PRINTED: 04/28/2023 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
ANDILANC	" CONNECTION	IDENTIFICATION NOWIBER.	A. BUILDING: _		COMI LETED
		HAL080032	B. WING		R 04/13/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
BETHAMY	RETIREMENT CENTER	909 N SALI SPENCER,	ISBULRY AVEN NC 28159	NUE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 000	0 Initial Comments		D 000		
	The Adult Care Licensure Section conducted a follow-up survey from 04/11/23 to 04/12/23 with an exit via telphone on 4/13/23.				
D 238	10A NCAC 13F .0703 Medical Examination	3 (c-4) Tuberculosis Test, And Im	D 238		
	10A NCAC 13F .0703 Examination And Imm	3 Tuberculosis Test, Medical nunizations			
	in Paragraph (b) of th the FL-2, North Caroli Term Care Services, o	mplete examination required nis Rule are to be entered on lina Medicaid Program Long or MR-2, North Carolina ental Retardation Services, ith the following:			
	(4) If the information on the FL-2 or MR-2 is not clear or is insufficient, the facility shall contact the physician for clarification in order to determine if the services of the facility can meet the individual's needs.				
	facility failed to ensure	ews, and interviews, the re 1 of 5 sampled residents mplete information with a			
	The findings are:				
	paranoid schizophren -There was an order f	neurogenic bladder, -induced Parkinson's, and nia.			

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

(X6) DATE TITLE

DIVISION	n nealth Service Regu	lation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SI	URVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	TED
					1	
					R	
		HAL080032	B. WING		04/1	3/2023
NAME OF D		OTDEET ADD	DE00 01TV 0T4	TE 710 000E		
NAME OF PI	ROVIDER OR SUPPLIER		RESS, CITY, STA	•		
BETHAMY	RETIREMENT CENTER	909 N SAL	ISBULRY AVEI	NUE		
52111,	NETHCEMENT GENTER	SPENCER,	NC 28159			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PRÉFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR I	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP	RIATE	DATE
				DEFICIENCY)		
D 238	Continued From page	<u>.</u> 1	D 238			
D 200	Continued From page	ā I	5 200			
	inject 1mg subcutane	ously once weekly.				
	-There was an order f	for tamsulosin (a medication				
	used to treat urinary r	etention) 0.4mg twice daily.				
		for tiotropium (an inhaled				
		ation) 2.5mcg inhale 2 puffs				
	once daily.	– г – г				
		for trazodone (a sedative				
	medication) 100mg at	,				
	-There was an order f					
		• • • • • • • • • • • • • • • • • • • •				
	medication used to tre	* ·				
		such as tremors, spasms,				
		nuscle control) 2mg three				
	times daily.					
		for fluticasone (a steroidal				
		instill 1 spray into each				
	nostril twice daily.					
	-There was an order t	for psyllium powder (used to				
	relieve constipation) t	ake 1 teaspoonful daily.				
	There was an order for	or umeclidinium (an inhaled				
		ation to manage chronic				
	_	y disease) 62.5mcg, inhale 1				
	puff daily.	, alocato, o <u>a</u> lolling, illiano				
	•	medications listed or pages				
		the record to review.				
	of the file available in	Title record to review.				
	Povious of Posidont #	1's undated abveision's				
		1's updated physician's				
		3 that was not included on				
	the FL2 dated 11/21/2					
	-An order for ibuprofe					
		lication used to treat pain)				
	every 8 hours as need	ded had a start date of				
	09/05/22.					
	-An order for acetami					
	over-the-counter med	lication used to treat pain or				
	fever) every 8 hours a	as needed had a start date				
	of 09/05/22.					
		in 10mg (a supplement				
		at bedtime had a start date				
	of 09/07/22.					

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-An order for docusate sodium/senna

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Division of Health Service Regulation				FURIVI F	APPROVED	
STATEMENT	OF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SU	
74451 2741 0	N GOTTLESTION	IBENTI IO/MIGIN MOMBER.	A. BUILDING: _		J COM LE	125
		HAL080032	B. WING		R 04/13	3/2023
NAME OF PR	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
		909 N SAL	ISBULRY AVE	NUE		
BETHAMY	RETIREMENT CENTER	SPENCER	, NC 28159			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	1	(X5)
PRÉFIX TAG	•	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)		COMPLETE DATE
D 238	Continued From page 2		D 238			
	50mg/8.6mg (a stool softener used to treat constipation) take two tablets twice daily had a start date of 09/07/22. -An order for cetirizine 10mg (an antihistamine					
	date of 09/05/22.	symptoms) daily had a start				
		ne 20mg (an antacid used				
	to treat acid reflux) at 09/05/22.	bedtime had a start date of				
		lciferol 25mcg (a vitamin D				
		reat low vitamin D levels)				
	daily had a start date					
		tatin 40mg (used to treat one-half tablet daily had a				
	start date of 09/05/22	·.				
	-An order for metform					
	a start date of 09/05/2	eat diabetes) twice daily had 22.				
		I 20mg (used to treat high				
	blood pressure or headate of 09/05/22.	art failure) daily had a start				
	-An order for cyanoco	obalamin 500mcg (a vitamin				
		treat low vitamin B levels)				
	daily had a start date					
		yl 5mg (a laxative used to ily as needed had a start				
		31mg (a non-steroidal				
		dication used to treat pain or				
	fever or reduce the ris a start date of 09/05/2	sk of heart attack) daily had 22.				
		olol 50mg (a beta blocker				
	medication used to tre	eat high blood pressure)				
	twice daily had a start					
	-An order for levetirac	- ,				
	anticonvulsant used to daily had a start date	o prevent seizures) twice of 09/07/22.				

-Resident #1's order for Novolog insulin (a rapid-acting insulin used to treat high blood sugar) inject 50 units subcutaneously twice daily

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.		R
		HAL080032	B. WING		04/13/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
BETHAMY	RETIREMENT CENTER	909 N SAI	ISBULRY AVE	NUE	
		SPENCER	R, NC 28159		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
D 238	Continued From page 3		D 238		
	with meals had a start date of 09/07/22.				
	Director (RCD) on 04. Resident #1's Veteral primary care provider and she had not notice his medications that with the time the FL2 was Resident #1 had been prescribed medication. She was responsible processing the reside religious resident #1's FL2 she Attempted telephone VA PCP on 04/13/23 aunsuccessful.	n receiving all of his ns. for reviewing and nts' FL2s. d to be another page to e did not have it. interview with Resident #1's at 12:40pm was			
D 259	10A NCAC 13F .0802	(a) Resident Care Plan	D 259		
	developed for each re the resident assessm 30 days following adn .0801 of this Section.	e shall assure a care plan is esident in conjunction with ent to be completed within hission according to Rule			
		as evidenced by: ews and interviews, the e 1 of 5 sampled residents			

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ′	CONSTRUCTION	(X3) DATE S	
		HAL080032	B. WING		04/1	3/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
BETHAM	RETIREMENT CENTER		LISBULRY AVE	NUE		
		SPENCE	R, NC 28159			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 259	Continued From page	e 4	D 259			
	(#1) had a care plan completed within 30 days of admission.					
	The findings are:					
	bladder and paranoid -Resident #1 was sen -Resident #1 was on program.	diabetes, Parkinson's, neurogenic schizophrenia. ni-ambulatory. a bowel and bladder				
		1's Resident Register dated was admitted to the facility				
	-Resident #1 had a ca	lan available for review. atheter upon admission 02/28/23 and replaced with a				
	revealed:	with bathing and				
	04/12/23 at 2:40pm re -The staff assisted Re -Resident #1 was able without assistance, be urine output every two	esident #1 with showering. e to go to the bathroom ut staff had to monitor his				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	,
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					R	
		HAL080032	B. WING		04/13/202	23
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
		909 N SAL	ISBULRY AVE	NUE		
BETHAMY	RETIREMENT CENTER	SPENCER	, NC 28159			
(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 CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE CON	(X5) MPLETE DATE
D 259	Continued From page 5		D 259			
	Telephone interview of Director (RCD) on 04. -She was responsible residents' care plans to be completed within admission to the facility-Since starting her pottime to audit the residents had considered all the residents had consid	with the Resident Care /13/23 at 2:45pm revealed: e for completing the and was aware they needed n 30 days of a resident's ity. esition, she had not had the dents' records to check that current care plans. Resident #1 did not have a d. interview with Resident #1's ion (VA) primary care /13/23 at 12:40pm was				
		interview with the facility's t 4:39pm was unsuccessful.				
D 273	10A NCAC 13F .0902	2(b) Health Care	D 273			
	•	Property Pro				
	This Rule is not met FOLLOW-UP TO TYPE					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION (X A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING.	A. BOILDING.		
		HAL080032	B. WING		04	R I/13/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
DETUANS	/ DETIDEMENT OFNITED	909 N SA	ALISBULRY AVENU	JE		
BEIHAM	Y RETIREMENT CENTER	SPENCE	ER, NC 28159			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 273	Continued From page	2 6	D 273			
	THIS IS A TYPE A2 VIOLATION					
	facility failed to ensur- meet the acute health sampled residents (R facility's failure to noti (PCP) regarding high sugars (FSBS), refer management of finge and to home health for catheter; and follow-up	esident #4) related to the fy the primary care provider and low fingerstick blood to endocrinology for r stick blood sugars (FSBS) or management of his Foley p with the nephrologist, t, endocrinologist, and a				
	The findings are:					
	diabetes mellitus, hist	ngnoses included blindness, tory of kidney transplant, ansplant, heart murmur,				
	04/08/23 revealed: -Resident #4 was hos through 04/08/23The hospital diagnos	spitalized from 04/06/23 ses included diabetic coma associated with type 2				
	07/21/22 revealed: -There was an order finsulin (SSI) (a rapidelevated blood sugar					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL080032	B. WING		R 04/13/2023	
	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA SBULRY AVEN NC 28159		, , , , , , , , , , , , , , , , , , , ,	<u> </u>
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 273	#4's fingerstick blood than 500. Review of Resident # summary dated 02/17-Resident #4 presents on 02/14/23 with blood hemoglobin A1C (Hb/(HbA1c is a blood tes FSBS levels over the range for HbA1c is between the range	ions what to do if Resident sugars (FSBS) were greater 4's hospital discharge 7/23 revealed: ed to the emergency room d sugars above 500, A1c) of 9.9%, and confusion. It that measures the average past 3 months. The normal etween 4% and 5.6%.) spitalized from 02/14/23 to sugar upon discharge was 4's Primary Care Provider's dated 03/02/23 revealed: for Novolog flex pen before each meal and 0= 2 units; 201-250= 4 is, 301-350= 8 units, p1-500= 15 units; greater cal provider. In instructions. 4's hospital discharge for instructions. 4's hospital discharge for instructions are instr	D 273	DEFICIENCY)		
	200 prior to discharge	close follow-up with his PCP				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. BOILBING.		R	
		HAL080032	B. WING		04/13/2023	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
BETHAMY	RETIREMENT CENTER	909 N SALI SPENCER,	SBULRY AVEN NC 28159	NUE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLE	ETE
D 273	protocols (undated) r -There were protocols FSBS after hours to r the on-call providerThere were direction should do after hours symptomatic or had a the physician if the FS numberThere were no direct should do after hours there were no instruct order to call the physi -If the resident's FSBs staff was to contact th to raise the FSBS by giving 8 ounces of juic FSBS in 15 minutes a than 70 and the resid 4 ounces of juice and FSBS in another 15 m still less than 70, repe -The protocols did no what staff should do of hours when a resident Review of Resident # Administration Record revealed: -There was an entry f 100u/mL, check FSBs	s contracted PCPs insulin revealed: s in place for high and low minimize non-urgent calls to s for what the facility staff if a resident was a SSI with instructions to call SBS were above a specified sions of what facility staff for high blood sugars if tions in the resident's insulincian. S was below 70 after hours, he physician after 3 attempts holding rapid acting insulin; ce, soda, and snack; repeat and if FSBS was still less ent was alert, give additional another snack; repeat ninutes, and if FSBS was eat 1 more time. It include any information on during regular business at's FSBSs were high or low. 4's electronic Medication de (eMAR) for February 2023 for Novolog flex pen S before each meal and the insulin (SSI): 151-200= 2	D 273			
	301-350= 8 units, 351 15 units scheduled fo 11:30am, and 4:30pm	I-400= 10 units, 401-500= r administration at 7:30am, n. was documented as 40 on and no insulin was				

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING:		_
		HAL080032	B. WING		R 04/13/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
DETUAM	RETIREMENT CENTER	909 N SAL	ISBULRY AVE	NUE	
DETHANT	RETIREMENT CENTER	SPENCER,	NC 28159		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 273	Continued From page 9		D 273		
	documentation the M. juice and would reche but there was no documesident #4's FSBS. There was no docume 02/14/23, or on 02/22 FSBS ranged from 50 contacted Resident # of any interventions, recheck of Resident # There was no protoc staff guidance for FSB during regular busine	A gave Resident #4 orange eck the FSBS in 30 minutes, umentation of a recheck of mentation on 02/13/23, //23, when Resident #4's 03 to 586, that the MA 4's PCP, no documentation nor documentation of a exercise for available for review for 3S above 500 or below 70 ss hours.			
	Review of Resident #4's progress notes for February 2023 revealed: -There was no documentation regarding FSBS, insulin administration, or contact with Resident #4's PCP on 02/10/23, 02/13/23, or 02/22/23On 02/14/23, there was documentation Resident #4's FSBS had been high since 4:00pm and was recorded at 537 and proper protocol for insulin was followed (There was no documentation what the protocol was).				
	revealed: -There was an entry f 100u/mL, check FSB; inject per sliding scale units, 201-250= 4 uni 301-350= 8 units, 351 15 units scheduled fo 11:30am, and 4:30pm -There was no docum 03/11/23, 03/14/23, 0 03/28/23, 03/30/23 at	S before each meal and e insulin (SSI): 151-200= 2 ts, 251-300= 6 units, I-400= 10 units, 401-500= r administration at 7:30am,			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		HAL080032	B. WING		04	R I/13/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE		
			ALISBULRY AVENU	JE		
BETHAM	Y RETIREMENT CENTER	SPENC	ER, NC 28159			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
	documentation of any documentation of a reference for FSBS. -There was no protoc staff guidance for FS during regular busine -Resident #4's FSBS from 03/01/23 throug Review of Resident # March 2023 revealed -There was no documents in administration.	d Resident #4's PCP, no y interventions, nor echeck of Resident #4's col available for review for BS above 500 or below 70 ess hours. s ranged from 37 to 599 h 03/31/23.				
	03/25/23, 03/26/23, 04:30pm, or on 03/31/ -On 03/30/23 at 12:00 documentation Residenth MA gave Resider recheck it after lunch no documentation the #4's blood sugar.	03/28/23, 03/30/23 at 23. 9pm, there was lent #4's FSBS was low and nt #4 orange juice and would on 03/30/23, but there was a MA rechecked Resident				
	through 04/05/23 rev -There was an entry 1 100u/mL, check FSB inject per sliding scal units, 201-250= 4 uni 301-350= 8 units, 35 15 units scheduled for 11:30am, and 4:30pm -There was no docum Resident #4's FSBS contacted Resident # of any interventions, recheck of Resident 3 -There was no protocom	for Novolog flex pen S before each meal and e insulin (SSI)): 151-200= 2 its, 251-300= 6 units, i1-400= 10 units, 401-500= or administration at 7:30am, n. nentation on 04/02/23, when was 48, that the MA 44's PCP, no documentation nor documentation of a				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			7 ti Boilebii 40:	7. Boilding.		
		HAL080032	B. WING		04	R J/ 13/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE	, ZIP CODE		
DETHAM	V DETIDEMENT CENTED	909 N SA	LISBULRY AVENU	JE		
BETHAM	Y RETIREMENT CENTER	SPENCE	R, NC 28159			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 273	D 273 Continued From page 11		D 273			
	during regular business hoursResident #4's FSBSs ranged from 48 to 499 from 04/01/23 through 04/05/23.					
	04/01/23 through 04/0 documentation regard	4's progress notes for 08/23 revealed there was no ding FSBS, insulin tact with Resident #4's PCP				
	revealed: -He thought he was a daily for diabetes.	nt #4 on 04/12/23 at 2:59pm dministered insulin 3 times h hospitalized for high blood t remember when.				
	o4/13/23 at 11:25am -She started seeing reweeks agoShe saw Resident #4-Resident #4's FSBS -She had received man Resident #4's FSBS of she could not confirm notification over the laworking with the facilitieshe expected the fact Resident #4's FSBS of less than 60Resident #4's SSI was he did not have a current.	4 today, on 04/13/23. were "all over the place." ultiple notifications regarding over the last few days, but if there had been ast 3 weeks or prior to her ty. cility to contact her if were greater than 500 or as recently discontinued and rent orders for a SSI; SSI, but she would be making				
	on 04/13/23 at 12:24p -She always double of	with a medication aide (MA) om revealed: hecked the number of units be administered before she				

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NAME OF PROVIDER OR SUPPLIER BETHAMY RETIREMENT CENTER SUMMARY STATEMENT OF DEFICIENCIES SPENCER, NC 28159 C(44) ID SUMMARY STATEMENT OF DEFICIENCIES SPENCER, NC 28159 C(44) ID PREPIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG PREPIX TAG PROVIDERS PLAN OF CORRECTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE (EACH CORR	STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SU COMPLE	
NAME OF PROVIDER OR SUPPLIER BETHAMY RETIREMENT CENTER (C4) ID PREFIX TAG COntinued From page 12 administered themShe checked Resident #4's FSBS was above 500, she administer in soll in craige juice and water and recheck his FSBS in 30 minutesShe documented rSBS rechecks on a sheet of paper and sometimes in the residents' progress notes. Telephone interview with a MA on 04/13/23 at 1:55pm revealed: -When Resident #4's FSBS was above 500, she administered 15 units of insulin and contacted the				A. BOILDING			
SPETHAMY RETIREMENT CENTER 1099 N SALISBULRY AVENUE SPENCER, NC 28159			HAL080032	B. WING		1	3/2023
SPENCER, NC 28159 SUMMARY STATEMENT OF DEFICIENCIES SPENCER, NC 28159	NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	TE, ZIP CODE		
SPENCER, NC 28159 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 273 Continued From page 12 administered them. -She checked Resident #4's FSBS when it was over 500. -When his FSBS was above 500, she did not administer insulin. -She contacted Resident #4's PCP when his FSBS were over 500. -If Resident #4's FSBS was below 50, she would give him orange juice and water and recheck his FSBS in 30 minutes. -She documented notification to the PCP in the residents' progress notes. -She documented FSBS rechecks on a sheet of paper and sometimes in the residents' progress notes. Telephone interview with a MA on 04/13/23 at 1:55pm revealed: -When Resident #4's FSBS was above 500, she administered 15 units of insulin and contacted the	BETHAM	RETIREMENT CENTER			NUE		
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 273 Continued From page 12 administered them. -She checked Resident #4's FSBS when it was over 500. -When his FSBS was above 500, she did not administer insulin. -She contacted Resident #4's PSBS over 500. -If Resident #4's FSBS was below 50, she would give him orange juice and water and recheck his FSBS in 30 minutes. -She documented notification to the PCP in the residents' progress notes. -She documented FSBS rechecks on a sheet of paper and sometimes in the residents' progress notes. Telephone interview with a MA on 04/13/23 at 1:55pm revealed: -When Resident #4's FSBS was above 500, she administered 15 units of insulin and contacted the		T	SPENCER	R, NC 28159			
administered themShe checked Resident #4's FSBS when it was over 500When his FSBS was above 500, she did not administer insulinShe contacted Resident #4's PCP when his FSBS were over 500A couple times she was also told to keep an eye on Resident #4 after reporting FSBS over 500If Resident #4 after reporting FSBS over 500If Resident #4's FSBS was below 50, she would give him orange juice and water and recheck his FSBS in 30 minutesShe documented notification to the PCP in the residents' progress notesShe documented FSBS rechecks on a sheet of paper and sometimes in the residents' progress notesTelephone interview with a MA on 04/13/23 at 1:55pm revealed: -When Resident #4's FSBS was above 500, she administered 15 units of insulin and contacted the	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF	BE	COMPLETE
-She checked Resident #4's FSBS when it was over 500. -When his FSBS was above 500, she did not administer insulin. -She contacted Resident #4's PCP when his FSBS were over 500. -A couple times she was also told to keep an eye on Resident #4 after reporting FSBS over 500. -If Resident #4's FSBS was below 50, she would give him orange juice and water and recheck his FSBS in 30 minutes. -She documented notification to the PCP in the residents' progress notes. -She documented FSBS rechecks on a sheet of paper and sometimes in the residents' progress notes. Telephone interview with a MA on 04/13/23 at 1:55pm revealed: -When Resident #4's FSBS was above 500, she administered 15 units of insulin and contacted the	D 273	Continued From page	e 12	D 273			
PCPShe referred to the facility's contracted provider's notebook for insulin protocols and followed themIf Resident #4's FSBSs were below 110, she did not give insulin and she called his PCPIf she reported low FSBS to the PCP, the PCP told her to hold the insulin, let the resident eat, and recheck the FSBSShe documented notification to the PCP and FSBS rechecks in the residents' progress notes. Telephone interview with a pharmacist at the facility's contracted pharmacy on 04/13/23 at 9:30am revealed: -Resident #4 had an order for Novolog SSI: 151-200= 2 units, 201-250= 4 units, 251-300= 6		administered themShe checked Reside over 500When his FSBS was administer insulinShe contacted Reside FSBS were over 500A couple times she won Resident #4 after I-If Resident #4's FSB give him orange juice FSBS in 30 minutesShe documented not residents' progress notes and sometimes notes. Telephone interview was administered 15 units PCPShe referred to the fact notebook for insulin particular insulin particula	ent #4's FSBS when it was a above 500, she did not dent #4's PCP when his was also told to keep an eye reporting FSBS over 500. S was below 50, she would and water and recheck his diffication to the PCP in the otes. BS rechecks on a sheet of s in the residents' progress with a MA on 04/13/23 at FSBS was above 500, she of insulin and contacted the acility's contracted provider's protocols and followed them. Ss were below 110, she did the called his PCP. SSBS to the PCP, the PCP sulin, let the resident eat, S. diffication to the PCP and the residents' progress notes. with a pharmacist at the tharmacy on 04/13/23 at order for Novolog SSI:				

Division of Health Service Regulation

401-500= 15 units scheduled for administration at

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Division of	of Health Service Regu	lation			
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL080032	B. WING		R 04/13/2023
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STAT		
BETHAMY	RETIREMENT CENTER		LISBULRY AVEN R, NC 28159	40E	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 273	Continued From page	÷ 13	D 273		
	7:30am, 11:30am, and -Resident #4's Novolo 04/08/23.	nd 4:30pm. og SSI was discontinued on			
	on 04/12/23 at 3:24pr -She expected staff to in the facility's contract which was available to -Staff documented co the eMAR system or it -If there was no documents.	o follow the insulin protocols cted provider's notebook to all MAs. ontact with residents' PCP in			
	2:55pm revealed: -FSBS rechecks should in the resident's eMAI progress notesThere was no other produmented notification in FSBS rechecksShe expected MAs to if his FSBS were over and document.	ion to a resident's PCP or o contact Resident #4's PCP r 500 or fell below 70 or 60			
	Attempted telephone Administrator on 04/1 were unsuccessful.	interviews with the I3/23 at 4:12pm and 4:48pm			
		interview with the facility's t 4:39pm was unsuccessful.			
	revealed:	nt #4's primary care sician's note dated 02/22/23 en on 02/22/23 at the facility			

condition.

to manage chronic conditions and an acute

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE S	
			A. BUILDING: _			
		HAL080032	B. WING		04/1	3/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DDRESS, CITY, STA	TE, ZIP CODE		
BETHAMY	RETIREMENT CENTER		LISBULRY AVE	NUE		
		SPENCE	R, NC 28159			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 273	Continued From page	e 14	D 273			
	-Resident #4 returned hospital where he had 02/14/23 to 02/17/23Resident #4 was adr hyperglycemia due to diabetesResident #4 was disk with a FSBS of 300Resident #4's assess diabetes mellitus incluendocrinologist. Review of Resident # summary and after visrevealed: -Resident #4 was adr 02/24/23 and dischard-Resident #4 had und and was hyperglycem greater than 700 at or hospitalizationBlood glucose range dischargeResident #4 needed as well as endocrinolog-There was an order for Endocrinology for marmellitus and history or Review of Resident # summary dated 03/03 follow-up with the am endocrinology for marmellitus and history or Review of Resident # Administration Record	d to the facility from the d been admitted from mitted to the hospital for uncontrolled type 1 charged from the hospital sment and plan for chronic uded refer to 4's hospital discharge sit summary dated 03/03/23 mitted to the hospital on ged on 03/03/23. controlled type 1 diabetes nic with blood glucose ne point during d from 150 to 200 prior to close follow-up with his PCP ogy. for a referral to nagement of type 1 diabetes f pancreas transplant. 4's hospital after visit 3/23 revealed instructions to bulatory referral to nagement of type 1 diabetes f pancreas transplant. 4's electronic Medication ds (eMARs) for February,				
	Administration Record					

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-Resident #4's FSBSs ranged from 40 to 586 in

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	OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					R	
		HAL080032	B. WING		04/13/2023	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
DETHAMS	/ DETIDEMENT CENTED	909 N SAL	ISBULRY AVE	NUE		
DETRAINIT	RETIREMENT CENTER	SPENCER	, NC 28159			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	:
D 273	Continued From page	e 15	D 273			
	March 2023Resident #4's FSBS: from 04/01/23 through Interview with a repre	sentative from the				
	endocrinologist's office on 04/12/23 at 2:15pm revealed: -The endocrinologist's office had not received a referral for Resident #4. -He did not have an appointment scheduled and had not have any recent appointments. -Resident #4 had a scheduled appointment in November 2022, but he was a no show and the appointment was not rescheduled.					
	Interview with Resident #4 on 04/12/23 at 2:59pm revealed he thought it had been about 3 or 4 years since he had seen an endocrinologist.					
	on 04/12/23 at 4:16pr -She did not know wh seen by an endocrino -She had not made a #4 with an endocrinol -She, the medication transportation staff co appointment with the receiving the order.	nen Resident #4 was last blogist. In appointment for Resident ogist. In aides (MA), or the buld have made an endocrinologist after orders for Resident #4 to be				
	04/13/23 at 11:25am -She started seeing ro 3 weeks ago.	with Resident #4's PCP on revealed: esidents at the facility about				

Division of Health Service Regulation

referral to an endocrinologist for Resident #4 to

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DIVISION	n nealth Service Negu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	.ETED
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			D WING		F	
		HAL080032	B. WING		04/1	13/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	ATE, ZIP CODE		
			ISBULRY AVE			
BETHAMY	RETIREMENT CENTER			NOE		
		SPENCER	, NC 28159	1		T
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	•	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF		COMPLETE DATE
IAG			IAG	DEFICIENCY)		
						+
D 273	Continued From page	e 16	D 273			
	manage his FSBS.					
	•	were "all over the place."				
		•				
		ected the facility to follow				
	through with referring					
	endocrinologist for ma	anagement of his diabetes.				
	Tolonhono intonviow v	vith a MA on 04/13/23 at				
	1:55pm revealed:	WIII a WA 011 04/ 13/23 at				
		anapartation atoff ware				
		insportation staff were				
	responsible for follow	- -				
	referrals to outside pr	oviders and making				
	appointments.					
		out Resident #4's order to				
	see an endocrinologis	st.				
	Attempted telephone	interview with the				
		n 04/13/23 at 2:54pm was				
	unsuccessful.	1 04/ 10/20 at 2.04pm was				
	unsuccessiui.					
	Attempted telephone	interviews with the				
	· · · · · · · · · · · · · · · · · · ·	3/23 at 4:12pm and 4:48pm				
	were unsuccessful.	0/20 dt 1.12pm dnd 1.10pm				
	were unsuccession.					
	Attempted telephone	interview with the facility's				
	· · · · · · · · · · · · · · · · · · ·	t 4:39pm was unsuccessful.				
	0 W 10 1 0 1 1 10 12 0 a	r noopin was aneaececian				
	c. Review of Residen	t #4's primary care				
		sician's note dated 02/22/23				
	revealed:	sicial 3 note dated 02/22/20				
		en on 02/22/23 at the facility				
	-	onditions and an acute				
	condition.	1 to the facility fuers the				
		to the facility from the				
	hospital where he had					
	02/14/23 to 02/17/23.					
		nitted to the hospital for				
	diagnoses which inclu	uded hydronephrosis of the				
	kidney.					
	-Resident #4's assess	sment and plan as a kidney				

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transplant patient included follow up with

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Division of	of Health Service Regu	lation				
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SI COMPLE	
AND FLAN C	OF CORRECTION	IDENTIFICATION NOWIBER.	A. BUILDING:		COMPLE	ILED
		1141 000000	B. WING		R	
		HAL080032			04/1	3/2023
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA			
BETHAMY	RETIREMENT CENTER		LISBULRY AVE	NUE		
	OLIMANA DV. OT		R, NC 28159	DDOWDEDIO DI AN OF GODDEOTIO		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)) BE	(X5) COMPLETE DATE
				DETICIENCY)		
D 273	Continued From page	e 17	D 273			
	nephrology.					
		ent #4 on 04/12/23 at 2:59pm seen a nephrologist recently.				
	Interview with the Re	sident Care Director (RCD)				
	on 04/12/23 at 4:16pr					
	#4 with a nephrologis	ny appointment for Resident st.				
	-She, the medication	aides (MA), or the				
	transportation staff co	ould have made an nephrologist after receiving				
	the order.	ricpinologist after receiving				
		orders for Resident #4 to be				
	referred to a nephrolo	ogist.				
	•	with Resident #4's Primary				
	Care Provider (PCP) revealed:	on 04/13/23 at 11:25am				
		esidents at the facility about				
	3 weeks ago.					
		ected Resident #4 to follow sordered to ensure his				
	kidneys were working	g properly especially with				
		ne Foley catheter at the time.				
	neurologist included	of not following up with a a bladder infection.				
	· ·					
	Telephone interview v 1:55pm revealed:	with a MA on 04/13/23 at				
		ansportation staff were				
	responsible for follow	ing up with orders for				
	referrals to outside pr appointments.	oviders and making				
		out Resident #4's order to				
	see a nephrologist.					
	Attempted telephone	interview with the				

unsuccessful.

transportation staff on 04/13/23 at 2:54pm was

STATE FORM 6899 PRK211 If continuation sheet 18 of 68

Division o	of Health Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLI	ETED
					-	,
			B. WING		F	
		HAL080032	B. W. C		04/1	3/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
		909 N SAI	ISBULRY AVE	NIIF		
BETHAMY	RETIREMENT CENTER		, NC 28159	NOL		
			, NC 20139	T		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5) COMPLETE
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE		DATE
iAG		,	17.0	DEFICIENCY)		
D 273	Continued From page	e 18	D 273			
	Attempted telephone	intoniowa with the				
		3/23 at 4:12pm and 4:48pm				
	were unsuccessful.					
	A.(. () () ()					
		interview with the facility's				
	Owner on 04/13/23 at	t 4:39pm was unsuccessful.				
	d. Review of Residen					
		sician's note dated 02/22/23				
	revealed:					
		on 02/22/23 for home health				
	to manage Resident #	#4's Foley catheter.				
	-Resident #4 was see	en on 02/22/23 at the facility				
	to manage chronic co	onditions and an acute				
	condition.					
	-Resident #4 returned	d to the facility from the				
	hospital where he had					
	02/14/23 to 02/17/23.					
	-Resident #4 was adr	mitted to the hospital for				
		uded hydronephrosis of the				
	kidney.	, ,				
	-Resident #4's assess	sment and plan for				
		ded continuing the Foley				
		ealth was to manage the				
	Foley catheter.	said was to manage the				
	Toloy Galilotol.					
	Review of Resident #	4's physician's order dated				
		order for home health for				
	Foley catheter care a					
	Toley calleter care a	nd maintenance.				
	Review of Pecident #	4's record revealed there				
	were no home health					
	were no nome nealth	VISIL HULES.				
	Interview with Decide	nt #4 on 04/12/22 at 2:50nm				
		nt #4 on 04/12/23 at 2:59pm				
	revealed:	haalah aaanay yisita dibina ta				
		health agency visited him to				
	manage his catheter.				1	

Division of Health Service Regulation

catheter bag daily.

-Facility staff assisted him by emptying his

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STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					R
		HAL080032	B. WING		04/13/2023
NAME OF D	ROVIDER OR SUPPLIER	STDEET ADD	DRESS, CITY, STA	TE ZIR CODE	, , , , , , , , , , , , , , , , , , , ,
NAIVIE OF F	NOVIDER OR SUPPLIER				
BETHAM	RETIREMENT CENTER		ISBULRY AVEI , NC 28159	NUE	
			<u> </u>		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 273	Continued From page 19		D 273		
	urologist's office on 0 revealed: -Resident #4 was see 04/04/23 as a follow that his catheter remorable did not know if the services the facility assistance from a skill the services the facility Interview with the Reson 04/12/23 at 4:16pr -She did not see any referred to home head maintenanceShe had not referred healthShe, the medication	en in the urologist's office on up for hydronephrosis and oved during that visit. The facility was able to solve to catheter without led nurse; it depended on the sy was able to provide. Sident Care Director (RCD) or revealed: orders for Resident #4 to be left for catheter care and			
	Care Provider (PCP) revealed: -She started seeing re 3 weeks agoShe expected the fact through with the previous revealed:	with Resident #4's Primary on 04/13/23 at 11:25am esidents at the facility about cility to have followed ious PCP's order for home if care for Resident #4's			
	1:55pm revealed: -The RCD and the tra responsible for follow	vith a MA on 04/13/23 at insportation staff were ing up with orders for oviders and for making			

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-She did not know about Resident #4's

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					R
		HAL080032	B. WING		04/13/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE. ZIP CODE	
			ISBULRY AVE		
BETHAMY	RETIREMENT CENTER		NC 28159	102	
	CLIMMA DV CT			DROVIDERIC DI ANI OF CORRECTION	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 273	Continued From page	20	D 273		
	physician's orders for	home health.			
	5:15pm revealed: -When Resident #4 h: cleaned around Resident emptied his catheter he neededStaff cleaned around tubing every time they care. Attempted telephone transportation staff or unsuccessful. Attempted telephone Administrator on 04/1 were unsuccessful. Attempted telephone Owner on 04/13/23 at	interviews with the 3/23 at 4:12pm and 4:48pm interview with the facility's t 4:39pm was unsuccessful.			
		nd to have hydronephrosis ey due to a backup of urine) ey.			
	while in the hospital a				
	hydronephrosis was r	resolved.			
	(PCP) physician's not -Resident #4 was see to manage chronic co condition.	4's primary care provider's re dated 02/22/23 revealed: on on 02/22/23 at the facility onditions and an acute			

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hospital where he had been admitted from

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA			(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _	COMPLETED	
					R
		HAL080032	B. WING		04/13/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE. ZIP CODE	
			ISBULRY AVE		
BETHAM	RETIREMENT CENTER		, NC 28159	NOE	
			, NC 20159		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 273	Continued From page	21	D 273		
D 273	02/14/23 to 02/17/23. Resident #4 was adr diagnoses which inclukidney. Resident #4's assess hydronephrosis includurology scheduled for hydronephrosis was review of Resident # summary dated 03/03. Resident #4 was adr 02/24/23 and dischargesident #4 presented diabetes, history of pakidney transplant, blir-Resident #4 presented individualling Foley cathor-Resident #4 presented shortness of breath a Resident #4 was diagreed as econdary to pneumous tract infection (UTI); hantibiotics. Resident #4 had a four ology from a prior how to continue the appoin Resident #4's scheduling department urologist's office on 0 revealed: Resident #4 had a secondary #4 had a secondary to pneumous tract infection (UTI); hantibiotics.	mitted to the hospital for uded hydronephrosis of the sment and plan for ded an appointment for 03/27/23 to ensure that resolved. 4's hospital discharge 8/23 revealed: mitted to the hospital on ged on 03/03/23. ed with a history of type 1 ancreas transplant and adness, and schizophrenia. ecent hospitalization for hydronephrosis with eter. ed on 02/24/23 with and fever. gnosed with sepsis onia and possible urinary ne was treated with sospital admission, and was nament. uled appointment with 1/23 at 8:15am. with a representative in the nat at Resident #4's 4/12/23 at 10:09am cheduled appointment on	D 273		
	show.	al follow up, but he was a no appointment scheduled on			

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03/27/23 and it was cancelled, but she could not

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DIVISION	n nealth Service Regu	lation			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					R
		HAL080032	B. WING		04/13/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
DETUANA	OFTIDEMENT OFNITED	909 N SAL	ISBULRY AVE	NUE	
BETHANT	RETIREMENT CENTER	SPENCER	, NC 28159		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
D 273	Continued From page	e 22	D 273		
	tell whom it was cance -Resident #4 was see 04/04/23.	elled by. en in the urologist's office on			
	Telephone interview with a nurse at Resident #4's urologist's office on 04/12/23 at 11:53am revealed: -Resident #4 was seen in the urologist's office on 04/04/23 as a follow up for hydronephrosisResident #4 had his catheter removed during that visitResident #4 was hospitalized since he visited				
	urologist's office on 0-	4/04/23, so she did not			
	know if there were any additional orders for urology.				
	Interview with the Reson 04/12/23 at 4:16pr	sident Care Director (RCD) m revealed:			
	-She did not know wh	y Resident #4 had missed			
		urology on 03/07/23 or why			
		nent was rescheduled. ometimes made or changed			
	appointments for him.				
	1:55pm revealed:	vith a MA on 04/13/23 at			
		Insportation staff were			
	responsible for follow				
	referrals to outside providers and for making appointmentsShe did not know about Resident #4's order to				
	follow-up with urology	<i>1</i> .			
	Attempted telephone transportation staff or unsuccessful.	interview with the n 04/13/23 at 2:54pm was			
	Attempted telephone Administrator on 04/1	interviews with the 3/23 at 4:12pm and 4:48pm			

Division of Health Service Regulation

were unsuccessful.

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	Y
					R	
		HAL080032	B. WING		04/13/202	23
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
BETHAM	RETIREMENT CENTER		ISBULRY AVE	NUE		
040.1-	CLIMMADV CT		, NC 28159	DROWDER'S DLANLOS CORRECTIO	NI .	0/5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COI	(X5) MPLETE DATE
D 273	Continued From page	e 23	D 273			
	Attempted telephone interview with the facility's Owner on 04/13/23 at 4:39pm was unsuccessful.					
	(PCP) physician's not-Resident #4 was see to manage chronic co-conditionResident #4 returned hospital where he had 02/14/23 to 02/17/23Resident #4 was adridiagnoses which included his was an order of a physician assistant office with an appoint 03/02/23. Interview with a repredepartment at the PA 10:24am revealed Reappointment on 03/02/23.	mitted to the hospital for uded hydronephrosis of the a due to uncontrolled prostrate hypertrophy. on 02/22/23 to follow up with (PA) at the family practice				
	on 04/12/23 at 4:16pr -She had not reviewe to be seen by the res why there was an ord seen by the PAShe, the medication transportation staff we orders and following u providers.	d the order for Resident #4 ident's PA and did not know ler for Resident #4 to be				

Division of Health Service Regulation

1:55pm revealed:

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		UAL 000022	B. WING	B. WING		R
		HAL080032	B. Willo		04	/13/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
DETHAM	/ DETIDEMENT OFNIED	909 N S	ALISBULRY AVENU	JE		
BETHAM	RETIREMENT CENTER	SPENCE	R, NC 28159			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D 273	Continued From page	: 24	D 273			
	appointments.	ing up with orders for oviders and for making out Resident #4's order				
	Telephone interview with Resident #4's Primary Care Provider (PCP) on 04/13/23 at 11:25am revealed: -She started seeing residents at the facility about 3 weeks agoShe expected the facility to have followed through with all referrals as ordered.					
	Attempted telephone transportation staff or unsuccessful.	interview with the 04/13/23 at 2:54pm was				
	Attempted telephone Administrator on 04/1 were unsuccessful.	interviews with the 3/23 at 4:12pm and 4:48pm				
		interview with the facility's 4:39pm was unsuccessful.				
	for Resident #4 after I a local hospital and the resident to an endocrifes FSBS resulting in the hypoglycemia and hypes FSBS ranging from 44 and 02/28/23, 37 to 5 03/31/23, and 48 to 4 04/05/23, and was hobe February 2023 and A including diabetic ketter 1 diabetes, and hyper	nsure referral and follow up naving received orders from the previous PCP to refer the inclogist to manage his resident experiencing perglycemia episodes with 0 to 586 between 02/01/23 and 99 between 03/01/23 and 99 between 04/01/23 and spitalized 3 times between oril 2023 with diagnoses pacidosis, uncontrolled type reglycemia; there was no CP was contacted 13 times				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION Complete	Division o	of Health Service Regu	lation				
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE BETHAMY RETIREMENT CENTER 909 N SALISBULRY AVENUE SPENCER, NC 28159 (X4) ID REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG OF CORRECTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) D 273 Continued From page 25 when the resident's FSBS was greater than 500 or less than 70; there was a referral to an nephrologist and urologist due to the resident's history of having a kidney transplant and a recent hospitalization for hydronephrosis of the transplanted kidney and the referrals were not made which placed the resident at risk for infection; and an order for home health to manage and care for a Foley catheter in place when the resident was discharged from the hospital, which was not referred to home health and the resident had the Foley catheter of 6 weeks without nursing care. This failure placed the residents at risk for serious physical harm and				(X2) MULTIPLE	CONSTRUCTION		
NAME OF PROVIDER OR SUPPLIER BETHAMY RETIREMENT CENTER 909 N SALISBULRY AVENUE SPENCER, NC 28159 (XA) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 273 Continued From page 25 when the resident's FSBS was greater than 500 or less than 70; there was a referral to an nephrologist and urologist due to the resident's history of having a kidney transplant and a recent hospitalization for hydronephrosis of the transplanted kidney and the referrals were not made which placed the resident at risk for infection; and an order for home health and the resident was discharged from the hospital, which was not referred to home health and the resident had the Foley catheter for 6 weeks without nursing care. This failure placed the residents at risk for serious physical harm and	AND PLAN C)F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLET	TED
NAME OF PROVIDER OR SUPPLIER BETHAMY RETIREMENT CENTER 909 N SALISBULRY AVENUE SPENCER, NC 28159 (XA) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 273 Continued From page 25 when the resident's FSBS was greater than 500 or less than 70; there was a referral to an nephrologist and urologist due to the resident's history of having a kidney transplant and a recent hospitalization for hydronephrosis of the transplanted kidney and the referrals were not made which placed the resident at risk for infection; and an order for home health and the resident was discharged from the hospital, which was not referred to home health and the resident had the Foley catheter for 6 weeks without nursing care. This failure placed the residents at risk for serious physical harm and						_	
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SUMMARY STATEMENT CENTER SUMMARY STATEMENT OF DEFICIENCIES PRECED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) D 273 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE DATE DEFICIENCY) D 273 D 273 Continued From page 25 D 273 D 273 When the resident's FSBS was greater than 500 or less than 70; there was a referral to an nephrologist and urologist due to the resident's history of having a kidney transplant and a recent hospitalization for hydronephrosis of the transplanted kidney and the referrals were not made which placed the resident at risk for infection; and an order for home health to manage and care for a Foley catheter in place when the resident was discharged from the hospital, which was not referred to home health and the resident had the Foley catheter for 6 weeks without nursing care. This failure placed the residents at risk for serious physical harm and			HAL080032	B. WING		04/13	/2023
SUMMARY STATEMENT CENTER SUMMARY STATEMENT OF DEFICIENCIES PRECER, NC 28159	NAME OF DE	PUVIDED UD SLIDDI IED	STREET AT	NDDESS CITY STA	TE ZIR CODE		
CX4) D PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE	IVAIVIL OF T	TOVIDER OR GOLT EIER					
(X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 273 Continued From page 25 When the resident's FSBS was greater than 500 or less than 70; there was a referral to an nephrologist and urologist due to the resident's history of having a kidney transplant and a recent hospitalization for hydronephrosis of the transplanted kidney and the referrals were not made which placed the resident at risk for infection; and an order for home health to manage and care for a Foley catheter in place when the resident was discharged from the hospital, which was not referred to home health and the resident had the Foley catheter for 6 weeks without nursing care. This failure placed the residents at risk for serious physical harm and	BETHAMY	RETIREMENT CENTER			NUE		
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 273 Continued From page 25 when the resident's FSBS was greater than 500 or less than 70; there was a referral to an nephrologist and urologist due to the resident's history of having a kidney transplant and a recent hospitalization for hydronephrosis of the transplanted kidney and the referrals were not made which placed the resident at risk for infection; and an order for home health to manage and care for a Foley catheter in place when the resident was discharged from the hospital, which was not referred to home health and the resident had the Foley catheter for 6 weeks without nursing care. This failure placed the residents at risk for serious physical harm and			SPENCE	R, NC 28159			
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 273 Continued From page 25 when the resident's FSBS was greater than 500 or less than 70; there was a referral to an nephrologist and urologist due to the resident's history of having a kidney transplant and a recent hospitalization for hydronephrosis of the transplanted kidney and the referrals were not made which placed the resident at risk for infection; and an order for home health to manage and care for a Foley catheter in place when the resident was discharged from the hospital, which was not referred to home health and the resident had the Foley catheter for 6 weeks without nursing care. This failure placed the residents at risk for serious physical harm and	(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	٧	(X5)
D 273 Continued From page 25 when the resident's FSBS was greater than 500 or less than 70; there was a referral to an nephrologist and urologist due to the resident's history of having a kidney transplant and a recent hospitalization for hydronephrosis of the transplanted kidney and the referrals were not made which placed the resident at risk for infection; and an order for home health to manage and care for a Foley catheter in place when the resident was discharged from the hospital, which was not referred to home health and the resident had the Foley catheter for 6 weeks without nursing care. This failure placed the residents at risk for serious physical harm and	PREFIX	,		PREFIX			
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hospital, which was not referred to home health and the resident had the Foley catheter for 6 weeks without nursing care. This failure placed the residents at risk for serious physical harm and							
and the resident had the Foley catheter for 6 weeks without nursing care. This failure placed the residents at risk for serious physical harm and		_					
weeks without nursing care. This failure placed the residents at risk for serious physical harm and							
the residents at risk for serious physical harm and			•				
neglect which constitutes an A2 Violation.							
		neglect which constitu	utes an A2 Violation.				
The facility provided a Plan of Protection in							
accordance with G.S. 131D-34 on April 12, 2023		accordance with G.S.	131D-34 on April 12, 2023				
for this violation.		for this violation.					
CORRECTION DATE FOR THE TYPE A2		CORRECTION DATE	FOR THE TYPE A2				
VIOLATION SHALL NOT EXCEED MAY 13,		VIOLATION SHALL N	IOT EXCEED MAY 13,				
2023.			,				
D 200 404 NOA 0 405 4004/-\ Madia atia atia	D 250	404 NOAO 40E 4004	1/-> 8.4	D 250			
D 358 10A NCAC 13F .1004(a) Medication D 358	D 358		r(a) Medication	D 358			
Administration		Administration					
		<u></u>					
10A NCAC 13F .1004 Medication Administration							
(a) An adult care home shall assure that the		(a)An adult care hon	ne shall assure that the				
preparation and administration of medications,		preparation and admi	nistration of medications,				
prescription and non-prescription, and treatments		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.		` '	and the racinty o policioo				
and procedured.							
This Rule is not met as evidenced by:		This Rule is not met	as evidenced by:				
TYPE A1 VIOLATION							

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DIVISION	n nealth Service Negu	lialion				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
			·		1 _	_
			D MINO		F	
		HAL080032	B. WING		04/1	3/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AF	DDRESS, CITY, STA	ATE ZIP CODE		
TVAIVIL OF T	NOVIDER OR GOLT EIER		, ,	,		
BETHAMY	RETIREMENT CENTER		LISBULRY AVE	NUE		
		SPENCE	R, NC 28159			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N	(X5)
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE DATE
TAG	REGULATURY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP DEFICIENCY)	RIATE	DATE
				52.18.218.1		
D 358	Continued From page	e 26	D 358			
	Based on observation	ns, interviews and record				
	reviews, the facility fa	iled to ensure medications				
	were administered as	ordered for 3 of 5 sampled				
	residents (#1, #2, and	d #4) related to medication				
	,	le insulin (#4); sliding scale				
		otic medication, and an				
	anti-anxiety medication					
	medication used to tre					
		-				
	antidepressant medication, a pain medication, a topical antifungal medication, an allergy nasal					
	spray, and an insomn	ila medication (#1).				
	The findings are:					
	Trio imanigo aro.					
	1 Review of Residen	it #4's current FL2 dated				
	04/08/23 revealed:	it #4 3 danem 1 L2 dated				
		blindness diabetes mollitus				
		blindness, diabetes mellitus,				
		splant, history of pancreas				
	I	mur, history of eye removal,				
	hypertension, and scl					
	-Hospital diagnoses in					
		coma associated with type 2				
	diabetes, nausea and	d vomiting.				
		4's physician's orders dated				
	07/21/22 revealed:					
	-There was an order	for Novolog sliding scale				
	insulin (SSI) (a rapid-	acting insulin used to lower				
	elevated blood sugar	levels) with breakfast,				
		1-200= 2 units, 201-250= 4				
	units, 251-300=6 unit	•				
	351-400= 10 units, 40					
		tions what to do if Resident				
		sugars (FSBS) were greater				
	_	sugais (i ODO) wele gleatel				
	than 500.					
	Deview of Deside 11	Me becautal disalesses				
		4's hospital discharge				
	summary dated 02/17					
	│-Resident #4 present	ed to the emergency room				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SI	E SURVEY IPLETED	
			A. BUILDING:				
		HAL080032	B. WING		R 04/1 :	3/2023	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADDI	RESS, CITY, STA	TE, ZIP CODE			
BETHAMY	RETIREMENT CENTER		SBULRY AVE	NUE			
(VA) ID	SUMMARY ST.	SPENCER, ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION		(VE)	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE	
D 358	Continued From page	2 7	D 358				
	(HbA1c is a blood tes FSBS levels over the range for HbA1c is be -Resident #4 was hos 02/17/23.	ad sugars above 500, A1c) of 9.9%, and confusion. At that measures the average past 3 months. The normal etween 4% and 5.6%.) spitalized from 02/14/23 to sugar upon discharge was					
	summary dated 03/03 -Resident #4 was adn 02/24/23 and dischard -Resident #4 had unc and was hyperglycem greater than 700 at or hospitalization.	mitted to the hospital on ged on 03/03/23. controlled type 1 diabetes nic with blood glucose					
	Review of Resident #4's Primary Care Provider's (PCP) progress note dated 03/02/23 revealed an order for Novolog flex pen 100u/ml, check FSBS before each meal and inject per SSI: 151-200= 2 units; 201-250= 4 units, 251-300= 6 units, 301-350= 8 units, 351-400= 10 units; greater than 500= notify medical provider.						
	_	3/23 revealed Resident #4 n 04/06/23 to 04/08/23 due sis without comma					
	Administration Record revealed: -There was an entry for	4's electronic Medication d (eMAR) for February 2023 for Novolog flex pen S before each meal and					

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Division of Health Service Regulation							
STATEMENT	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE S COMPLE		
		HAL080032	B. WING		R 04/1	₹ 3/2023	
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	TE ZIP CODE	1	<u></u>	
NAME OF T	NOVIDEN ON 3011 EIEN		LISBULRY AVEN				
BETHAMY	Y RETIREMENT CENTER		R, NC 28159				
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE	
D 358	inject per SSI: 151-20 units, 251-300= 6 unit 351-400= 10 units, 40 for administration at 7 4:30pm. -On 02/02/23 at 7:30a documentation Reside 6 units of insulin were should have been adrOn 02/05/23 at 4:30p documentation Reside 6 units of insulin were should have been adrOn 02/13/23 at 11:30 was 503 and 15 units administered, but the MA was instructed of insulin. -On 02/14/23 at 4:30p was 537 and 15 units	ts, 301-350= 8 units, 201-250= 4 ts, 301-350= 8 units, 21-500= 15 units scheduled 7:30am, 11:30am, and 2 am, there was ent #4's FSBS was 350 and 2 administered; Resident #4 ministered 8 units of insulin. 20m, there was ent #4's FSBS was 326 and 2 administered; Resident #4 ministered 8 units of insulin. 20am, Resident #4's FSBS of insulin were re was no documentation d by the PCP to give 15 units 20m, Resident #4's FSBS of insulin were	D 358				
was 537 and 15 units of insulin were administered, but there was no documentation the MA was instructed by the PCP to give 15 units of insulin. -On 02/19/23 at 4:30pm, there was documentation Resident #4's FSBS was 356 and 6 units of insulin were administered; Resident #4 should have been administered 10 units of insulin. -On 02/22/23 at 4:30pm, Resident #4's FSBS was 586 and 15 units of insulin were administered, but there was no documentation the MA was instructed by the PCP to give 15 units of insulin. -Resident #4's FSBSs ranged from 40 to 586 from 02/01/23 through 02/28/23.							

revealed:

Review of Resident #4's eMAR for March 2023

-There was an entry for Novolog flex pen 100u/mL, check FSBS before each meal and

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Division of	of Health Service Regu	lation			FURIV	IAPPROVED	
STATEMENT	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL080032	B. WING		R 04/13/2023		
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE			
		909 N SA	LISBULRY AVE	NUE			
BETHAMY	RETIREMENT CENTER	SPENCE	R, NC 28159				
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLE DATE		
D 358	Continued From page	29	D 358				
	units, 251-300= 6 units, 40 for administration at 7 4:30pmOn 03/06/23 at 4:30pd documentation Resid 10 units of insulin were should have been addron 03/07/23 at 7:30d was 599 and 15 units administered, but the MA was instructed of insulinOn 03/12/23 at 4:30pd documentation Resid 2 units of insulin were should have been addron 03/15/23 at 4:30pd documentation Resid 4 units of insulin were should have been addron 03/27/23 at 4:30pd documentation Resid 10 units of insulin were should have been addron 03/27/23 at 4:30pd documentation Resid 10 units of insulin were should have been addron 03/27/23 at 4:30pd documentation Resid 10 units of insulin were should have been addron 03/27/23 at 4:30pd documentation Resid 10 units of insulin were	on-500= 15 units scheduled 7:30am, 11:30am, and on, there was ent #4's FSBS was 247 and re administered; Resident #4 ministered 4 units of insulin. am, Resident #4's FSBS of insulin were re was no documentation d by the PCP to give 15 units on, there was ent #4's FSBS was 236 and administered; Resident #4 ministered 4 units of insulin. on, there was ent #4's FSBS was 254 and administered; Resident #4 ministered; Resident #4 ministered 6 units of insulin.					

insulin.

insulin.

of insulin.

-On 03/29/23 at 4:30pm, there was

was 517 and 15 units of insulin were

from 03/01/23 to 03/31/23.

documentation Resident #4's FSBS was 366 and 8 units of insulin were administered; Resident #4 should have been administered 10 units of

-On 03/30/23 at 4:30pm, Resident #4's FSBS

administered, but there was no documentation the MA was instructed by the PCP to give 15 units

-Resident #4's FSBSs ranged from 37 to 599

STATE FORM PRK211 If continuation sheet 30 of 68

Division of	Division of Health Service Regulation						
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S		
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
					R)	
		HAL080032	B. WING		1		
		HAL000032			04/1	3/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
		909 N SAL	ISBULRY AVEI	NUE			
BETHAMY	RETIREMENT CENTER		NC 28159				
	OUR MAR DV OT		· ·	DD0//DEDI0 D1 444 05 00DD50T01			
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE	
TAG	•	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR		DATE	
				DEFICIENCY)			
D 050	0 " 15	00	D 050				
D 358	Continued From page	e 30	D 358				
	Review of Resident #4's eMAR for 04/01/23						
	through 04/05/23 reve	ealed:					
	-There was an entry f						
		S before each meal and					
		e insulin (SSI)): 151-200= 2					
	units, 201-250= 4 uni	` ''					
	301-350= 8 units, 351-400= 10 units, 401-500=						
	15 units scheduled for administration at 7:30am, 11:30am, and 4:30pm.						
	-On 04/04/23 at 11:30						
		ent #4's FSBS was 230 and					
	there was no docume						
		nt #4 should have been					
	administered 4 units of						
		s ranged from 48 to 499					
	from 4/01/23 to 04/05	0/23.					
	01 " " "						
		ations available for Resident					
		3pm revealed Novolog flex					
	pen for SSI was not a	available for administration.					
		nt #4 on 04/12/23 at 2:59pm					
	revealed:						
		d insulin 3 times daily for					
	diabetes.						
		n hospitalized for high blood					
	sugars, but he did no	t remember when.					
		with a pharmacist from the					
		harmacy on 04/13/23 at					
	9:30am revealed:						
	-Resident #4 had an	order for Novolog SSI:					
		1-250= 4 units, 251-300= 6					
	units, 301-350= 8 uni	ts, 351-400= 10 units,					
	401-500= 15 units scl	heduled for administration at					
	7:30am, 11:30am, an	d 4:30pm.					
		og SSI was discontinued on					
	04/08/23.						

Division of Health Service Regulation

Telephone interview with Resident #4's PCP on

STATE FORM 6899 PRK211 If continuation sheet 31 of 68

Division	of Health Service Regu	lation			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
			_		_
			D MINO		R
		HAL080032	B. WING		04/13/2023
NAME OF D	ROVIDER OR SUPPLIER	QTDEET AD	DRESS, CITY, STA	TE ZID CODE	
NAIVIE OF FI	NOVIDER OR SUFFLIER				
BETHAMY	RETIREMENT CENTER	909 N SAI	ISBULRY AVE	NUE	
22	KETIKEIIIEITI GERTEK	SPENCER	, NC 28159		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5)
PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE	RIATE DATE
				DEFICIENCY)	
D 358	Continued From page	. 21	D 358		
D 330	Continued From page	: 31	5 330		
	04/13/23 at 11:25am revealed:				
		esidents at the facility 3			
	weeks ago.	, -			
	•	currently have orders for a			
		out she would be making			
	medication changes t				
	•	•			
	-Resident #4's FSBS were "all over the place."				
	-She had not been notified Resident #4 received				
	any incorrect amounts of insulinShe expected the facility to administer Resident				
	#4's medication as or	dered and to notify her if he			
	was administered inco	orrect amounts of insulin.			
	-Administering more t	han or less than the ordered			
	amounts of insulin pe	r the sliding scale could			
	result in hyperglycem	ia or hypoglycemia.			
	,, 0,	,, 0,			
	Telephone interview v	vith a medication aide (MA)			
	on 04/13/23 at 12:24p	, ,			
	-	des (PCA) checked the			
		n the FSBS result on a			
	sheet of paper.	ir the reporteduit on a			
		ne documented FSBS to her,			
	_				
		insulin pen according to the			
		the number of units on the			
	eMAR and administer				
	-She had not noticed	=			
	incorrect amounts of i	insulin according to			
	Resident #4's SSI.				
	•	hecked the number of units			
	of insulin that were to	be administered before she			
	administered them.				
	Telephone interview v	vith a second MA on			
	04/13/23 at 1:55pm re				
	-The Resident Care D				
	responsible for review	, ,			
		eMARs, but she did not			
	know how often.	on, ato, but one did not			
	KITOW HOW UILEH.		1		

Division of Health Service Regulation

-She had not noticed any insulin administered incorrectly per the SSI for Resident #4.

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL080032	B. WING		R 04/13/2023	
NAME OF F	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE	04/1	3/2023
BETHAM	Y RETIREMENT CENTER		ISBULRY AVE	NUE		
	T	SPENCER	NC 28159			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358	Continued From page	e 32	D 358			
	2:55pm revealed: -She and the MAs revadministrationThe MAs were supposevery time they administration and the was not aware of the was not	interview with the facility's t 4:39pm was unsuccessful. It #2's current FL2 dated agnoses included paranoid tension, hyperlipidemia, order, and anxiety. It #2's current FL2 dated order for Novolog flex pening insulin used to lower levels), check fingerstick with sliding scale insulin an 150= 0 units, 151-200= 2 ts, 251-300= 6 units, 1-400= 10 units, 401-450= 450= call medical doctor an 80. It was a summary to the facility's and the facility's and the facility of the fac				

Division of Health Service Regulation

before each meal with SSI in addition to meal

STATE FORM 6899 PRK211 If continuation sheet 33 of 68

Division of	of Health Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					F	,
		HAI 090022	B. WING			
		HAL080032			04/1	3/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		909 N SAI	ISBULRY AVE	NUE		
BETHAMY	RETIREMENT CENTER	SPENCER	, NC 28159			
	CLIMMA DV CT		1	DDOVIDEDIC DI ANI OF CODDECTION	\ 1	
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG	•	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	l l	
				DEFICIENCY)		
D 358	Continued From page	. 22	D 358			
D 330	Continued From page	= 33	D 330			
	coverage. If FSBS les	ss than 150= 0 units,				
	151-200= 2 units, 201	1-250= 4 units, 251-300= 6				
	units, 301-350= 8 uni	ts, 351-400= 10 units,				
	•	reater than 450= call MD and				
	_	n, 11:30am, and 5:00pm;				
	hold FSBS if lower that	• • •				
	-On 02/04/23 at 7:30a					
		ent #2's FSBS was 382 and				
		e administered: Resident #2				
	-	ministered 10 units of				
	insulin.					
	-On 02/15/23 at 5:00p	om there was				
		ent #2's FSBS was 112 and				
		e administered; Resident #2				
		ministered 0 units of insulin.				
	-On 02/21/23 at 5:00p					
		ent #2's FSBS was 127 and				
		e administered; Resident #2				
		ministered 0 units of insulin.				
		s ranged from 112 to 504				
	from 02/01/23 through	_				
	110111 02/01/23 tillougi	11 02/20/20.				
	Review of Resident #	2's eMAR for March 2023				
	revealed:	23 CWAIN IOI WAIGH 2020				
	-There was an entry f	or Novolog flex nen				
	•	stick blood sugars (FSBS)				
		h SSI in addition to meal				
	coverage. If FSBS les					
	•	1-250= 4 units, 251-300= 6				
	•	ts, 351-400= 10 units,				
		reater than 450= call medical				
		ed for 7:30am, 11:30am, and				
	` ,					
	5:00pm; hold if lower					
	-On 03/18/23 at 7:30a	•				
		ent #2's FSBS was 316 and				
		e administered; Resident #2				
		ministered 8 units of insulin.				
	-On 03/25/23 at 7:30a	am, there was				

documentation Resident #2's FSBS was 292 and 4 units of insulin were administered; Resident #2

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					R	
		HAL080032	B. WING		04/13/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
BETHAM	RETIREMENT CENTER	909 N SALI SPENCER,	SBULRY AVEI	NUE		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	N (X5)	
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
D 358	Continued From page	e 34	D 358			
D 358	should have been adi-On 03/26/23 at 5:00p documentation Resid 0 units of insulin were should have been adi-On 03/28/23 at 5:00p documentation Resid 0 units of insulin were should have been adi-Resident #2's FSBS from 03/01/23 through Review of Resident # through 04/11/23 reve-There was an entry f 100u/ml, check finger before each meal with coverage. If FSBS les 151-200= 2 units, 201 units, 301-350= 8 unit 401-450= 12 units, gr scheduled for 7:30am hold if FSBS lower the On 04/02/23 at 5:00p documentation Resid 0 units of insulin were should have been adi-On 04/07/23 at 5:00p documentation Resid 4 units of insulin were should have been adi-Resident #2's FSBS from 04/01/23 through Observation of medic administration for Resident #2's FSBS from 04/01/23 through Observation of medicadministration for Resident #2's FSBS from 04/01/23 through Observation of medicadministration for Resident #2's FSBS from 04/01/23 through Observation of medicadministration for Resident #2's FSBS from 04/01/23 through Observation of medicadministration for Resident #2's FSBS from 04/01/23 through Observation of medicadministration for Resident #2's FSBS from 04/01/23 through Observation of medicadministration for Resident #2's FSBS from 04/01/23 through Observation of medicadministration for Resident #2's FSBS from 04/01/23 through Observation of medicadministration for Resident #2's FSBS from 04/01/23 through Observation of medicadministration for Resident #2's FSBS from 04/01/23 through Observation for Resident #2's FSBS from 04/0	ministered 6 units of insulin. om, there was ent #2's FSBS was 151 and e administered; Resident #2 ministered 2 units of insulin. om, there was ent #2's FSBS was 187 and e administered; Resident #2 ministered 2 units of insulin. or ranged from 93 to 528 in 03/31/23. 2's eMAR for from 04/01/23 ealed: or Novolog flex pen estick blood sugars (FSBS) in SSI in addition to meal est than 150= 0 units, eater than 450= call MD in, 11:30am, and 5:00pm; an 80. or, there was ent #2's FSBS was 197 and e administered; Resident #2 ministered 2 units of insulin. or, there was ent #2's FSBS was 194 and e administered; Resident #2 ministered 2 units of insulin. or, there was ent #2's FSBS was 194 and e administered; Resident #2 ministered 2 units of insulin. or, there was ent #2's FSBS was 194 and e administered; Resident #2 ministered 2 units of insulin. or, there was ent #2's FSBS was 194 and e administered; Resident #2 ministered 2 units of insulin. or, there was ent #2's FSBS was 194 and e administered; Resident #2 ministered 2 units of insulin. or, there was ent #2's FSBS was 194 and e administered; Resident #2 ministered 2 units of insulin. or, there was ent #2's FSBS was 194 and e administered; Resident #2 ministered 2 units of insulin. or, there was ent #2's FSBS was 194 and e administered; Resident #2 ministered 2 units of insulin. or, there was ent #2's FSBS was 194 and e administered; Resident #2 ministered 3 units of insulin. or ranged from 127 to 411 n 04/11/23.	D 358			
	available for administ Interview with Reside	nt #2 on 02/12/23 at 2:53pm				

Division of Health Service Regulation

STATE FORM 6899 PRK211 If continuation sheet 35 of 68

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
					R
		HAL080032	B. WING		04/13/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE	
BETHAMY	RETIREMENT CENTER		LISBULRY AVE	NUE	
(V4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	R, NC 28159	PROVIDER'S PLAN OF CORRECTION	N (X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 358	Continued From page	e 35	D 358		
	revealed:				
		I insulin 2 to 3 times a day. s (MA) usually told him what			
		e; sometimes his FSBS			
	were high and someti				
	-When his FSBS were him orange juice.	e low, MAs sometimes gave			
	0 ,	at the MAs did for him when			
	his FSBSs were high. Telephone interview with a pharmacist from the facility's contracted pharmacy on 04/13/23 at				
	9:30am revealed:	narmacy on 04/13/23 at			
	-Resident #2 had an	order for Novolog flex pen			
	_	stick blood sugars (FSBS) n SSI in addition to meal			
	coverage. If FSBS les				
	151-200= 2 units, 201	I-250= 4 units, 251-300= 6			
		ts, 351-400= 10 units, eater than 450= call medical			
		ed for 7:30am, 11:30am, and			
	5:00pm; hold if FSBS	lower than 80.			
	-Four pens of Novolog facility on 02/28/23 ar	g were dispensed to the nd on 03/27/23.			
	Telephone interview v	vith Resident #2's PCP on revealed:			
	-She started seeing re	esidents at the facility 3			
	weeks agoShe had not been no	otified Resident #2 was			
		orrect amounts of insulin.			
		cility to administer Resident			
		dered and to notify her if he orrect amounts of insulin.			
		han or less than the ordered			
	amounts of insulin pe	r the sliding scale could			
	result in hyperglycem	ia or hypoglycemia.			
	Telephone interview v	vith a medication aide (MA)			

Division of Health Service Regulation

on 04/13/23 at 12:24pm revealed:

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					F	·
		HAL080032	B. WING		1	3/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
BETHAM	RETIREMENT CENTER	909 N SAL SPENCER,	SBULRY AVEI NC 28159	NUE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358	Continued From page	e 36	D 358			
	-The personal care air FSBS and wrote down sheet of paperThe PCAs brought the then she metered the SSI and documented eMAR, and administered incorrect amounts of it Resident #2's SSIShe always double coof insulin that were to administered them. Telephone interview would a disconsible for review administration on the know how oftenShe had not noticed per the SSI for Resident Care Dresponsible for review administration on the know how oftenShe had not noticed per the SSI for Resident Care Dresponsible for review administration on the know how oftenShe had not noticed per the SSI for Resident Care Dresponsible for review administration on the know how oftenShe had not noticed per the SSI for Resident Care Dresponsible for review administration on the know how oftenShe had not noticed per the SSI for Resident Care Dresponsible for review administration on the know how oftenShe was not aware of administration with Resident Care Dresponsible for review administrationThe MAs were supported the MAs review administration with Resident Care Dresponsible for review administrationThe MAs were supported the MAs review administration with Resident Care Dresponsible for review administrationThe MAs were supported the MAs review administration with Resident Care Dresponsible for review administration on the know how often.	des (PCA) checked the in the FSBS results on a see documented FSBS to her, insulin pen according to the the number of units on the seed the insulin. She documented any insulin according to shecked the number of units be administered before she with a second MA on evealed: Director (RCD) was wing the insulin eMARs but she did not any insulin not administered ent #2. With the RCD on 04/13/23 at wiewed the eMARs for insulin essed to review the eMAR instered insulin and every of any errors in essident #2's SSI.				

Division of Health Service Regulation

Owner on 04/13/23 at 4:39pm was unsuccessful.

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Division of	of Health Service Regu	liation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	ETED
			_		_	
			B. WING		R	
		HAL080032	D. WING		04/1	3/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AC	DDRESS, CITY, STA	TE. ZIP CODE		
BETHAMY	RETIREMENT CENTER		LISBULRY AVE	NUE		
		SPENCEI	R, NC 28159			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE		COMPLETE DATE
TAG REGULATORY OR		EGG IDEIVIII TIIVO IIVI GIVII/ATIGIV)	TAG	DEFICIENCY)	WALL	
			+	·		
D 358	Continued From page	e 37	D 358			ı
	l.					ı
		nt #2's current FL2 dated				ı
	11/16/22 revealed an	,				ı
		treat bipolar disorder) 80mg				ı
	1 tablet every day.					ı
						ı
	Review of Resident #	[‡] 2's electronic Medication				ı
	Administration Record	d (eMAR) for February 2023				ı
	revealed:					ı
	-There was an entry f	for Latuda 80mg 1 tablet				ı
		dministration at 7:00am.				ı
	-There was documen					ı
		of 28 days from 02/01/23 to				ı
	02/28/23.	1 20 days 110111 02/0 1/20 to				ı
		itation Latuda was not				ı
		17/23 due to the medication				ı
		7/23 due to the medication				I
	was not available.					ı
	l					I
		[‡] 2's eMAR for March 2023				I
	revealed:					1
		for Latuda 80mg 1 tablet				I
	daily scheduled for a	dministration at 7:00am.				I
	-There was documen	tation Latuda was				I
	administered for 19 of	of 31 days from 03/01/23 to				1
	03/31/23.					I
	-There was documen	itation on 03/13/23 and				I
	03/20/23 that Latuda	was not administered due to				I
	the medication was n	ot available.				1
	-There was documen	itation Latuda was				1
	discontinued on 03/2					I
	-There was no docum					I
		lays from 03/22/23 through				1
	03/31/23.	ays nom 03/22/23 unough				1
	03/31/23.					1
	Davious of Davidant #	tolo alcatronia aNAD for April				1
		t2's electronic eMAR for April				ı
		hrough 04/11/23 revealed:				I
		for Latuda 80mg 1 tablet				I
	daily.					1
	-There was no docum	nentation Latuda had been	1			1

04/11/23.

administered for 11 days from 04/01/23 through

STATE FORM 6899 PRK211 If continuation sheet 38 of 68

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		COME			E SURVEY PLETED	
ANDILAN	or connection	IDENTIFICATION NOWIDER.	A. BUILDING:		COIVI	ILLILD
		HAL080032	B. WING		04	R //13/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE	•	
			ALISBULRY AVENU			
BETHAM	RETIREMENT CENTER		R, NC 28159	, _		
(X4) ID PREFIX	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF (EACH CORRECTIVE AC	TION SHOULD BE	(X5) COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO DEFICIEN		DATE
D 358	Continued From page	⇒ 38	D 358			
		edications available for				
		2/23 at 2:19pm revealed:				
		ed to the facility on 04/11/23				
	with a quantity of 24 t -There were 23 tablet					
	-Triefe Wele 23 lable	is remaining.				
	Interview with Reside	nt #2 on 03/12/23 at 2:53pm				
	revealed he knew he was administered some medications for his mental health, but he did not					
	know which ones.					
	Telephone interview with a pharmacist from the					
		harmacy on 04/13/23 at				
	9:30am revealed:	•				
		spensed to the facility on				
		tity of 28 tablets; Latuda				
	should have lasted ur daily.	ntil 02/03/23 if administered				
	-	spensed to the facility on				
	_	tity of 28 tablets; Latuda				
		ntil 03/03/23 if administered				
	daily.	spensed to the facility on				
		tity of 28 tablets; Latuda				
	should have lasted ur	ntil 03/31/23 if administered				
	daily. -I atuda 80mg was dis	scontinued by a medication				
		ty on 03/21/23 at 8:13pm.				
	-The pharmacy did no					
	discontinue Latuda.					
		der for Latuda 80mg 1 tablet				
		macy on 04/11/23 and 24				
	tablets were dispense	ed to the facility on 04/11/23.				
	Interview with a MA o revealed:	n 04/11/23 at 4:40pm				
		tuda from the eMAR on				
		ne thought she saw on the				
	eMAR system that the	e order for Latuda was to be				

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STATE FORM 6899 PRK211 If continuation sheet 39 of 68

DIVISION	Division of Health Service Regulation						
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
			_		_		
			5		R		
		HAL080032	B. WING		04/13/2023		
NAME OF D	DOMBED OD OUDDINED	OTDEET ADE	DE00 01TV 0T4	TE 710 000E			
NAME OF PI	ROVIDER OR SUPPLIER	STREETADL	RESS, CITY, STA	I E, ZIP CODE			
RETHAMY	RETIREMENT CENTER	909 N SAL	ISBULRY AVE	NUE			
DETTIANT	KETIKEWIENT CENTER	SPENCER	NC 28159				
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	I (X5)		
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	(- /		
TAG REGULATORY OR		LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	IATE DATE		
				DEFICIENCY)			
D 050	0 " 1		D 050				
D 358	Continued From page	e 39	D 358				
	discontinued.						
		ysician's order and could not					
	find the order to disco						
		ed the pharmacy on 04/11/23					
	•	order to discontinue Latuda					
	and the pharmacy did						
		Director (RCD) contacted					
	Resident #2's primary care provider (PCP) on						
	04/11/23 and found out that Latuda should not						
	have been discontinu	ed.					
	-There was a new ord	der for Latuda received from					
	Resident #2's Mental	Health Provider (MHP) on					
		er was sent to the pharmacy					
	on 04/11/23.	,					
	Interview with Reside	nt #2's PCP on 04/13/23 at					
	11:25am revealed:	,					
	-Resident #2's MHP r	managed his Latuda					
		orders in the system to					
	discontinue Latuda.	orders in the system to					
		ate in the evetem detect					
	04/11/23 requesting a	ote in the system dated					
	04/11/23 requesting a	an order for Latuda.					
		D on 04/13/23 at 2:55pm					
	revealed:						
		ne order for Latuda on the					
	eMAR system by mis						
	-The facility did not ha						
	physician's order to d						
	-The only way Latuda could have been						
	discontinued by staff	at the facility was if the					
	medication was tagge	ed with a yellow flag by the					
	pharmacy.						
		e order for Latuda had been					
		should not have been.					
	Attempted interview v	vith Resident #2's MHP on					
	04/13/23 at 1:43pm w						
	04/13/23 at 1.43pm w	vas urisuccessiui.					

Division of Health Service Regulation

Attempted telephone interviews with the

STATE FORM 6899 PRK211 If continuation sheet 40 of 68

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			/ BOILDING			
		HAL080032	B. WING	B. WING		
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
BETHAMY	RETIREMENT CENTER		LISBULRY AVE	NUE		
		R, NC 28159				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPL	ETE.
D 358	Continued From page	e 40	D 358			
	Administrator on 04/1 were unsuccessful.	3/23 at 4:12pm and 4:48pm				
		interview with the facility's t 4:39pm was unsuccessful.				
	c. Review of Resident #2's current FL2 dated 11/16/22 revealed an order for lorazepam (used					
	to treat anxiety) 0.5mg 1 tablet twice daily. Review of Resident #2's electronic Medication Record (eMAR) for February 2023 revealed: -There was an entry for lorazepam 0.5mg 1 tablet twice daily scheduled for administration at 7:00am and 6:00pmThere was documentation lorazepam was administered for 50 of 56 opportunities from 02/01/23 through 02/28/23There was documentation lorazepam was not administered on 02/11/23 at 6:00pm due to medication was not in the facility, on 02/12/23 at 7:00am due to waiting on pharmacy, and on 02/13/23 at 6:00pm due to the MHP was contacted to write a prescription for lorazepamThere was a blank space with no documentation on 02/08/23 at 6:00pm, 02/15/23 at 6:00pm, and on 02/28/23 at 6:00pm.					
	revealed: -There was an entry f twice daily scheduled 7:00am and 6:00pmThere was documen administered for 59 o 03/01/23 through 03/3 -There was a blank s	tation lorazepam was f 62 opportunities from 31/23. pace with no documentation n, 03/15/23 at 6:00pm, and				

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STATE FORM 6899 PRK211 If continuation sheet 41 of 68

DIVISION	n nealth Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
					F	2
		HAL080032	B. WING			13/2023
					1 0-11	0,2020
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ATE, ZIP CODE		
RETHAMY	RETIREMENT CENTER	909 N SAL	ISBULRY AVE	NUE		
	NETHICINE IT SERVED	SPENCER	, NC 28159			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	•	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF		COMPLETE DATE
IAG	REGOLATORI GIVE		TAG	DEFICIENCY)	1107112	
D 358	Continued From page		D 358			
	-	edications available for				
		/23 at 2:19pm revealed:				
		ensed to the facility on				
	04/07/23 with a quant					
	-There were 49 tablet	s remaining.				
	Telephone interview v	vith a pharmacist from the				
	facility's contracted pl	harmacy on 04/13/23 at				
	9:30am revealed:					
	-Resident #2 had an	order for lorazepam 0.5mg 1				
	tablet twice daily.					
	-Lorazepam was disp	ensed to the facility on				
	01/06/23 with a quant	tity of 56 tablets; lorazepam				
	-	r 28 days, until 02/03/23.				
	-The pharmacy receiv	•				
		epam on 02/13/23 and				
		to the facility on 02/13/23				
	-	ablets; lorazepam should				
	have lasted for 25 day	·				
		ensed to the facility on				
	-	tity of 56 tablets; lorazepam				
	-	3 days, until 04/02/23.				
		ensed to the facility on				
		tity of 56 tablets; lorazepam				
	should have lasted 28					
	Silodia flave lastea 20	o days.				
	Interview with Reside	nt #2 on 03/12/23 at 2:53pm				
		was administered some				
		ental health, but he did not				
	know which ones.					
	Telephone interview v	vith a medication aide (MA)				
	on 04/13/23 at 12:24p	om revealed:				
	-If a medication was r	not available in the facility,				
	she documented "wai	iting on pharmacy," or				
	medication not availa	ble."				
	-If a medication was r	not available, she pressed				
		the eMAR system and most				
		ne medication had already				

Division of Health Service Regulation

been reordered.

STATE FORM 6899 PRK211 If continuation sheet 42 of 68

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL080032	B. WING		R 04/13/2023	
NAME OF D	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE ZIR CODE	1 0-11 10/2020	
NAME OF T	NOVIDER OR SOLT EIER		LISBULRY AVEN			
BETHAM	RETIREMENT CENTER		R, NC 28159			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE	
D 358	Continued From page	e 42	D 358			
	see why a medicatior the facility.	the pharmacy via phone to had not been delivered to er Resident #2 being out of				
	1:55pm revealed: -She reordered medic about 8 tablets remai	Resident #2 was out of				
	Director (RCD) on 04 -She knew Resident a prescription for loraze in February 2023There should have b eMAR regarding getti -She or a MA were re MHP for a new presc -If there were blank s	epam in order to have it filled een documentation on the ing a new prescription. esponsible for contacting the ription. paces on the eMAR, it				
	Interview with Reside 11:25am revealed: -Resident #2's MHP r -She expected Reside					
	Attempted interview v 04/13/23 at 1:43pm w	with Resident #2's MHP on was unsuccessful.				
	Attempted telephone	interviews with the				

Division of Health Service Regulation

were unsuccessful.

STATE FORM 6899 PRK211 If continuation sheet 43 of 68

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SI	
ANDILAN	or connection	IDENTIFICATION NOMBER.	A. BUILDING: _		COIVII LL	.TLD
		HAL080032	B. WING		R	3/2023
NAME OF D	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE ZID CODE	1 0-7/1	3/2023
NAIVIE OF FI	NOVIDER OR SUFFLIER		ISBULRY AVE	,		
BETHAMY	RETIREMENT CENTER		, NC 28159			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358	Continued From page	e 43	D 358			
	Owner on 04/13/23 at 3. Review of Residen					
	11/21/22 revealed an (Ozempic) (a weekly diabetes by controllin	t #1's current FL2 dated order for semaglutide injection used to treat g blood sugar levels) mg subcutaneously once				
	Review of Resident # 04/11/23 revealed the discontinue Ozempic.					
	with the pharmacy da -There was documen Care Director (RCD) to notify pharmacy sta written Resident #1's for another resident tl pharmacyThe pharmacy staff of	1's communication report ated 03/15/23 revealed: tation that the Resident had contacted the pharmacy aff that she had erroneously name on an Ozempic order nat she had faxed to the documented they would #1's Ozempic order per the				
	medication administrative revealed: -There was an entry f solution, inject 1mg s on Thursday, schedu -There was documen	or Ozempic 4mg/3mL ubcutaneously once a week				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					R	
		HAL080032	B. WING		04/1	3/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
BETHAMY	RETIREMENT CENTER		ISBULRY AVEI	NUE		
		NC 28159	PROVIDER'S PLAN OF CORRECTION		0.50	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358	Continued From page	e 44	D 358			
	medication to be mail 02/09/23 due to medi 02/16/23 due to await due to awaiting refillFingerstick blood sug 02/01/23 through 02/2 387. Review of Resident # revealed: -There was an entry f solution, inject 1mg so on Thursday, schedul-There was documen administered on 03/0 unable to take," on 03 order for the medicati awaiting prescriptionThere was documen discontinued from the -FSBS values from 03 ranged from 56 to 363	ed to the facility, on cation not in the facility, on ting refill, and on 02/23/23 gar (FSBS) values from 28/23 ranged from 50 to 1's March 2023 eMAR for Ozempic 4mg/3mL ubcutaneously once a week led at 8:00am. tation Ozempic was not 2/23 due to "physically 8/09/23 due to needing an on, and on 03/16/23 due to to tation Ozempic was eMAR on 03/16/23. 3/01/23 through 03/31/23 3. 1's April 2023 eMAR from				
	-There was no entry f solution, inject 1mg s	or Ozempic 4mg/3mL ubcutaneously once weekly.				
	ranged from 84 to 37	4/01/23 through 04/11/23 1.				
	primary care provider Resident #1 not recei medication not being -There was no docum	nentation Resident #1's (PCP) was notified about ving Ozempic due to the				

Division of Health Service Regulation

Review of Resident #1's laboratory work dated

STATE FORM 6899 PRK211 If continuation sheet 45 of 68

DIVISION	n nealth Service Negu	ialion				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
			1	_	_	_
			B WING		F	
		HAL080032	B. WING		04/1	3/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE. ZIP CODE		
			, ,	,		
BETHAMY	RETIREMENT CENTER		ISBULRY AVE	NUE		
		SPENCER	R, NC 28159			1
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE DATE
TAG	REGULATORT OR I	SCIDENTIFTING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	MAIL	DAIL
				,		
D 358	Continued From page	e 45	D 358			
	. •					
	07/19/22 revealed:					
	-Resident #1's hemog	•				
	average estimated blo	ood sugar for the previous				
	three months) was 7.4	4% (normal reference range				
	being 5.0-6.1%).					
	-There was documen	tation that each 1%				
	elevation in hemoglob	oin A1C reflected an				
	increase in average of	lucose concentration of				
	approximately 30mg/g					
		 -				
	Review of Resident #	1's laboratory work dated				
		at his hemoglobin A1C value				
	was 7.6%.	at this hemoglobility to value				
	was 1.070.					
	Observation of modic	ation on hand for Resident				
		25am revealed there was no				
	Ozempic available for	r Resident # 1.				
	I4	D == 0.4/44/00 =+ 0.47:===				
		D on 04/11/23 at 2:47pm				
	revealed:					
		ook Ozempic because it was				
	on backorder at the p					
		rse and mental health social				
	worker (MH/SW) from					
	, ,	ame to the facility in early				
	February 2023 and re	eviewed all of Resident #1's				
	medications, and she	thought the nurse was				
	going to get a discont	inue order for Resident #1's				
	Ozempic.					
	-She had never receive	ved an order from Resident				
	#1's PCP to discontin	ue Ozempic, but it was				
		e of the verbal agreement				
	with the nurse.	Ç				
	Telephone interview v	vith Resident #1's MH/SW				
	on 04/12/23 at 10:30a					
		d supplied all of Resident				
	#1's medications.	a aapprod an or reordone				
		ther mailed Resident #1's				
	medications to the fac	cility, or the facility was able	1			1

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STATE FORM 6899 PRK211 If continuation sheet 46 of 68

Division of	Division of Health Service Regulation						
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED	
			7 50.25				
					F	₹	
		HAL080032	B. WING		04/1	13/2023	
NAME 05 B		077557.40	DD500 01TV 0T4	TE 710 000E			
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	II E, ZIP CODE			
BETHAM)	RETIREMENT CENTER	909 N SAI	ISBULRY AVE	NUE			
		SPENCER	R, NC 28159				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)	
PRÉFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE	
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	RIATE	DATE	
			1	DEFICIENCY)			
D 358	Continued From page	- 46	D 358				
	Continuou i rom page	3 10					
	to pick up medication	s directly from the					
	pharmacy.						
	-She was not aware t	hat Resident #1 had missed					
	doses of any of his m	edications.					
		ne facility could utilize to					
		refills with the pharmacy, but					
	primarily for Resident						
		e the primary care nurse					
		or his other medications like					
		i ilis otilei illedications like					
	Ozempic.						
		ordered to help manage					
		verse effects from not taking					
	•	included poorly controlled					
	blood sugars.						
	Interview with a medi	` ,					
	04/12/23 at 3:10pm re						
	_	s had administered Ozempic					
	to Resident #1 a coup	ple of times before the					
	pharmacy stopped se	ending it.					
	-Resident #1's Ozem	pic order had been					
	discontinued from the	e eMAR, but she had not					
	seen a discontinue or	rder so either the RCD or					
	another MA had appr	oved the pharmacy's					
	removal of Ozempic f	· · · · · · · · · · · · · · · · · · ·					
		ication that the MAs could					
		/ailable; Resident #1 did not					
		e the Ozempic injections.					
	go to the vitto receiv	e the Ozempio injections.					
	Telephone interview v	with a representative from					
	the VA pharmacy on (
	revealed:	υ τ / 12/20 αι 4.υυριπ					
		urrent order on file for					
	**	urrent order on file for					
	Ozempic, inject 1mg	subcutaneously once					
	weekly.						
		ast dispensed Ozempic for					
		2/22 for a 28-day supply.					
	-She did not see any	documented refill requests					
	from the facility for Re	esident #1's Ozempic.					
		remaining on Resident #1's					

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STATE FORM 6899 PRK211 If continuation sheet 47 of 68

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		DATE SURVEY COMPLETED	
					R		
		HAL080032	B. WING		04/1	3/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
BETHAMY	RETIREMENT CENTER		SBULRY AVE	NUE			
SPENCER,		NC 28159					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE	
D 358	Continued From page	: 47	D 358				
		cycle fill medication so the contact the pharmacy to					
	revealed: -He was supposed to diabetes, but had not -He did not know why him the Ozempic injective thought his blood controlled with his oth	the MAs were not giving ctions sugars had been well er diabetic medications, but wore unhealthy foods lately					
	the facility's contracte 9:30am revealed: -The facility faxed Recorders to their pharma orders to maintain Re -Resident #1's Ozemp discontinued from his						
	primary care nurse at 9:47am was unsucces Attempted telephone	interviews with Resident					
	at 2:30pm and 04/13/ unsuccessful. Attempted telephone	ager at the VA on 04/12/23 23 at 12:15pm were interview with Resident #1's 2:40pm was unsuccessful.					

Division of Health Service Regulation

Attempted telephone interviews with the

STATE FORM 6899 PRK211 If continuation sheet 48 of 68

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
					R
		HAL080032	B. WING		04/13/2023
NAME OF D			DEGG OITY OTA	TE 7/D 00DE	1 0 11 10/2020
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA	•	
BETHAM	RETIREMENT CENTER	SPENCER,	SBULRY AVEI	NUE	
		·	10 20159		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 358	Continued From page	2 48	D 358		
	Administrator on 04/1 were unsuccessful.	3/23 at 4:12pm and 4:48pm			
		interview with the facility's t 4:39pm was unsuccessful.			
	dated 12/08/22 revea (an antidepressant us	t #1's physician's order led an order for fluvoxamine sed to treat e disorder (OCD)) 100mg			
	medication administrative revealed: -There was an entry fitimes daily scheduled 8:00pmThere was document administered at 2:00pm	1's February 2023 electronic ation record (eMAR) or fluvoxamine 100mg three at 8:00am, 2:00pm and attaition fluvoxamine was not attain on 02/05/23 with the as "physically unable to			
	revealed: -There was an entry f times daily scheduled 8:00pmThere was document administered 14 times 03/31/23 with the reas "physically unable to a	take" due to awaiting rmacy 9 times, refused 3			
	04/01/23 through 04/ -There was an entry f	1's April 2023 eMAR from 11/23 revealed: for fluvoxamine 100mg three			

Division of Health Service Regulation

8:00pm.

STATE FORM 6899 PRK211 If continuation sheet 49 of 68

DIVISION	of Fleatili Service Negu	lation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					R	
		HAL080032	B. WING		04/13/2023	
			1			
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
		909 N SAL	ISBULRY AVE	NUE		
BETHAMY	RETIREMENT CENTER	SPENCER	NC 28159			
			110 20100	T		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(- /	
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR		
TAG	REGULATORY OR L	LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	IAIE	
				22.16.2.16.1		
D 358	Continued From page	<u> </u>	D 358			
	Continuou i rom page	, 10				
	-There was no docum	nentation fluvoxamine was				
	administered at 2:00n	om on 04/08/23 or at 8:00am				
		ocumented reason why.				
	011 04/09/23 and no d	ocumented reason wity.				
	D : (D : / //	41 1.1.				
		1's psychiatric progress note				
	dated 03/22/23 reveal					
	-Resident #1 had a di	agnosis of OCD.				
	-Resident #1 was ord	ered fluvoxamine 100mg				
		elp treat and manage OCD.				
		her that Resident #1 was				
	doing well and had no	changes to his mood.				
	Observation of medic	ations on hand for Resident				
	#1 on 04/12/23 at 10::	25am revealed:				
	-There was one large	bottle of fluvoxamine				
		dispensed date of 03/22/23				
	with a quantity of 270					
	-The bottle was over i	half full of tablets remaining.				
		nt #1 on 04/11/23 at 3:30pm				
	revealed:					
	-He did not know if he	had missed doses of				
	fluvoxamine.					
		some of his medications,				
		any medications that he just				
		•				
	•	vere in his medication cup				
	and he did not count t					
	-He did not remember	r feeling any differently or				
	experiencing new syn	nptoms in the last three				
	months.					
	Telephone interview w	vith Resident #1's mental				
		MH/SW) at the Veteran's				
		n 04/12/23 at 10:30am				
	revealed:					
	-Resident #1 took fluv	oxamine for OCD				
	compulsions related to	o delusions about other				
	people talking about h					
	,	not have missed taking 1/				

Division of Health Service Regulation

doses of fluvoxamine in one month as he did in

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DIVISION	or riealth Service Regu	lation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					_	
			D 14//10		R	
		HAL080032	B. WING		04/13/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, STA	TE ZIP CODE		
TWANE OF T	NOVIDER OR GOLT EIER		, ,	,		
BETHAM	RETIREMENT CENTER		ISBULRY AVE	NUE		
		SPENCER	, NC 28159			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		:
TAG	REGULATORY OR L	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	IAIE DAIE	
						\dashv
D 358	Continued From page	e 50	D 358			
	March 2023.					
	-Possible adverse effe	ects from missing so many				
	doses of fluvoxamine	in one month could include				
	an increase in parano	oia which could lead to other				
	behaviors.					
	-She would expect the	e facility to administer				
	Resident #1's mental	health medications as they				
		ntact her if they had any				
	trouble obtaining the i					
	pharmacy.					
	P					
	Interview with a media	cation aide (MA) on				
	04/12/23 at 3:10pm re	• •				
		d Resident #1 being out of				
	fluvoxamine on 03/15					
		er Resident #1 being out of				
	fluvoxamine.	er Resident #1 being out of				
		as phormacy to request a				
		ne pharmacy to request a				
		ecause the Resident Care				
	Director (RCD) had ta					
	-	refills or updates to the				
	doctor.					
		nber if she had told the RCD				
		ded a refill of fluvoxamine.				
		displayed any compulsive				
		ed paranoia in the previous				
	three months.					
		vith a representative from				
	the VA pharmacy on (04/12/23 at 4:00pm				
	revealed:					
	-Resident #1 had a cu	urrent order for fluvoxamine				
	100mg three times da					
	-Fluvoxamine had bee	en dispensed to the facility				
		olets which was a 30-day				
	supply.	-				J
		t been dispensed to the				
		r 270 tablets which was a				
	90-day supply.					

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-The VA pharmacy usually mailed medication to

STATE FORM 6899 PRK211 If continuation sheet 51 of 68

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					R	
		HAL080032	B. WING		04/13/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
BETHAM	RETIREMENT CENTER		ISBULRY AVE	NUE		
	OLIMAN DV OT		, NC 28159	DROWNERS BLANCE CORRECTION		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
D 358	Continued From page	e 51	D 358			
		nt #1 and delivery of a ill was requested, it could				
	12:50pm revealed:	vith a MA on 04/13/23 at				
	as not administered of	on 02/21/23, and the reason " so Resident #1 had likely				
	been at an appointme					
		er Resident #1 being out of iod of time in March 2023.				
	-	nimself and never had				
	behavioral issues.					
		d Resident #1 experiencing				
	symptoms of increase compulsions in the last					
	Telephone interview v 04/13/23 at 1:30pm re					
		d Resident #1's fluvoxamine				
	as not administered 1 -She had noticed Res	3 times in March 2023.				
		medication cart audit the				
	•	023 and she let the RCD				
		d Resident #1 experiencing				
	symptoms of increase	•				
	compulsions in the la	st three months.				
	Telephone interview v 2:45pm revealed:	vith the RCD on 04/13/23 at				
		vas running low for Resident of the MAs would call the VA				
	pharmacy and reques					
	-The VA was slow to I	respond, so once they made				
	-	vas nothing else they could				
	do besides wait for th	e medication to be				

Division of Health Service Regulation

-She would not comment further on Resident #1's

STATE FORM 6899 PRK211 If continuation sheet 52 of 68

DIVISION	n Health Service Negu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	(X2) MULTIPLE CONSTRUCTION		SURVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
			1		1 _	<u> </u>
			D WING		F	
		HAL080032	B. WING		04/1	3/2023
NAME OF PE	ROVIDER OR SUPPLIER	STREET AC	DRESS, CITY, STA	TE ZIP CODE		
			, ,	,		
BETHAMY	RETIREMENT CENTER		LISBULRY AVE	NUE		
		SPENCE	R, NC 28159			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI		COMPLETE DATE
TAG	REGOLATORI ORE	EGO IDENTII TIIVO IIVI ONIMATION)	TAG	DEFICIENCY)	MATE	
D 358	Continued From page	e 52	D 358			
	medications.					
	Attampted talanhana	intensious with Decident				
		interviews with Resident				
		ager at the VA on 04/12/23				
	at 2:30pm and 04/13/	23 at 12:15pm were				
	unsuccessful.					
	A + +	intomicus with Decident #415				
		interview with Resident #1's				
	PCP on 04/13/23 at 1	2:40pm was unsuccessful.				
	A + + + + -	:				
	Attempted telephone					
		3/23 at 4:12pm and 4:48pm				
	were unsuccessful.					
	A + +	intomious sith the feelithde				
		interview with the facility's				
	Owner on 04/13/23 at	t 4:39pm was unsuccessful.				
	a Davious of Davidan	t #11a physician's order				
		t #1's physician's order				
	dated 08/25/22 revea					
	•	e-counter medication used				
	to treat pain) 600mg 6	every 8 hours for pain.				
	Daview of Decident #	415				
	03/15/23 revealed:	1's physician's order dated				
		for Flexeril (a muscle relaxer				
		,				
		spasms) 10mg twice daily				
	for 10 days.	to hold ihuprofon for 10				
		to hold ibuprofen for 10				
	•	o indication for the hold				
	documented.					
	Davious of Dasidant #	dia Marah 2022 alaatrania				
		1's March 2023 electronic				
	medication administra	ation record (eMAK)				
	revealed:	ion ihummafam COO t-l 4				
		for ibuprofen 600mg take 1				
	tablet every 8 hours for					
	8:00am, 2:00pm and					
		or Flexeril 10mg twice daily				
	scheduled at 8:00am	and 8:00pm with a start				

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date of 03/16/23 and an end date of 03/26/23.

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		HAL080032	B. WING		04/1	₹ <mark>3/2023</mark>
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
BETHAMY	RETIREMENT CENTER	909 N SALI SPENCER,	SBULRY AVEI	NUE		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	<u> </u>	(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	COMPLETE DATE
D 358	Continued From page	e 53	D 358			
	from 03/17/23 through -There was document administered at 8:00a 03/17/23 through 03/2	am, 2:00pm, and 8:00pm h 03/26/23. tation Flexeril 10mg was am and 8:00pm from 26/23.				
	order to hold ibuprofe 03/26/23Resident #1's ibupro his eMAR, so she had as she thought it was -Whichever staff pers Resident Care Direct order to the pharmacy the ibuprofen order had were approving the F-The MA also could h	evealed: hat Resident #1 had an en from 03/17/23 through fen had never been held on d administered the ibuprofen ordered. on, either the MA or or (RCD), had faxed the y should have noticed that ad not been held when they lexeril entry on the eMAR. ave entered a hold on the eMAR system so that the				
	the Veteran's Administration of the Veteran's Administration of the Veteran's Administration of the Veterania of the Veterani	order for Flexeril dated en dispensed a 10-day ion. order to hold ibuprofen in ition profile at the pharmacy. nt #1 on 04/11/23 at 3:30pm some of his medications, any medications that he just				
	and he did not count	vere in his medication cup them. r feeling any differently or				

Division of Health Service Regulation

STATE FORM 6899 PRK211 If continuation sheet 54 of 68

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					R
		HAL080032	B. WING		04/13/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
DETUAN	OFTIDEMENT OFNITED	909 N SALI	SBULRY AVE	NUE	
BETHAMY RETIREMENT CENTER SPENCER			NC 28159		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 358	Continued From page	: 54	D 358		
	experiencing new syn months.	nptoms in the last three			
	2:45pm revealed: -She was not aware t	with the RCD on 04/13/23 at that Resident #1 had an			
	order to hold ibuprofe 2023.	n for 10 days in March			
	-She was responsible physician's orders to administered as order	for auditing the eMARs and ensure medications were red. ent further on Resident #1's			
		interview with Resident #1's the VA on 04/12/23 at ssful.			
		interviews with Resident ager at the VA on 04/12/23 23 at 12:15pm were			
		interview with Resident #1's 2:40pm was unsuccessful.			
	Attempted telephone Administrator on 04/1 were unsuccessful.	interviews with the 3/23 at 4:12pm and 4:48pm			
		interview with the facility's : 4:39pm was unsuccessful.			
	dated 09/02/22 revea (a steroid nasal spray such as sneezing, rur	t #1's physician's order led an order for fluticasone used to treat symptoms nny or stuffy nose) 50mcg pray in each nostril twice			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND LEW OF CONCESSION	IDENTIFICATION NO.	A. BUILDING: _		001111111111111111111111111111111111111	. 25
		B WING		R	
	HAL080032	B. WING		04/13	/2023
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
BETHAMY RETIREMENT CENTER		ISBULRY AVE	NUE		
	SPENCER	R, NC 28159			
PREFIX (EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358 Continued From page	÷ 55	D 358			
Review of Resident # medication administrate revealed: -There was an entry for spray, instill 1 spray in scheduled at 8:00amThere was document spray was not administed opportunities from 02/8:00am on 02/08/23 to 02/15/23, and 02/20/2The documented reafluticasone was "physicadditional note for 4 coadministered that the available in the facility. Review of Resident # revealed: -There was an entry for spray, instill 1 spray in scheduled at 8:00amThere was document spray was not administed opportunities from 03/8:00am on 03/01/23 and 03/05/23, 03/06/23The documented reafluticasone was "physicadditional note for 3 coadministered that the available in the facility. Review of Resident # 04/01/23 through 04/1There was an entry for spray was an entry for the document of the facility.	1's February 2023 electronic ation record (eMAR) or fluticasone 50mcg nasal neach nostril twice daily and 8:00pm. Itation fluticasone nasal stered 8 out of 56 (701/23 through 02/28/23 at hrough 02/12/23, 02/14/23, 23. Itation for not administering sically unable to take" with an of the 8 doses not medication was not or to administer. 1's March 2023 eMAR or fluticasone 50mcg nasal neach nostril twice daily and 8:00pm. Itation fluticasone nasal stered 6 out of 62 (701/23 through 03/31/23 at and 03/17/23, and at 8:00pm 8, 03/09/23 and 03/18/23. Itation fluticasone nasal stered 6 out of 62 (701/23 through 03/31/23 at and 03/17/23, and at 8:00pm 8, 03/09/23 and 03/18/23. Itation fluticasone son for not administering sically unable to take" with an out of the 6 doses not medication was not or to administer. 1's April 2023 eMAR from 11/23 revealed: or fluticasone 50mcg nasal neach nostril twice daily				

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spray was not administered at 8:00am on

STATE FORM 6899 PRK211 If continuation sheet 56 of 68

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION			
7.11.2.1.2.11.1	5. GGT1267.1611	.52	A. BUILDING:			
HAL080032 B. WING			0,	R I/13/2023		
					1 0-	13/2023
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STAT			
BETHAM	RETIREMENT CENTER		ALISBULRY AVEN	UE		
		SPENCE	R, NC 28159			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 56	D 358			
	04/09/23.					
	-There was no docum					
	administering fluticase	one.				
	Observation of medic	ations on hand for Resident				
	_	25am revealed there was				
		ne 50mcg nasal spray with				
		3/17/23 that was half full.				
		o,, <u></u>				
	Interview with Reside	nt #1 on 04/11/23 at 3:30pm				
	revealed:	·				
	-He had gone a perio	d of time without being able				
	to use his nasal spray	in the last month or two				
	because he was told	they were waiting on the				
	pharmacy to send it.					
	-When he was withou					
	experienced symptom	ns of a runny and stuffy				
	nose.					
	Interview with a medic	cation aide (MA) on				
	04/12/23 at 3:10pm re	* *				
		t having fluticasone nasal				
		minister to Resident #1, but				
		he reason why it was not				
	available.	,				
	-The Veteran's Admin	istration (VA) pharmacy was				
		ills of medications, so they				
		aiting on the pharmacy to				
	deliver the medication					
		d Resident #1 having side				
	effects from missing of					
		r medication to manage				
	allergy symptoms.					
		nber if she had requested				
		#1's fluticasone, and the				
		to send refill requests at				
	least 10 days prior to	a medication running out.				
	Telephone intonvious	vith a representative from				
	the VA pharmacy on (

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL080032	B. WING		R 04/13/2023
BETHAMY RETIREMENT CENTER 909 N SAL			DRESS, CITY, STA LISBULRY AVEI 2, NC 28159		, 0
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPER DEFICIENCY)	BE COMPLETE
D 358	revealed: -Resident #1 had a common source of the source of the facility would need to supplyPrior to the fluticasor they had last dispens #1 on 10/06/22Fluticasone was not the facility would need request the refill. Telephone interview with the facility's contracted 9:30am revealed: -They had dispensed in August 2022 and hear for Resident #1 since they had not received Resident #1's fluticas. Telephone interview with the facility's contracted in August 2022 and hear for Resident #1 since they had not received Resident #1's fluticas. Telephone interview with the facility and they had not request fluticasone, because facility and did not woth the refill request phores. She could not rement Resident Care Direct fluticasone needed to the MAs were expected. The MAs were supposed to the MAs were supposed t	been dispensed for 7/23 for 1 bottle of nasal e considered a one-month ne dispensed on 03/17/23, ed fluticasone for Resident on an automatic cycle fill, so d to call the pharmacy to with a representative from ed pharmacy on 04/13/23 at fluticasone for Resident #1 ad not dispensed fluticasone ed a refill request for one. With a MA on 04/13/23 at en out of fluticasone for e previous week or two. a refill for Resident #1's she was still new to the ork day shift when most of ne calls were made. Inber if she had notified the or (RCD) that Resident #1's	D 358		

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-After a medication refill was requested from the

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DIVISION	n Health Service Negu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
			1		_	<u> </u>
			D WING		F	
		HAL080032	B. WING		04/1	3/2023
NAME OF PE	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE ZIP CODE		
			ISBULRY AVE			
BETHAMY	RETIREMENT CENTER			NOE		
		SPENCER	R, NC 28159			1
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO		(X5)
PREFIX	•	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI		COMPLETE DATE
TAG	REGOLATORT OR E	EGO IDENTIL TING IN GRANATION	TAG	DEFICIENCY)	MAIL	
			-			
D 358	Continued From page	e 58	D 358			
	\/A nharmany thay us	aught mailed the medication				
		sually mailed the medication				
	to the facility within a					
		ed Resident #1 having				
	allergy symptoms whi	ile he was out of fluticasone.				
	Telephone interview v					
	04/13/23 at 1:30pm re					
	-She documented Re	sident #1's fluticasone as				
	not administered 5 tin	nes in March 2023.				
	-She noticed Residen	nt #1 was out of fluticasone				
	during a medication of	art audit and she let the				
	RCD know.					
	-She had not observe	ed Resident #1 experiencing				
		s or nasal congestion when				
	he was out of fluticase	<u> </u>				
	Telephone interview v 2:45pm revealed:	with the RCD on 04/13/23 at				
	•	ident #1 had been out of				
	fluticasone	dent #1 had been out of				
		witched all his medications				
		n February 2023, the nurse				
		e to the facility to review all of				
		tions and the orders were				
	sent to the VA pharma	,				
		er when a refill request for				
	Resident #1's fluticas	one had been sent to the VA				
	pharmacy.					
	-She would not comm	nent further on Resident #1's				
	medications.					
	Attempted telephone	interview with Resident #1's				
		the VA on 04/12/23 at				
	9:47am was unsucce					
	Attempted telephone	interviews with Resident				
		ager at the VA on 04/12/23				
	at 2:30pm and 04/13/	-				
	unsuccessful.	20 at 12. Topin word				
	นเเอนบบธออเนเ.		1			1

Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
					R
		HAL080032	B. WING		04/13/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	-
			SBULRY AVE		
BETHAM	RETIREMENT CENTER	SPENCER,		102	
	OUR MAR DV OT	·			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 358	Continued From page	e 59	D 358		
		interview with Resident #1's 2:40pm was unsuccessful.			
	Attempted telephone Administrator on 04/1 were unsuccessful.	interviews with the 3/23 at 4:12pm and 4:48pm			
		interview with the facility's t 4:39pm was unsuccessful.			
	dated 09/07/22 revea	t #1's physician's order led an order for melatonin (a sleep) 10mg every night at			
	Review of Resident # medication administrate revealed:	1's February 2023 electronic ation record (eMAR)			
	-There was an entry f bedtime scheduled at	or melatonin 10mg at : 8:00pm.			
	-There was documen administered 5 times 02/28/23 on 02/11/23 02/21/23, and 02/28/2 -The documented rea	tation melatonin was not from 02/01/23 through , 02/14/23, 02/15/23, 23. son melatonin was not t the medication was not			
	Review of Resident # revealed: -There was an entry f bedtime scheduled at -There was document	1's March 2023 eMAR for melatonin 10mg at 8:00pm. tation melatonin was not from 03/01/23 through , 03/06/23, 03/08/23,			
		n was not administered was cically unable to take" or om the pharmacy.			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	(X2) MULTIPLE CONSTRUCTION (X3) DATE :		
			A. BUILDING: _			
		HAL080032	B. WING		R	₹ 3/2023
					04/1	3/2023
NAME OF PI	ROVIDER OR SUPPLIER		RESS, CITY, STA			
BETHAMY	RETIREMENT CENTER	SPENCER,	SBULRY AVEN	NUE		
(X4) ID	SUMMARY ST.	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	COMPLETE DATE
D 358	Continued From page	= 60	D 358			
	Review of Resident # 04/01/23 through 04/ -There was an entry f bedtime scheduled at -There was documen administered 2 times -The reason melatoni	11's April 2023 eMAR from 11/23 revealed: for melatonin 10mg at				
	dated 03/22/23 revea -Resident #1 had a di disorder related to an -Staff had reported to doing well and his sle -She was prescribing 10mg for sleep along					
		cations on hand for Resident 25am revealed there was no or administration.				
	health social worker (10:30am revealed: -The Veteran's Admin supplied all of Reside -The VA pharmacy eit medications to the fact to pick up medication pharmacyShe was not aware to doses of any of his medication and the control of the control	ther mailed Resident #1's cility, or the facility was able s directly from the that Resident #1 had missed				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	()			ATE SURVEY DMPLETED	
7.1.12 . 27.1.1		IDENTIFICATION NO.	A. BUILDING: _				
HAL080032		B. WING	B. WING		3/2023		
NAME OF D	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE ZID CODE	1 0-1/1	0/2020	
NAME OF T	TOVIDER OR SOLT EIER		LISBULRY AVE	•			
BETHAMY	RETIREMENT CENTER		R, NC 28159				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE	
D 358	Continued From page	e 61	D 358				
	doses of melatonin ot	her than poor sleep.					
	the VA pharmacy on 0 revealed: -The pharmacy did no melatonin for Resider -They had received a 09/10/22 and then the discontinued on 09/14 Interview with Reside revealed: -He remembered a fe receive melatoninHe always had troub on a toileting schedule every nightHe took melatonin be	ot have a current order for th #1. In order for melatonin on e order had been 4/22. Int #1 on 04/12/23 at 4:55pm In which has been was e and the staff woke him up ecause he had a hard time and it was worse on the					
	the facility's contracte 9:30am revealed: -The pharmacy had a #1's profile for melato -Melatonin was dispe 09/08/22 for 15 capsu -They had dispensed	nsed for Resident #1 on ules. melatonin for Resident #1 0/14/22 for 28 capsules, but een returned to the					
	on 04/13/23 at 12:50p -She had documented	d Resident #1's melatonin 5 times in February, 2 times					

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-If the medication was not available to administer,

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DIVISION	n Health Service Regu	ialion				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPL	ETED
					-	
			D WING		F	
		HAL080032	B. WING		04/1	13/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AF	DRESS, CITY, STA	ATE ZIP CODE		
BETHAM	RETIREMENT CENTER		LISBULRY AVE	NUE		
		SPENCE	R, NC 28159			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO		(X5)
PREFIX	•	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE DATE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	KIATE	DATE
				DEL TOTELLO T		
D 358	Continued From page	e 62	D 358			
	g	· · ·				
	she either documente	ed that the resident was				
	physically unable to ta	ake, or that she was awaiting				
	the medication to arri	ve from the pharmacy.				
	-She had told the RC	D that Resident #1 did not				
	have melatonin after	she did a medication cart				
	audit during the first v	veek of March 2023.				
		nad told the RCD they were				
	•	Resident #1's melatonin until				
	•	it she did not know why				
	there would be such a	•				
		Resident #1 had trouble				
	sleeping on the nights	s ne dia noi receive				
	melatonin.					
	Telephone interview v					
	04/13/23 at 1:30pm re					
	-She had documented	d Resident #1's melatonin				
	was not administered	3 times in March and once				
	in April 2023.					
	-She did not remember	er Resident #1 ever having				
	melatonin available o	n the medication cart.				
	-She thought the RCI) had requested the				
	melatonin refill from the	ne VA.				
		e had told her that Resident				
	#1 would not have me					
	renewed his prescript					
	appointment in May 2					
		refill was requested from the				
		armacy usually mailed the				
	prescription to the fac					
	prescription to the lac	anty within 10 days.				
	Tolonhone interviewy	with the BCD on 04/42/22 of				
	•	vith the RCD on 04/13/23 at				
	2:45pm revealed:	:				
		esident #1 being out of				
	melatonin.		1			[
		nent further on Resident #1's				
	medications.					
						[
		interviews with Resident				
	#1's nurse case mana	ager at the VA on 04/12/23				[

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` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
ANDILAN	SI CONNECTION	BENTI TOATION NOWBER.	A. BUILDING: _		OOMI LETED	
					R	
	HAL080032 B. WING 04/13		04/13/2023			
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	ΓΕ, ZIP CODE		
		909 N SA	LISBULRY AVEN	IUE		
BETHAM	RETIREMENT CENTER	SPENCEI	R, NC 28159			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI	ON (X5)	
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE	
D 358	Continued From page	e 63	D 358			
	at 2:30pm and 04/13/ unsuccessful.	23 at 12:15pm were				
		interview with Resident #1's 2:40pm was unsuccessful.				
	Attempted telephone interviews with the Administrator on 04/13/23 at 4:12pm and 4:48pm were unsuccessful. Attempted telephone interview with the facility's Owner on 04/13/23 at 4:39pm was unsuccessful.					
	administered as order related to a resident, diabetes and had a ki transplant, being adm of insulin per sliding s to 04/05/23, resulting hypoglycemia and hypoglycemia and hypoglycemia and 12/28/23; 37 to 5 03/31/23; and 48 to 4 04/05/23, and was hoperated by the february and April 20 diabetic ketoacidosis, diabetes, and hypergly was administered incomplete sliding scale 9 times from with FSBS ranging from 02/01/23 and 02/28/2 03/01/23 and 03/31/2 04/01/23 and 04/11/2 for hypoglycemia and resident with orders for	dney and pancreas sinistered incorrect amounts scale 14 times from 02/01/23 in the resident experiencing perglycemia episodes with 0 to 586 between 02/01/23 99 between 03/01/23 and 99 between 04/01/23 and spitalized 3 times between 123 with diagnoses including uncontrolled type 1 lycemia (#4); a resident who correct amounts of insulin per from 02/01/23 to 04/11/23 cm 112 to 504 between 3; 93 to 528 between 3; and 127 to 411 between 3 placing the resident at risk hyperglycemia (#2); and a cor a weekly injectable mat was not administered 7				
		an order which placed the				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					R	
		HAL080032	B. WING		04/13/2023	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
BETHAMY	RETIREMENT CENTER		SBULRY AVEN	NUE		
	OLIMAN DV OT	SPENCER,		DDOWNERIO DI ANI OF CORRECTION		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
D 358	Continued From page	e 64	D 358			
	and paranoia that was in March 2023 which for increased paranoi a nasal spray that was from February 2023 trin the resident experienasal congestion, and sleep which was not a February 2023 through in the resident having This failure resulted in neglect, which constituted in the facility provided a accordance with G.S. for this violation.	a Plan of Protection in 131D-34 on April 11, 2023				
D 392	10A NCAC 13F .1008	3 (a) Controlled Substances	D 392			
	10A NCAC 13F .1008 Controlled Substances (a) An adult care home shall assure a record of controlled substances by documenting the receipt, administration, and disposition of controlled substances. These records shall be maintained with the resident's record in the facility and in such an order that there can be accurate reconciliation of controlled substances. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure a readily retrievable record that accurately reconciled the receipt, administration, and disposition of a controlled medication for 1 of 3 sampled					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	1 ` '		X3) DATE SURVEY COMPLETED	
ANDILAN	O CONNECTION	IDENTIFICATION NOWIDEN.	A. BUILDING: _				
	HAL080032		B. WING	B. WING		3/2023	
NAME OF D			DDRESS, CITY, STA	TE 710 000E	1 04/10	JIZUZJ	
NAME OF P	ROVIDER OR SUPPLIER		LISBULRY AVEI	•			
BETHAMY	RETIREMENT CENTER		R, NC 28159	102			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE	
D 392	Continued From page	e 65	D 392				
	residents (#4) related medication.	to an anti-anxiety					
	The findings are:						
	Review of Resident #4's current FL2 dated 04/08/23 revealed: -Diagnoses included schizophreniaThere was an order for Lorazepam 0.5mg (a Scheduled IV controlled substance used to treat anxiety and sleep problems) 1 tablet twice daily as needed. Review of Resident #4's previous FL2 dated 02/27/23 revealed an order for Lorazepam 0.5mg 1 tablet daily. Review of Resident #4's physician's orders dated 03/29/23 revealed an order to discontinue Ativan 0.5mg 1 tablet daily and start Lorazepam 0.5mg 1 tablet twice daily as needed. Review of Resident #4's electronic Medication Administration Record (eMAR) for March 2023						
	revealed: -There was an entry f daily scheduled for ac -There was documen administered for 26 o 03/01/23 to 03/29/23There was documen of the facility from 03/ -There was an entry f twice daily as needed -There was no docum needed was administ 0/31/23	for lorazepam 0.5mg 1 tablet dministration at 8:00am. tation lorazepam was f 29 opportunities from tation Resident #4 was out 01/23 through 03/03/23. for lorazepam 0.5mg 1 tablet					

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sheets (CSCS) for March 2023 revealed:

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION ((X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(3) DATE SURVEY COMPLETED	
ANDIEAN			A. BUILDING:				
		HAL080032	B. WING		R 04/13/2023		
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
DETHAMS	RETIREMENT CENTER	909 N SALI	SBULRY AVE	NUE			
DETRAINIT	RETIREMENT CENTER	SPENCER,	NC 28159				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE	
D 392	Continued From page	: 66	D 392				
D 392	-There was a CSCS f 0.5mg 1 tablet daily to lorazepam between 0 there was no CSCS to lorazepam between 0 Observation of Reside available for administ 2:31pm revealed ther lorazepam 0.5mg 1 to the facility on 03/29/2 tablets and there were Interview with Reside revealed he did not ke for lorazepam. Telephone interview v facility's contracted pl	or Resident #4's lorazepam of document disposition of 3/04/23 and 03/18/23, but of document disposition of 3/19/23 and 03/29/23. Lent #4's medications ration on 04/12/23 at ele were two bubble packs of ablet twice daily dispensed to 3 with a quantity of 30 to 27 tablets remaining. Lent #4 on 04/12/23 at 2:53pm and anything about his order with a pharmacist at the	D 392				
	revealed: -Resident #4 had a current order dated 03/29/23 for lorazepam 0.5mg 1 tablet daily as neededResident #4 had a previous order for lorazepam 0.5mg 1 tablet dailyLorazepam was dispensed to the facility on 02/23/23 with a quantity of 15 tablets, 03/07/23 with a quantity of 28 tablets and on 03/29/23 with a quantity of 30 tabletsCSCSs were sent out to the facility with each refill of lorazepam. Telephone interview with a medication aide (MA) on 04/13/23 at 12:24pm revealed: -She always documented administration of lorazepam on the eMAR and on the CSCSShe thought the CSCS went into a stack to be filed, but she was told on 04/12/23 that the CSCS						
		on 04/12/23 that the CSCS desident Care Director's					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					F	2
HAL080032		HAL080032	B. WING		04/1	3/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
BETHAMY RETIREMENT CENTER 909 N SALI: SPENCER,		SBULRY AVEI NC 28159	NUE			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 392	Continued From page	e 67	D 392			
	Telephone interview v 04/13/23 at 1:55pm re-MAs were to docume controlled substances CSCSCompleted CSCS we recordShe was not aware of Resident #4. Telephone interview v 2:55pm revealed: -MAs were to docume to the eMAR when a cadministered to a resi-MAs were to give her completed (all medica administered) and she officeThird shift MAs were CSCS in the resident'-She was not aware FCSCS to document di 03/19/23 through 03/2 Attempted telephone Administrator on 04/1 were unsuccessful.	with a second MA on evealed: ent administration of s on the eMAR and on the ere placed in the resident's of any missing CSCS for with the RCD on 04/13/23 at ent on the CSCS in addition controlled substance was ident. In the CSCSs once they were extended the controlled substance was ident. In the CSCSs once they were extended the controlled substance was ident. In the CSCSs once they were extended the controlled substance was ident. In the CSCSs once they were extended the controlled substance was ident. In the CSCSs once they were extended the controlled substance was ident. In the CSCSs once they were extended the controlled substance was ident. In the CSCS in her in the controlled substance was ident. In the CSCS in the controlled substance was ident. In the CSCS in addition controlled substance was ident. In the CSCS in addition controlled substance was ident. In the CSCS in the controlled substance was ident. In the CSCS in the controlled substance was ident. In the CSCS in the controlled substance was ident. In the CSCS in the controlled substance was ident. In the CSCS in the controlled substance was ident. In the CSCS in the controlled substance was ident. In the CSCS in the controlled substance was ident. In the CSCS in the controlled substance was ident. In the CSCS in the controlled substance was ident. In the CSCS in the controlled substance was ident.				

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