administration times of 7:00am, 12:00pm, 4:00pm, and 7:00pm from 11/01/22 to 12/06/22.

Observation of medications on hand for

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C 330	<p>Continued From page 50</p> <p>administration to Resident #2 on 12/07/22 at 5:10pm revealed there was no artificial tears available for administration to Resident #2.</p> <p>Interview with a pharmacist at the facility's contracted pharmacy on 12/07/22 at 5:30pm revealed:</p> <ul style="list-style-type: none"> -The pharmacy was responsible to enter new orders into the facility's eMARs. -The facility could make changes the resident's eMAR also. -Resident #2's order for artificial tears was changed to self administer on the eMAR by a facility staff. -The facility last filled Resident #2's artificial tears on 03/24/22. -There was no order available for self administration available for review at the pharmacy. <p>Interview with a medication aide (MA) on 12/07/22 at 5:30pm revealed:</p> <ul style="list-style-type: none"> -Review of medication orders' history for Resident #2's order for artificial tears revealed the entry was changed to self administration on the eMAR by a former Resident Care Director on 10/19/21. -Medications entered as self administration do not appear for the MAs to administer or to document during the medication passes. -A MA would not know to check with the resident regarding administration. <p>Interview with the Resident Care Director (RCD) on 12/07/22 at 3:30pm revealed she did not know Resident #2 had not been receiving artificial tears as ordered.</p> <p>Interview with Resident #2 on 12/07/22 at 6:10pm revealed:</p> <ul style="list-style-type: none"> -He did not have artificial eye drops to administer. 	C 330	<p>C 330</p> <p>Resident stated he did not need eye drops because his eyes no longer felt dry. RCD sent an order to physician to DC drops. Exhibit 15</p> <p>RCD will monitor on a monthly basis. Med Techs will receive training on proper techniques on dispensing & charting treatments.</p>	12/29/2022
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C 330	<p>Continued From page 51</p> <ul style="list-style-type: none"> -The facility staff had not administered an eye drop to him in a very long time. -He used to have a drop for dry eyes but the eyes were no long dry and he did not need an eye drop. -He would have asked the staff about an eye drop if he needed one. <p>Refer to interview with the Resident Care Director (RCD) on 12/07/22 at 3:30pm.</p> <p>Refer to interview with the Administrator on 12/07/22 at 6:30pm.</p> <p>3. Review of Resident #5's current FL2 dated 12/06/22 revealed diagnoses included dementia of frontal lobe, bipolar disorder, Post Traumatic Stress Disorder (PTSD) and hearing loss.</p> <p>Review of Resident #5's signed physician orders dated 07/05/22 revealed diagnoses included schizophrenia, and mild cognitive disorder.</p> <p>a. Review of Resident #5's current FL2 dated 12/06/22 revealed medications included Haldol (haloperidol) 5mg tablet every morning (AM), noon and 10mg at night (HS) (used to treat schizophrenia).</p> <p>Review of Resident #5's signed physician orders dated 07/05/22 revealed:</p> <ul style="list-style-type: none"> -There was an order for haloperidol 5mg 1 tablet very morning (AM) and at 12:00 pm. -There was an order for haloperidol 5mg take 2 tablets (10mg) at night (HS). <p>Observation of medication administration on 12/07/22 revealed:</p> <ul style="list-style-type: none"> - At 8:37am, Resident #5 was administered 9 oral medications, and one ophthalmic solution. 	C 330		

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C 330	<p>Continued From page 52</p> <ul style="list-style-type: none"> -Haloperidol 5mg was not included in the morning medications administered to Resident #5. -Resident #5 was not administered haloperidol 5mg in the morning as ordered. <p>Review of Resident #5's October 2022 electronic medication administration record (eMAR) revealed:</p> <ul style="list-style-type: none"> -There was an entry for haloperidol 5mg 1 tablet every morning (am) and at 12pm. -There was an entry for haloperidol 5mg take 2 tablets (10mg) at bedtime. -Haloperidol 5mg 1 tablet every morning (am) and at 12pm was documented as administered from 10/01/22 to 10/13/22. -Haloperidol 5mg take 2 tablets (10mg) at night (HS) was documented as administered from 10/01/22 to 10/12/22. -All haloperidol was discontinued on 10/13/22. -There was no documentation haloperidol was administered from 10/14/22 to 10/31/22. <p>Review of Resident #5's November 2022 and December 2022 eMAR revealed:</p> <ul style="list-style-type: none"> -There was no entry for haloperidol. -There was no documentation haloperidol was administered from 11/01/22 to 12/06/22. <p>Review of Resident #5's record revealed there was no order to discontinue haloperidol.</p> <p>Observation of medications on hand for administration to Resident #5 on 12/07/22 revealed there was no haloperidol 5mg available for administration to Resident #5.</p> <p>Interview with the Resident Care Director (RCD) on 12/07/2022 at 2:45pm revealed:</p> <ul style="list-style-type: none"> -All new orders were given to the RCD. -New orders were faxed to the pharmacy upon 	C 330		

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receipt of the order.
-She did not know why Resident #5's haloperidol was discontinued.

Telephone interview with a representative from the facility's contracted pharmacy on 12/07/22 at 10:15am revealed:
-There was a current order on file for Resident #5 for haloperidol 5mg 1 tablet every morning and noon and 2 tablets at night.
-There was no order on file to discontinue Resident #5's haloperidol.
-There were no orders dated 10/13/2022 on file for Resident #5.

Interview with a second representative from the facility's contracted pharmacy on 12/07/22 at 11:43am revealed:
-On 10/13/21, the end date for Resident #5's haloperidol orders changed; the end date was not provided.
-There was an active order for haloperidol 5mg and was last filled on 10/13/21.

Interview with Resident #5's primary care provider (PCP) on 12/07/22 at 11:05am revealed:
-Resident #5's psychiatrist managed haloperidol orders.
-The FL2 she signed dated 12/06/22 contained the current orders on file at the Veteran's Administration Medical Center.

Attempted interview on 12/07/22 at 3:00pm with Resident #5's psychiatrist was unsuccessful.

Based on observations, interviews, and record reviews, it was determined Resident #5 was not interviewable.

Refer to interview with the Resident Care Director

C-330

New order for haloperidol and Lidocaine was received and recorded. Physicians order and MAR match and resident is receiving medications properly Exhibit 16-17
RCID will monitor monthly.

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(RCD) on 12/07/22 at 3:30pm.

Refer to interview with the Administrator on 12/07/22 at 6:30pm.

b. Review of Resident #5's signed physician orders dated 07/05/22 revealed there was an order for fluocinolone acetonide solution 0.01% (a topical steroid used to treat irritated skin) apply a small amount topically to scaling areas on face and scalp every day as needed.

Review of Resident #5's October 2022 eMAR revealed:

- There was an entry for fluocinolone 0.01% topical solution apply a small amount topically to scaling areas on face and scalp every day as needed.
- The fluocinolone order was discontinued on 10/13/22.
- There was no documentation fluocinolone was administered from 10/01/22 to 10/31/22.

Review of a physician's visit summary dated 11/01/2022 revealed there was an order for fluocinolone acetonide solution 0.01% apply small amount to affected area once or twice daily on scaling areas of face and scalp.

Review of Resident #5's record revealed there was no order to discontinue fluocinolone.

Review of Resident #5's November 2022 and December 2022 eMAR revealed:

- There was no entry for fluocinolone acetonide solution 0.01% apply small amount to affected area once or twice daily on scaling areas of face and scalp.
- There was no documentation fluocinolone 0.01% was administered from 11/01/22 to 12/06/22.

C 330

Order for Fluocinolone treatment has been entered in MAR Staff is applying treatment and recording in MAR Exhibit 18
RCD will monitor monthly.

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C 330

Review of medications on hand for Resident 5 revealed there were 11 unopened bottles of fluocinolone.

Observation of Resident #5 on 12/07/22 at 8:10am revealed Resident #5 had thick patches of scaling scalp in his hair.

Interview with the Resident Care Director (RCD) on 12/07/2022 at 2:45 pm revealed:
-All new orders were given to the RCD.
-New orders were faxed to the pharmacy upon receipt of the order.
-She did not know why Resident #5's fluocinolone was discontinued.

Interview with a representative from the facility's contracted pharmacy on 12/07/22 at 10:15 am revealed there were no orders dated 10/13/2022 for fluocinolone on file for Resident #5.

Interview with Resident #5's primary care provider (PCP) on 12/07/22 at 11:05 am revealed:
-Resident #5's dermatologist ordered fluocinolone.
-The FL2 she signed dated 12/06/22 contained the current active orders on file at the Veteran's Administration Medical Center.

Attempted interview on 12/07/22 at 3:00pm with Resident #5's dermatologist was unsuccessful.

Based on observations, interviews, and record reviews, it was determined Resident #5 was not interviewable.

Refer to interview with the Resident Care Director (RCD) on 12/07/22 at 3:30pm.

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C 330	<p>Continued From page 56</p> <p>Refer to interview with the Administrator on 12/07/22 at 6:30pm.</p> <p>Interview with the RCD on 12/07/22 at 3:30pm revealed:</p> <ul style="list-style-type: none"> -She had been at the facility since 11/19/22. -She had been working on staffing shortage issues, trying to file piled up paperwork, and getting oriented. -She had not audited eMARs for missing medication doses. -She had not been able to audit residents' physician's orders compared to eMARs. <p>Interview with the Administrator on 12/07/22 at 6:30pm revealed the Resident Care Director (RCD) was responsible for ensuring residents were administered medications as ordered.</p> <p>The facility failed to ensure medications were administered as ordered for 3 of 3 sampled residents including a resident ordered a weekly insulin that was not administered which could result in uncontrolled diabetes and damage to the kidneys, and not administering an acid reducing medication before meals which could result in acid reflux and stomach pain (#1); a resident with an order for a medicated shampoo not used which resulted in a crusted, scaly scalp (#5). This failure was detrimental to the health, safety and welfare of the resident and constitutes a Type B Violation.</p> <p>The facility provided a plan of protection in accordance with G.S. 131D-34 on 12/07/22 for this violation.</p> <p>THE CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JANUARY 21, 2023.</p>	C 330		

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C 350	<p>10A NCAC 13G .1005 (a and b) Self-Administration Of Medications</p> <p>10A NCAC 13G .1005 Self-Administration Of Medications</p> <p>(a) The facility shall permit residents who are competent and physically able to self-administer their medications if the following requirements are met:</p> <p>(1) the self-administration is ordered by a physician or other person legally authorized to prescribe medications in North Carolina and documented in the resident's record; and</p> <p>(2) specific instructions for administration of prescription medications are printed on the medication label.</p> <p>(b) The facility shall notify the physician when:</p> <p>(1) there is a change in the resident's mental or physical ability to self-administer;</p> <p>(2) the resident is non-compliant with the physician's orders; or</p> <p>(3) the resident is non-compliant with the facility's medication policies and procedures.</p> <p>A resident's right to refuse medications does not imply the inability of the resident to self-administer medications.</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to notify the physician when the resident was non-compliant with physician's orders for 1 of 3 sampled residents (Resident #2) related to a medication to lower phosphorus and on dialysis due to severe kidney disease.</p> <p>The findings are:</p>	C 350		

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Review of Resident #2's current FL-2 dated 11/21/22 revealed diagnoses included bacteremia due to methicillin resistant Staphylococcus epidermidis, anemia, diabetes mellitus, end stage renal disease, and amputation above knee.

Review of the facility's policy for self-administration of medications revealed there was no policy for self administration of medications available for review.

Review of Resident #2's signed physician's orders dated 07/14/22 revealed an order for sevelamer (used to lower high blood phosphorus levels in patients who were on dialysis due to severe kidney disease) 800mg take 2 tablets 3 times a day with meals; May self administer.

Review of Resident #2's hospital discharge summary dated 11/22/22 revealed there was an order for sevelamer 800mg take 2 tablets with meals and one tablet with snacks between meals; May self administer.

Review of Resident #2's October 2022, November 2022, and December 2022 electronic medication administration records (eMARs) revealed there was an entry for sevelamer 800mg with "not given by facility" documented in the scheduled time for administration and no documentation for administration. (was it noted as self administered on the eMARs?)

Interview with Resident #2 on 12/07/22 at 4:10pm revealed:
-He had an order for a medication (sevelamer) that he was supposed to take at meal time and with snacks.
-He did not have any of the sevelamer on hand to

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL080034	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 12/07/2022
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NAME OF PROVIDER OR SUPPLIER BETHAMY RETREAT	STREET ADDRESS, CITY, STATE, ZIP CODE 102 ANN STREET SPENCER, NC 28159
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(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
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C 350	<p>Continued From page 59</p> <p>take: he ran out about a week ago.</p> <ul style="list-style-type: none"> -He had not told the medication aide (MA) he was out of the medication. (why not?) -The MA had never asked him if he had the medication. -He routinely received a supply from the dialysis clinic or the veterans administration (VA) kidney center. -He was due to go back to the VA the week of 12/12/22. -He went to dialysis on Tuesday, Thursday, and Saturday. -He had not told the dialysis clinic he was out of sevelamer either. (why not?) <p>Interview with the medication aide (MA) on 12/07/22 at 5:10pm revealed:</p> <ul style="list-style-type: none"> -The MAs were responsible to periodically ask the residents who self administer their medications, if they had the medication on hand or needed some medications. -She had never asked Resident #2 if he had sevelamer on hand for administration because he went to dialysis 3 times a week and she thought he would inform the MAs or dialysis if he needed medication. <p>Interview with the Resident Care Director (RCD) on 12/07/22 at 5:35pm revealed:</p> <ul style="list-style-type: none"> -She did not know Resident #2 was out of sevelamer 800mg. -Residents who self administer medications should inform the MAs when the medication was running out before they had none to administer. -She had not assessed Resident #2 for his ability to self administer the sevelamer nor informed his provider he was not compliant with taking the medication. 	C 350	<p>C350</p> <p>Resident insists on self medication of this medication. His doctor was informed and would not change the order.</p> <p>RCD picked up medication at VA, MT's will keep up with stock and keep it on hand for resident.</p> <p>RCD will monitor monthly to stay in compliance.</p>	12/10/2022
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL080034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 12/07/2022
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C992 Continued From page 60

C992

C992 G.S. § 131D-45 G.S. § 131D-45. Examination and screening for

C992

G.S. § 131D-45. Examination and screening for the presence of controlled substances required for applicants for employment in adult care homes.

(a) An offer of employment by an adult care home licensed under this Article to an applicant is conditioned on the applicant's consent to an examination and screening for controlled substances. The examination and screening shall be conducted in accordance with Article 20 of Chapter 95 of the General Statutes. A screening procedure that utilizes a single-use test device may be used for the examination and screening of applicants and may be administered on-site. If the results of the applicant's examination and screening indicate the presence of a controlled substance, the adult care home shall not employ the applicant unless the applicant first provides to the adult care home written verification from the applicant's prescribing physician that every controlled substance identified by the examination and screening is prescribed by that physician to treat the applicant's medical or psychological condition. The verification from the physician shall include the name of the controlled substance, the prescribed dosage and frequency, and the condition for which the substance is prescribed. If the result of an applicant's or employee's examination and screening indicates the presence of a controlled substance, the adult care home may require a second examination and screening to verify the results of the prior examination and screening.

This Rule is not met as evidenced by:
Based on interviews and record reviews, the

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL080034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 12/07/2022
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C992 Continued From page 61

C992

facility failed to ensure 1 of 4 staff (Staff A) had an examination and screening for the presence of controlled substances completed upon hire.

The findings are:

Review of Staff A's, medication aide (MA), personnel record revealed:

- Staff A was hired on 08/29/22.
- There was no documentation Staff A had a controlled substance examination and screening upon hire.

Interview with staff A on 12/07/22 at 11:40am revealed she went to a local urgent care provider for drug screening upon hire.

Interview with the Business Office Manager (BOM) on 12/07/22 at 2:50 pm revealed:

- On 12/07/22, she contacted the local urgent care center for information regarding a controlled substance examination and screening for Staff A.
- There was no record for a controlled substance examination and screening on file at the urgent care center for Staff A.
- The BOM was responsible for setting up new hire drug screenings.
- She did not know why Staff A did not have a drug screening completed.

Interview with the Administrator on 12/07/22 at 2:55pm revealed:

- She did not know why there was no documentation of a drug screen in Staff A's record.
- There should be an invoice for the payment of Staff A's drug screen.

C992

Emp A had a drug screening on 8-19-2022 (she does not go by her legal name but her middle name) BOM has a chart to go by that lets her know all that is required and needs to be kept in employee charts. She has had 25 years experience with the VA hospital and has re-organized all charts and all employee charts are up to date and organized and compliant. BOM will monitor and keep charts up to date. Exhibit 2d

12-15-22