

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL080034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/27/2023
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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 Kelly Myers</p> <p>DHSR Construction Section conducted a Biennial Survey on November 27, 2023 from 9:55 AM to 11:20 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", 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>NOTES: 1.) At the time of our visit, we cited deficiencies that require an acceptable plan of correction. All deficiencies listed were discussed with on-site staff during the exit interview.</p> <p>2.) Take actions to correct all listed deficiencies, once completed provide verification in the form of photos, receipts, invoices, etc. for all work performed.</p> <p>The cited deficiencies are as follows:</p>	C 000		
C 117	<p>Have Current San. And Fire Safety Approvals</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (n) The home shall have current sanitation and fire and building safety inspection reports which</p>	C 117		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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C 117	Continued From page 1 shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the most recent fire inspection reports were not on site and available for review. This is not compliant with the rule. Take the necessary steps to provide the reports for review. Copies of said reports are to be kept on site for periodic review.	C 117		
C 120	Location-Safe, Accessible SECTION .0300 - THE BUILDING 10A NCAC 13G .0303 LOCATION (c) The site of the home shall: (1) be accessible by streets, roads and highways and be maintained for motor vehicles and emergency vehicle access; (2) be accessible to fire fighting and other emergency services; (3) have a water supply, sewage disposal system, garbage disposal system and trash disposal system approved by the local health department having jurisdiction; (4) meet all local ordinances; and (5) be free from exposure to pollutants known to the applicant or licensee. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the building is not well marked with identifying numbers for emergency personal to easily locate the building without delay. This is not compliant with the rule. Take the necessary steps to install address numbers that are at least 4 inches in height so that the building can be easily identified.	C 120		

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C 146	Continued From page 2	C 146		
C 146	<p>Outside Entrances/Exits-Ramp(s)</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS</p> <p>(c) At least one principal outside entrance/exit for the residents' use shall be at grade level or accessible by ramp with a one inch rise for each 12 inches of length of the ramp. For the purposes of this Rule, a principal outside entrance/exit is one that is most often used by residents for vehicular access. If the home has any resident that must have physical assistance with evacuation, the home shall have two outside entrances/exits at grade level or accessible by a ramp.</p> <p>This Rule is not met as evidenced by: 1. At the time of the survey it was observed that there is a 4.5 foot ramp at the front entry door that is not compliant with NC building code. The ramp is 6 inches in height and should be at least 6 feet in length. There should also be a 3 feet by 3 feet landing before the ramp begins to slope with handrails and bottom rails on both sides. Take the necessary steps to bring the ramp to code of one foot in length for every inch in height. The ramp will also need a railing on the left side and if the storm door is ever removed, a railing will also be needed on the right side.</p>	C 146		
C 153	<p>Houskeeping And Furnishings-Clean, Repaired</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0315 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Each family care home shall: (1) have walls, ceilings, and floors or floor</p>	C 153		

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C 153	<p>Continued From page 3</p> <p>coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing homes.</p> <p>This Rule is not met as evidenced by:</p> <p>1. At the time of the survey it was observed that bedroom #4 had an unpleasant urine odor. This is not compliant with the rule. Take the necessary steps to provide clean and sanitary conditions that are free of unpleasant odors.</p> <p>2. At the time of the survey it was observed that there is a continual bedbug issue that required treatment at least 5 times within the 2023 calendar year. This is not compliant with the rule. Take the necessary steps to work with an exterminator to create a plan of action to minimize the infestation of bedbugs. It is the provider's responsibility to provide a clean, sanitary and pest free environment.</p>	C 153		
C 168	<p>Fire Extinguishers</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN</p> <p>(a) Fire extinguishers shall be provided which meet these minimum requirements in a family care home:</p> <p>(1) one five pound or larger (net charge) "A-B-C" type centrally located; (2) one five pound or larger "A-B-C" or CO/2 type located in the kitchen; and (3) any other location as determined by the code enforcement official.</p> <p>This Rule is not met as evidenced by:</p>	C 168		

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C 168	Continued From page 4 1. At the time of the survey it was observed that the fire extinguishers were not being monitored by staff on a monthly basis to evaluate the status of the extinguisher. This is not compliant with the rule. Take the necessary steps to have the staff inspect the extinguishers once a month and date the tags accordingly or document on a separate log to assure that the extinguishers are fully charged and ready for use.	C 168		
C 169	Fire Safety-Smoke Detectors SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (b) The building shall be provided with smoke detectors as required by the North Carolina State Building Code and U.L. listed heat detectors connected to a dedicated sounding device located in the attic and basement. These detectors shall be interconnected and be provided with battery backup. Note: Smoke detectors are required to be interconnected by this Rule. The application of the Rule permits the heat detectors to be interconnected with smoke detectors, but does not require it. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the smoke detector in the staff quarters was not working. This is not compliant with the rule. Take the necessary steps to repair or replace the smoke detector. 2. At the time of the survey it was observed that access to the attic access was screwed shut which limited access to confirm the presence of a	C 169		

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C 169	Continued From page 5 heat detector. This is not compliant with the rule. Take the necessary steps to confirm and verify that there is a heat detector in the attic that is hard wired and sounds at the device or is connected to another sounding device. Provide documentation such as pictures or an invoice as proof of the presence of a heat detector and the rating. The heat detector must be of a minimum 194 degrees fixed temperature or 135 degrees rate to rise. 3. At the time of the survey it was observed that the fire panel had a trouble indicator light on. The smoke detectors that are connected to the fire panel were not tested. This is not compliant with the rule. Take the necessary steps to have a professional further evaluate the fire panel and repair. Provide documentation such as photos or an invoice for repair to DHSR Construction as proof the system is operating correctly and no longer has a trouble indicator light on.	C 169		
C 174	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (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. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that that the staff kitchen rangehood did not have a filter or a protective light bulb cover. This is not compliant with the rule. Take the necessary steps	C 174		

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C 174	<p>Continued From page 6</p> <p>to install a filter and the light bulb cover.</p> <p>2. At the time of the survey it was observed that that staff bedroom ceiling light fixture was broken and not working. This is not compliant with the rule. Take the necessary steps to repair or replace the light fixture to provide illumination in the room.</p> <p>3. At the time of the survey it was observed that the double-pane window in the staff bedroom is a hazard. The interior pane is broken and has jagged edges that may cause very serious harm. This is not compliant with the rule. Take the necessary steps to repair or replace the glass on the bottom sash.</p> <p>4. At the time of the survey it was observed that the kitchen 4-foot florescent light did not have a protective lens cover. This is not compliant with the rule. Take the necessary steps to repair or replace the light fixture so that it has a protective lens.</p> <p>5. At the time of the survey it was observed that the staff apartment kitchen GFCI to the right of the stove was not operating at intended. This is not compliant with the rule. Take the necessary steps to repair or replace the GFCI.</p> <p>6. At the time of the survey it was observed that the dishwasher is not properly secured. This is not compliant with the rule. Take the necessary steps to position and secure the dishwasher.</p> <p>7. At the time of the survey it was observed that the oven does not work. This is not compliant with the rule. Take the necessary steps to repair or replace the range.</p>	C 174		

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C 174	<p>Continued From page 7</p> <p>8. At the time of the survey it was observed that the bedroom #1 ceiling light fixture that has a candelabra bulb base had a night light bulb in it that was barely illuminating and was missing a globe. This is not compliant with the rule. Take the necessary steps to repair or replace the fixture and install a light bulb that properly illuminates the room.</p> <p>9. At the time of the survey it was observed that the window in bedroom #2 and #4 does not stay up when lifted up. This is a safety hazard that could injure someone or delay egress in the event of a fire. This is not compliant with the rule. Take the necessary steps to repair the window so that it stays in place when lifted to the open position.</p> <p>10. At the time of the survey it was observed that bedroom #4 had a loose strike plate at the door and there was a hole behind the door in the wall from the doorknob. This is not compliant with the rule. Take the necessary steps to repair the damaged wall and strike plate.</p> <p>11. At the time of the survey it was observed that bedroom #6 window lock was missing half of the lock. This is not compliant with the rule. Take the necessary steps to install a window lock to provide security and the client can feel safe.</p> <p>12. At the time of the survey it was observed that the blind in bedroom #6 was broken and will not lower preventing privacy for the client. This is not compliant with the rule. Take the necessary steps to replace the blind so that it can be raised and lowered with ease.</p> <p>13. At the time of the survey it was observed that the HVAC filter and the grill cover were dirty. This</p>	C 174		

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C 174	<p>Continued From page 8</p> <p>is not compliant with the rule. Take the necessary steps to routinely replace the filter and clean the grill cover so the HVAC system operates properly.</p> <p>14. At the time of the survey it was observed that there was missing and damage baseboard trim near the living room to hallway entrance and at the back right inside corner of the hallway. This is not compliant with the rule. Take the necessary steps to replace the baseboard trim.</p> <p>15. At the time of the survey it was observed that there is a soft spot in the flooring at the back bathroom. This is not compliant with the rule. Take the necessary steps to further evaluate the flooring to confirm that it is safe and sound.</p> <p>16. At the time of the survey it was observed that the textured ceiling was peeling at the attic access. This is not compliant with the rule. Take the necessary steps to repair the peeling ceiling.</p> <p>17. At the time of the survey it was observed that there was an uncertified and unmounted fire extinguisher in the laundry which is a potential hazard if the extinguisher is knocked over. This is not compliant with the rule. Take the necessary steps to properly mount the extinguisher to prevent accidentally knocking the extinguisher over and possibly damaging the pressurized valve. This fire extinguisher will need to be certified if it is mounted and remains in the home.</p> <p>18. At the time of the survey it was observed that there was not a nightlight in all three sections of the hallway. This is not compliant with the rule. Take the necessary steps to install a nightlight to illuminate the hallways at night.</p>	C 174		

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C 174	<p>Continued From page 9</p> <p>19. At the time of the survey it was observed that the front door has a locking knob that is not a single motion knob. This is not compliant with the rule. Take the necessary steps to replace the knob lock with a single motion knob lock that will unlock by turning the knob in the event of an emergency.</p> <p>20. At the time of the survey it was observed that there are several foundation vents that are open and do not have screens to prevent pests from entering into the crawlspace. This is not compliant with the rule. Take the necessary step to repair or replace the foundation vents.</p> <p>21. At the time of the survey it was observed that there are hazards at the back deck. This is not compliant with the rule. Take the necessary steps to repair the following deficiencies at the deck.</p> <p style="padding-left: 20px;">A. There is a trip hazard at the landing of the deck and steps.</p> <p style="padding-left: 20px;">B. The deck landing board at the top of the steps is loose and rotates when stepped on.</p> <p style="padding-left: 20px;">C. There are stored items such as a mattress on the deck.</p> <p style="padding-left: 20px;">D. There are deteriorating deck boards.</p>	C 174		
C 180	<p>Building Service Equipment-Call System</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT</p> <p>(f) Where the bedroom of the live-in staff is located in a separate area from residents' bedrooms, an electrically operated call system shall be provided connecting each resident bedroom to the live-in staff bedroom. The resident call system activator shall be such that it can be activated with a single action and remain</p>	C 180		

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C 180	<p>Continued From page 10</p> <p>on until deactivated by staff. The call system activator shall be within reach of resident lying on his bed.</p> <p>(j) This Rule shall apply to new and existing family care homes.</p> <p>This Rule is not met as evidenced by:</p> <p>1. At the time of the survey it was observed that there was not an active call assistance system within the home. There is no identified sleeping area on the main living level for staff to hear a resident that needs immediate assistance. This is not compliant with the rule. Take the necessary steps to install an electrically operated call system connecting each resident bedroom to the live in staff bedroom. The resident call system activator shall be such that it can be activated with a single action and remain on until deactivated by staff at the device. The call system activator shall be within reach of the resident lying on the bed.</p>	C 180		
C 183	<p>Outside Premises-Clean, Safe</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0318 OUTSIDE PREMISES</p> <p>(a) The outside grounds of new and existing family care homes shall be maintained in a clean and safe condition.</p> <p>This Rule is not met as evidenced by:</p> <p>1. At the time of the survey it was observed that there are loose railings at the front porch. This is not compliant with the rule. Take the necessary steps to secure all loose railings.</p> <p>2. At the time of the survey it was observed that the is not a railing along the house for the front ramp to the porch. This is not compliant with the rule. Take the necessary steps to install a railing</p>	C 183		

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C 183	<p>Continued From page 11</p> <p>along the house.</p> <p>3 At the time of the survey there was a tree pole saw blade in the left corner of the front porch that is accessible by all residents and it a potential safety hazard. This is not compliant with the rule. Take the necessary steps to remove the pole saw blade.</p> <p>4. At the time of the survey it was observed that there were spider webs on the exterior of the home This is not compliant with the rule. Take the necessary steps to routinely pressure wash the exterior of the building and remove spider webs regularly.</p>	C 183		