

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL003-002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/08/2021
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NAME OF PROVIDER OR SUPPLIER BETHESDA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 204 NORTH PINE STREET BUILDING A ABERDEEN, NC 28316
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on October 8, 2021. Deficiencies cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 0800E Supervised Living for Substance Abuse Adults 10A NCAC 27G. 3200 Social Setting Detoxification</p>	V 000		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(h) Except as permitted under 10a NCAC 27G .5802(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p> <p>(i) The governing body shall develop and</p>	V 108	<p><i>Have contacted an Adult CPR and First Aid Trainer she will provide the training within the next few days.</i></p> <p><i>Have contacted an alternative to restrictive interventions trainer to complete this training.</i></p>	

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

[Handwritten Signature]

TITLE

Director

(X6) DATE

10-21-21

STATE FORM

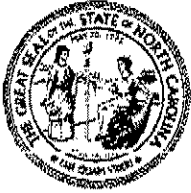
6826

MOHE11

If continuation sheet 1 of 7

RECEIVED

By DHSR Mental Health Licensure & Certification at 10:39 am, Oct 21, 2021



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

October 12, 2021

Mr. Glenn Greene, Director
Bethesda, Inc.
204 N. Pine Street, Building A
Aberdeen, NC 28315

Re: Annual Survey Completed October 8, 2021
Bethesda, Inc., 204 N. Pine Street, Building A, Aberdeen, NC 28315
MHL# 063-002
E-mail Address: bbethesdainc@nc.rr.com

Dear Mr. Greene:

Thank you for the cooperation and courtesy extended during the annual survey completed October 8, 2021.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- All other tags cited are standard level deficiencies.

Time Frames for Compliance

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is December 7, 2021.

What to include In the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

October 12, 2021
Mr. Glenn Greene, Director

- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.


Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. **Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.**

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow-up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Bryson Brown, Team Leader at 919-855-3822.

Sincerely,



Frances E. Hicks, MSW
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: DHSR_Letters@sandhillscenter.org
Pam Pridgen, Administrative Assistant

Glenn Greene, CSAC
Director

Bethesda, Inc.
204 North Pine Street
Aberdeen, North Carolina 28315
(910) 944-7700 944-7908



BETHESDA, INC.
204 NORTH PINE STREET
ABERDEEN, NC 28315

910-944-7700 PHONE
910-944-7099 FAX

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THE FOLLOWING INFORMATION IS UNCLASSIFIED

DATE: 10-21-21

FROM: Bethesda Inc

NUMBER OF PAGES: Cover + 3

TO: Frances E. Hicks, MSW

COMPANY: NC Dept of Health and Human Services

FAX NUMBER: 1-919-715-8078

REASON FOR DECLASSIFICATION: Annual Survey Corrections

NOTE: If any of these fax copies are illegible, or you do not receive the same number of pages as stated above, please contact us. Thank you!

RECEIVED
By DHSR Mental Health Licensure & Certification at 10:39 am, Oct 21, 2021

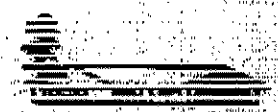
Bethesda, Inc.

204 NORTH FINE STREET
ABERDEEN, NORTH CAROLINA 28315

Aberrant, North Carolina 28315
(910) 344-7700 344-7000

CLARENCE GREENE, CSW

Director



BEETHEDA, INC.
204 NORTH FINE STREET
ABERDEEN, NC 28315

910-344-7700
910-344-7000

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FAX TRANSMISSION SHEET



DATE: 10-21-21

FROM: Bethesda, Inc

NUMBER OF PAGES: Cover + 3

TO: Frances E. Hicks, MSW

COMPANY: 110 East 4th Health and Human Services