Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL080006	A. BUILDING: _____ B. WING _____	10/09/2019

RECEIVED
NOV 12 2019
ADULT CARE LICENSURE SECTION
RALEIGH

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHAMY RETIREMENT CENTER	909 N SALISBULRY AVENUE 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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section conducted an annual survey from October 08, 2019 to October 09, 2019.	D 000		
D 105	10A NCAC 13F .0311(a) Other Requirements 10A NCAC 13F .0311 Other Requirements (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure mechanical equipment was maintained in an operating condition related to the freezer. The findings are: Observations of the freezer on 10/08/19 at 2:46pm and 3:13pm revealed: -There was a large sheet of ice on the top shelf. -The thermometer inside the freezer indicated 64 degrees Fahrenheit. -There was one box of sausage patties, two boxes of bacon, three bags of prepared waffles, three bags of sliced green and red bell peppers, 10 quarts of orange juice concentrate, 11 loaves of bread, 24 muffins, 32 dinner rolls, 36 hamburger buns, and 60 hot dog buns. -The sausage patties and bread products were soft. -The bacon was easily folded over itself. -The bell peppers and orange juice concentrate were frozen. Interview with the kitchen manager on 10/08/19 at	D 105		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Susan L. Morris — ADMINISTRATOR — 11-05-2019

reviewed and accepted 11/25/19
mp

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D 105	Continued From page 1 3:43pm revealed: -The freezer needed to be defrosted. -She routinely checked the freezer temperature in the morning and evening. -She did not check the freezer temperature on 10/08/19. -She did not keep a freezer temperature log. -She was responsible for ensuring all kitchen equipment was properly working. -She did not know who was responsible for making sure all the equipment was routinely serviced. -She would tell maintenance staff about the freezer not working. -She would throw away the sausage patties and bacon. Observation of the freezer on 10/09/19 at 8:23am revealed: -The thermometer indicated 40 degrees Fahrenheit. -The green and red bell peppers, orange juice concentrate, and bread products were in the freezer. Interview with the Administrator on and 10/09/19 at 4:40pm revealed: -She was responsible for ensuring all the kitchen equipment was working. -The kitchen staff was responsible for making sure all equipment was routinely serviced. -She did not know until 10/08/19 the freezer wasn't working. -She called the service company to have the freezer repaired.	D 105	Freezor could not be repaired and has been disposed of 10/14/19 Staff does keep freezor log and monitors temperatures 3 months provided. Exhibit A-1 A-2 A-3	
D 282	10A NCAC 13F .0904(a)(1) Nutrition and Food Service	D 282		

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D 282	Continued From page 2 10A NCAC 13F .0904 Nutrition and Food Service (a) Food Procurement and Safety in Adult Care Homes: (1) The kitchen, dining and food storage areas shall be clean, orderly and protected from contamination. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to maintain the kitchen and food storage areas in a clean and orderly manner free of contamination related to the dry goods storage area, the floors, multiple appliances, and multiple undated foods. The findings are: Observation of the dry goods storage area on 10/08/19 at 2:25pm revealed: -There were food crumbs on top of plastic containers. -There was food debris and a dried brown liquid spill under the shelving. -There was sticky dust and a hair on the wire shelving. -There were four large unlabeled and undated plastic mayonnaise containers with dry cereal in them. Observation of the kitchen on 10/08/19 at 2:35pm revealed: -There was an unsealed bag of marshmallows on a cart. -The grate on the ice machine was dusty. -There was a brown build-up on the metal strip on the top interior of the ice machine. -There was a build-up of black circular areas on the top interior of the ice machine. -There was a thick, soft, black build-up on the can	D 282	D282 10A NCAC 13 F .0904 Crumbs were cleaned up Debris and dried brown liquid cleaned Shelving cleaned Containers were labeled	10/11/19

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D 282	Continued From page 3 opener bracket. -There were brown and tan crumbs in the cabinets. -There were dried brown drip stains on the cabinets. -There were dried orange and brown food splashes and food debris in the microwave. -There was heavy dust on the face of the coffeemaker. -There was charred food residue on the stove grates. -There were food crumbs on the stove knobs. -There was a cleaning brush and debris on the floor under the food prep area. -There was a piece of broken tile and debris on the floor under the dishwashing machine. -There was food debris and liquid on the floor behind the stove located in the center of the room. -There was thick dust on the pipes coming out of the back of the stove. -There was dried food residue on the stove griddle. -There were crumbs and dried food residue on the waffle irons. Observation of the freezer on 10/08/19 at 2:46pm revealed: -There was a brown coating on the handles. -There were dried red drops and splatters on the floor of the freezer. -There was a dried yellow liquid spill on the floor of the freezer. Observation of the refrigerator on 10/08/19 at 2:49pm revealed: -There was an open, undated package of turkey breast with a best used by date of 08/02/19. -There was a bag of unidentified prepared meat dated 10/07/19.	D 282	Bag of marshmallows were sealed Dust was cleaned off grate Ice Machine was cleaned Crumbs removed from cabinet microwave was cleaned Dust was removed from coffeemaker brush was removed off floor area Debris was removed from under dishwasher Floor was cleaned under stove Dust was cleaned off back of stove Stove griddle cleaned Waffle Irons were cleaned Freezor was cleaned 10/11/19 Items that were in the refrigerators were labeled and refigerator was cleaned. 10/11/19	

Division of Health Service Regulation

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D 282	Continued From page 4 -There were two undated, unlabeled plastic bags of cooked meat. -There was a foil-covered metal serving dish of raw chicken on top of open boxes containing tomatoes and lettuce. -There was a second foil-covered metal serving dish of raw chicken balanced on top of containers of prepared food on a shelf above containers of milk. -There were crumbs and dried light brown liquid drops on the floor of the refrigerator. Interview with the kitchen manager on 10/08/19 at 3:43pm revealed: -She tried to label and date all the food. -She did not have a cleaning schedule. -She cleaned the kitchen daily. -She had not seen the dirt on the top of the inside of the microwave. -She tried to clean the bottom of the refri	D 282	Administrator had meeting with all kitchen staff to discuss proper cleaning, storing and sanitation procedures and will monitor kitchen more closely on a weekly basis	10/14/2019

EXHIBIT A12

AUGUST 2019

SUN	MON	TUE	WED	THU	FRI	SAT
First Quarter: 7 Full Moon: 15 Last Quarter: 23 New Moon: 30	JULY S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	SEPTEMBER S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30		R31 F40 SR80 BR80 D152 **1**	R31 F40 SR80 BR80 D152 **2**	R33 F40 SR80 BR80 D152 **3**
4	R33 F40 SR80 DR90 D152 **5** Civic Holiday (Canada)	R32 F40 BR80 SR80 D152 **6**	R33 F40 BR80 SR80 D152 **7**	R33 F20 SR80 BR80 D152 **8**	R33 F40 SR80 BR80 D152 **9**	R33 F40 SR80 BR80 D152 **10**
11	R31 F40 SR80 BR80 D152 **12**	R32 F40 SR80 BR80 D152 **13**	R31 F40 SR80 BR80 D152 **14**	R31 F40 SR80 BR80 D152 **15**	R31 F40 SR80 BR80 D152 **16**	R33 F40 SR80 BR80 D152 **17**
18	R31 F40 SR80 BR80 D152 **19**	R31 F40 SR80 BR80 D152 **20**	R31 F40 SR80 BR80 D152 **21**	R31 F40 SR80 BR80 D152 **22**	R31 F40 SR80 BR80 D152 **23**	R31 F40 SR80 BR80 D152 **24**
25	R33 F40 SR80 BR80 D152 **26**	R33 F40 SR80 BR80 D152 **27**	R32 F40 SR80 BR87 D152 **28**	R33 F40 SR85 BR87 D152 **29**	R30 F40 SR75 BR87 D152 **30**	R31 F40 SR75 BR87 D152 **31**

EXHIBIT A 2

SUN	MON	TUE	WED	THU	FRI	SAT
1	2 Labor Day (USA) Labour Day (Canada)	3	4	5	6	7
8 Grandparents Day	9	10	11 Patriot Day (USA)	12	13	14
15	16	17	18	19	20	21
22	23 Autumn Begins	24	25	26	27	28
29	30 Rosh Hashanah					

SEPTEMBER 2019

AUGUST

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

OCTOBER

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

First Quarter: 5
Full Moon: 14
Last Quarter: 21
New Moon: 28

EXHIBIT A-3

OCTOBER 2019

SUN	MON	TUE	WED	THU	FRI	SAT
First Quarter: 5 Full Moon: 13 Last Quarter: 21 New Moon: 27		1 R 32 F 40 SR 80 BR 80 D 152	2 R 32 F 40 SR 80 BR 80 D 152	3 R 32 F 40 BR 80 SR 80 D 152	4 R 31 F 40 SR 70 BR 70 D 157	5 R 32 F 40 SR 70 BR 70 D 152
6 R 32 F 40 SR 70 BR 70 D 152	7 R 31 F 40 SR 70 BR 70 D 152	8 R 31 F 40 SR 70 BR 70 D 152	9 R 31 F 40 SR 70 BR 70 D 157 Yom Kippur	10 R 31 F 40 SF 70 BS 70 D 157	11 R 31 F 40 SR 70 BR 70 D 157	12 R 31 F 40 SR 70 BR 70 D 157
13 R 32 F 40 SR 70 BR 70 D 157	14 R 31 F 40 SR 70 BR 70 Columbus Day (USA) Thanksgiving Day (Canada) D 157 Sukkot	15 R 31 F 40 SR 70 BR 70 D 157	16 R 32 F 40 SR 70 BR 70 D 157 National Boss Day (USA)	17 R 32 F 40 SR 70 BR 70 D 157	18 R 31 F 40 SR 70 BR 70 D 157	19 R 31 F 40 SR 70 BR 70 D 157
20 R 31 F 40 SR 70 BR 70 D 157	21 R 32 F 40 SR 70 BR 70 D 157	22 R 32 F 40 SR 70 BR 70 D 157	23 R 31 F 40 SR 70 BR 70 D 157	24 R 31 F 40 SR 70 BR 70 D 157	25 R 32 F 40 SR 70 BR 70 D 157	26 R 31 F 40 SR 70 BR 70 D 157
27 R 31 F 40 SR 70 BR 70 D 152	28 R 31 F 40 SR 70 BR 70 D 152	29 R 32 F 40 SR 70 BR 70 D 152	30 R 31 F 40 SR 70 BR 70 D 152	31 R 31 F 40 SR 70 BR 70 D 152 Halloween		

SEPTEMBER

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

NOVEMBER

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

BETHAMY RETIREMENT CENTER

909 N Salisbury Ave
Spencer, NC 28159
Phone: 704-633-1985
Nurse's Station Phone: 704-633-8755
Fax: 704-637-1146

Services: Large Exercise, Billiards & Game Room Newly Renovated Rooms Assisted Living Private Rooms Home-like Atmosphere **Other Special Services:** In-house Physician Physical Therapist Respite Care Hospice Transporation VA Transportation Daily Nurse on call Home-free Wandering System Private Pay Medicaid	Date: 11-05-2019 To: Ray Reedin Fax #: 919-733-9379 From: Subj: # of pages: 13

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

Electronic Mail

October 23, 2019

Mr. Robert W. Nance, Executive Officer
Bethamy Interprises, Inc., Licensee
Bethamy Retirement Center
909 N Salisbury Avenue
Spencer, North Carolina 28159

E-mail addresses: bethamyent@aol.com

Re: Annual and Follow-up Survey completed October 09, 2019 (ASPEN Event ID: 5NSP11)

Facility: **Bethamy Retirement Center**
Licensure Number: **HAL-080-006**
County: **Rowan**

Dear Mr. Nance:

Thank you for the cooperation and courtesy extended during the survey completed October 09, 2019 by staff with the Adult Care Licensure Section.

As a result of the follow up survey, it was determined that all of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. Additional deficiencies were cited during the survey.

Enclosed you will find all violations/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 the state regulations. You must provide an acceptable Plan of Correction for each violation/deficiency cited in the left column. In the spaces to the right of the form, state your plan for correcting the problem and the completion date by which you will correct each violation/deficiency identified and return it to our office within 15 working days of receipt of this letter. Below you will find what to include in the Plan of Correction for all deficiencies; and, if violations were identified, details of the type of violation(s) and the time frame(s) for compliance are also provided below.

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 procedures, 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
- Indicate how often the monitoring will take place
- Completion dates by which the plan of correction will be completed. The completion dates must be acceptable to the State.
- Sign and date the bottom of the first page of the State Form.

Return the signed and dated Statement of Deficiencies form within 15 working days from the date of receipt of this letter. We are unable to accept faxed reports at this time; therefore, a copy must be mailed to our office or e-mailed to the survey team leader. Please make sure the copy you mail or e-mail to us is SIGNED AND DATED or it will not be accepted. A response to the plan of correction will be sent ONLY if the plan of correction is not accepted. Please retain a copy for your files.

Informal Dispute Resolution

In accordance with G.S. § 131D-2.11(a2), you have one opportunity to question cited deficiencies through an informal dispute resolution (IDR) process. You may also contest the severity of noncompliance that resulted in a violation determination. To be given such an opportunity, you are required to send your written request identifying the specific deficiencies being disputed postmarked by **November 13, 2019.** An explanation of why you are disputing those deficiencies (or why you are disputing the severity of noncompliance that resulted in a violation determination) along with any supporting documentation must be sent and postmarked by **November 13, 2019.** You must submit 2 copies of material and highlight or use some other means to identify written information pertinent to the disputed deficiency(ies). Additional written material that does not meet these requirements will not be reviewed. This information should be sent to: IDR Coordinator, Adult Care Licensure Section, 2708 Mail Service Center, Raleigh, NC 27699-2708. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action. IDR Procedures can be accessed at: http://www.ncdhhs.gov/dhsr/acls/idr.html.

If you have questions about the enclosed Statement of Deficiencies or the violations, please contact me at (336) 341-8127. A follow up survey will be conducted to determine compliance in all areas cited. If this agency can be of any assistance in providing consultation relative to licensure rules, please let us know.

Sincerely,

H. Ray Peedin, RPh

H. Ray Peedin, Registered Pharmacist
Licensure Consultant
Adult Care Licensure Section
Division of Health Service Regulation

Enclosures: Statement of Deficiencies
Revisit Report

cc: Ms. Daina Frederick, Supervisor, Rowan County Department of Social Services
Ms. Susan Morris, Administrator w/enclosures (e-mail address: bethamyent@aol.com)
Ms. Carolyn Harrison, Team Supervisor, Central Region, Adult Care Licensure Section
Facility File

Please note information regarding Customer Service Survey below.

In an ongoing effort to improve the inspection process with the providers we serve, we would like you to complete a Customer Service Survey. The Survey can be accessed at the web site below. Your opinion is important to us, and will assist us in developing new and better ways to do our job.

Please note: Because the survey is confidential, your identity will not be known to the Division of Health Service Regulation or the North Carolina Department of Health and Human Services.

Thank you for participating in this confidential survey as we strive to improve the services we provide to licensed health care providers across the state of North Carolina. Should you wish to have a confidential discussion regarding this survey or your interaction with the Division of Health Service Regulation, please feel free to contact Mark Payne, Director, Division of Health Service Regulation, at 919-855-3750.

Customer Service Survey web site: **http://info.ncdhhs.gov/dhsr/customerservice.html**
(Survey Max does not work well with all browsers, please access survey with Internet Explorer)

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
HAL080006 Y1	A. Building B. Wing Y2	10/9/2019 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHAMY RETIREMENT CENTER	909 N SALISBULRY AVENUE SPENCER, NC 28159

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix D0344 Reg. # 10A NCAC 13F .1002(a) LSC	Correction Completed 05/11/2017	ID Prefix D0367 Reg. # 10A NCAC 13F .1004(j) LSC	Correction Completed 05/11/2017	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR [signature]	DATE 10/22/19
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
5/11/2017	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO