

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL080001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/28/2017
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NAME OF PROVIDER OR SUPPLIER BETHAMY RETREAT	STREET ADDRESS, CITY, STATE, ZIP CODE 102 ANN STREET SPENCER, NC 28159
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	<p>Initial Comments</p> <p>Report by Paul Dixon</p> <p>DHSR Construction Section conducted a Biennial Survey on February 28, 2017 from 9:15 AM to 10:30 AM at the above referenced facility. DHSR records indicate the home was first licensed on July 17, 1985 as a Family Care Home for six (6) ambulatory Residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency). Based on this information we are requiring the home to maintain compliance with the following: the 1984 "Rules for Family Care Homes minimum and desired standards and regulations" with 1987 revisions, the applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes, the 1978 (Rev 5) North Carolina State Building Code - Section 409.1 (g) - Residential Care Facilities.</p> <p>At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:</p>	C 000		
C 174	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT</p> <p>(a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition.</p> <p>(j) This Rule shall apply to new and existing family care homes.</p> <p>This Rule is not met as evidenced by: 1. Observations during the survey showed that the exhaust fan cover in the bathroom was clogged with dust and lint. NOTE: The fan cover</p>	C 174		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

XRS221

If continuation sheet 1 of 2

Susan Froner

Administrators

3-17-16

PRINTED: 03/07/2017
FORM APPROVED

Division of Health Service Regulation

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C 174	<p>Continued From page 1</p> <p>was cleaned on site, insure that exhaust fan covers remain clear.</p> <p>2. Observations during the survey showed that the toilet in the front hallway bathroom is loose. Have a qualified individual repair the toilet so that it does not move. Provide copies of all invoices, work orders, and any other supporting documentation concerning this repair.</p> <p>3. Observations during the survey showed that the exterior electrical outlet on the front porch is missing the weather-proof cover. Have a weather-proof cover installed on the outlet. Provide copies of all receipts, photographs and any other supporting documentation concerning this repair.</p> <p style="text-align: center;"><i>Worksheet</i></p>	C 174	<p><i>Exhaust Fan Cleaning has been added to the monthly building inspection form. Exhibit A</i></p> <p><i>Commode taken up and re-mounted. Exhibit B</i></p> <p><i>Electrical Outlet had weather proof cover installed. Exhibit C</i></p>	<p><i>3-6-17</i></p> <p><i>3-16-17</i></p> <p><i>3-15-17</i></p>

Exhibit A

MONTHLY BUILDING INSPECTION FORM

Building: _____ **Inspector:** _____ **Date:** _____

OK	Not ok	Description	Comments/Action(s)
		Electric cord attached to building surface or run through door/ceiling/wall.	
		Electric cord frayed, cut, or damaged.	
		Light-duty 2-prong extension cord used.	
		Ground pin missing from cord.	
		Empty opening (knockout) in electric box.	
		Exposed live electrical parts.	
		Ungrounded equipment.	
		Storage within 3' of electric panels.	
		Circuit breakers/disconnects not labeled.	
		Fire extinguishers blocked/obscured.	
		Fire extinguishers w/o monthly check.	
		Exit doors blocked/locked.	
		Exit signs/arrows not in place and visible.	
		Emergency evacuation lights not tested.	
		Storage >5' w/o stepstool or ladder.	
		Storage within 18" of sprinkler heads.	
		Storage within 3' of heater/heat source.	
		Storage aisles <28" wide.	
		Storage stacks lean/unstable.	
		Compressed gas not capped/chained	
		Excessive flammables outside of cabinets.	
		Incompatible chemicals stored together.	
		Chemicals not labeled with name/hazards.	
		Material Safety Data Sheets not available.	
		Emergency shower/eyewash not tested weekly.	
		Housekeeping not up to standards.	
		Wet/slippery floors not marked/corrected.	
		Trip hazards in floor, stairs, sidewalks etc	
		First-aid kit and PPE not available.	
		Burned out or missing light bulbs.	
		Oily/greasy rags not in covered metal can.	
		Machinery guards in place.	
		Guardrails/stair-rails in place as required	
		PPE provided and properly used.	
		Other: Exhaust FAN'S CLEANED	
		Other:	



Exhibit B
Ship Ticket

**** CASH SALE * CASH SALE * CASH SALE ****

573 HUGHES SUPPLY SALISBURY NC
531 S. MAIN STREET
SALISBURY NC 28144-5408
704-633-4481 Fax 704-637-3232

ORDER DATE	ORDER NUMBER	PAGE NO
03/13/17	S149702857.002	1
ORDERED FROM:		
573 HUGHES SUPPLY SALISBURY NC 531 S. MAIN STREET SALISBURY NC 28144-5408 704-633-4481 Fax 704-637-3232		

Printed on 03/13/17 at 04:08pm EDT

SOLD TO: 1056479
0923 CASH (BUILD6)
531 S MAIN ST
SALISBURY, NC 28144-5408

SHIP TO: 1056479
0923 CASH (BUILD6)
531 S MAIN ST
SALISBURY, NC 28144-5408

**** CASH SALE * CASH SALE ****

704-633-4481

CUSTOMER NUMBER	CUSTOMER PURCHASE ORDER NUMBER	CUSTOMER RELEASE NUMBER	ORDERED BY
1056479	//		
SALESPERSON	CREATOR	SHIP VTA	WAREHOUSE
House Sales	Charles Wicker	CPU CUST PICK UP	Shp 923 Prc 923
SHIP DATE	FREIGHT		
03/13/17	No		
ORDER QTY	SHIP QTY	DESCRIPTION	NET UNIT PRICE
1ea	1ea	RHEEM 660288 PROE36-S2-RH95 36GAL SHORT CLASSIC ELEC 240V 1PH 4.5KW/4.5KW NON-SIM 2-WIRE UPPER COP/ LOWER SS ELEMENT WTR HTR W/ T&P VLV INSTALLED NAECA III 6 YEAR TANK/PARTS 311/2H 241/4D Serial#	357.143/ea
		Loc: DAA105 Pn: 3539500	
1ea	1ea	35103 NC WHITE GOODS TAX	3.000/ea
		Loc: MISC Pn: 3498732	
2ea	2ea	MAINLINE ML11587 4X3 WAX RING W/ 1/4X21/4 BRASS BOLTS	3.622/ea
		Loc: ABC405 Pn: 2964071	
1ea	1ea	BLK SWA 20120 1/4X25 DRAIN AUGER	10.796/ea
		Loc: CTR500 Pn: 3058108	
		Amount paid today - Payment # S149702857.0	-404.44
***** Credit Card Information *****			
* Merchant ID# :	178053470997	TimeEDT/Date: 16:08:25 13 MAR 2017	*
* Card Number :	XXXXXXXXXXXX4626	Card Type: Visa	*
* Card Holder :	0923 CASH (BUILD6)	Auth Code: 02747D	*
* Charge Amount:	\$404.44	Charge Date: 03/13/2017	*
* Signature :			*
* I agree to pay above total amount according to card issuer agreement.*			
***** ORDER SUMMARY *****			
Total Sales for Order			404.44

*** Continued on Next Page ***

**** CASH SALE * CASH SALE * CASH SALE ****

Exhibit C

DESCO INC Salisbury
 1205 Lincolnton Road
 Salisbury NC 28147
 704-633-6331 Fax 704-637-6966



**** CASH SALE ****

INVOICE DATE	INVOICE NUMBER
03/14/17	S2295394.002
REMIT TO:	PAGE NO.
DESCO INC Salisbury 1205 Lincolnton Road Salisbury NC 28147	1

BILL TO:
 SALISBURY CASH 300
 THANK YOU
 SALISBURY, NC 28147







SHIP TO:
 SALISBURY CASH 300
 THANK YOU
 SALISBURY, NC 28147

Printed 08:29:20 14 MAR 2017

CUSTOMER NUMBER	CUSTOMER ORDER NUMBER	RELEASE NUMBER	SALESPERSON		
2865	CASH		Salisbury House Acct		
WRITER	SHIP VIA	TERMS	SHIP DATE	ORDER DATE	
KRITCHIE	CASH	NET DUE ON INV	03/14/17	03/14/17	
DESCRIPTION	ORDER QTY	SHIP QTY	Net Pr	Ext Pr	
EAGS1962 EAGLE DOU W/P PLATE	1	1	230.868C	2.31	
***** Credit Card Information *****					
* Merchant ID# : 300981842189 Time/Date: 08:29:20 14 MAR 2017 *					
* Card Number : 4791XXXXXXXX6569 Card Type: VI Exp.: 0617 *					
* Card Holder : MORRIS/SUSAN Auth Code: 075663 *					
* Charge Amount: \$2.47 Charge Date: 03/14/2017 *					
* PAID IN FULL *					

Amount paid today # S2295394.001				-2.47	
			Subtotal	-0.16	
			S&H CHGS	0.00	
			Sales Tax	0.16	
			Amount Due	0.00	

All claims for shortage or errors must be made at once, returns require written authorization and are subject to handling charges. Special orders are subject to a deposit and/or restocking fee. Past due invoices may be subject to 1.5% late charge.

      More ▾

(No subject)

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2 min ago

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Sent from my iPhone




1 Attached Images



front porch:

3/17/2017

AOL Mail

      More ▾

(No subject)

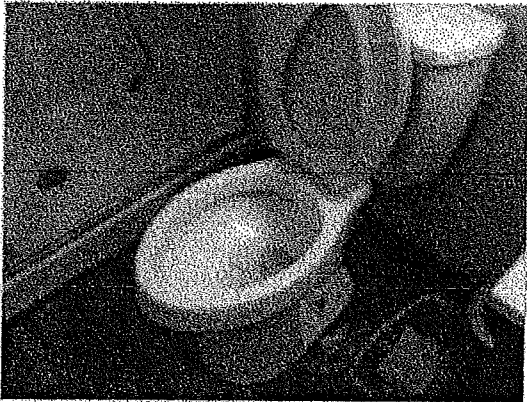
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3 min ago

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1 Attached Images



bathroom