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
	HAL080032	A. BUILDING: _____ B. WING _____	R 06/29/2023

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 completed a follow up survey on June 28, 2023 and June 29, 2023.	{D 000}		
D 344	10A NCAC 13F .1002(a) Medication Orders 10A NCAC 13F .1002 Medication Orders (a) An adult care home shall ensure contact with the resident's physician or prescribing practitioner for verification or clarification of orders for medications and treatments: (1) if orders for admission or readmission of the resident are not dated and signed within 24 hours of admission or readmission to the facility; (2) if orders are not clear or complete; or (3) if multiple admission forms are received upon admission or readmission and orders on the forms are not the same. The facility shall ensure that this verification or clarification is documented in the resident's record. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to clarify medication orders for 1 of 5 sampled residents (#1) regarding an order for a high blood pressure medication (propranolol). The findings are: Review of Resident #1's current FL2 dated 04/25/23 revealed: -Diagnoses included hypertension, dizziness, and cervical spondylosis. -There was an order for propranolol (used to treat high blood pressure and elevated pulse rate)	D 344	RCD will ensure that all residents returning from extended Hospital/Rehab stays FL2 and discharged summary be reviewed by RCD then sent to pharmacy and resident's PCP. Followed up on to make sure reside is getting to all appt and that appts being established and reviewing all medications as prescribed.	

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

Reviewed and acknowledged 07/31/2023. Catherine Bates

Director
07/31/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL080032	A. BUILDING: _____ B. WING _____	R 06/29/2023

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 344	Continued From page 1 20mg twice a day. Review of Resident #1's current hospital discharge summary dated 06/12/23 revealed there was an order for propranolol 20mg twice a day. Review of Resident #1's physician's encounter orders dated 06/22/23 revealed changes were made to Resident #1's medications to treat high blood pressure but there was no order to discontinue propranolol 20mg. Review of Resident #1's signed physician's orders dated 06/22/23 revealed: -Resident #1's medications were reviewed and reordered by the primary care provider (PCP). -There was an order for propranolol 20mg twice a day. Review of Resident #1's June 2023 electronic medication administration record revealed: -There was an entry for propranolol 20mg twice a day scheduled for administration at 8:00am and 8:00pm. -Propranolol 20mg was documented as administered from 06/01/23 to 06/05/23 at 8:00am. -Resident #1 was documented as out of facility from 06/05/23 to 06/12/23. -Propranolol 20mg was documented as discontinued by the contracted pharmacy on 06/12/23. -There was no documentation propranolol 20mg was administered from 06/13/23 to 06/28/23. Interview with Resident #1's primary care provider (PCP) on 06/29/23 at 10:40am revealed: -Resident #1 was hospitalized from 06/05/23 to 06/12/23 with several changes made to his	D 344	Rcd has put in place a New Protocol for New Residents or Residents returning From Hospital or Rehab upon returning back to Facility a New Med review protocal put in place by Rcd to ensure that MAR, FL-2 physicians orders are the Same Rcd will then ensure all paperwork Sent to pharmacy and PCP.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL080032	A. BUILDING: _____ B. WING _____	R 06/29/2023

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 344	Continued From page 2	D 344		

medications.
-She had not seen an order to discontinue propranolol 20mg twice a day in the hospital discharge paperwork.
-She did not discontinue propranolol 20mg and it was still included in her list of current medications for Resident #1 as of 06/22/23.
-Resident #1's elevated blood pressure was most likely affected by his chronic pain and she was making some changes to help reach a lower blood pressure.
-The facility should have sent the signed medication list dated 06/22/23 to the pharmacy which included propranolol 20mg twice daily.
-She had not been contacted by the facility or the contracted pharmacy regarding Resident #1's propranolol 20mg.

Interview with the Resident Care Coordinator (RCC) on 06/29/23 at 12:20pm revealed:
-The facility's medication aides (MAs) were responsible to fax all medication orders to the contracted pharmacy.
-The pharmacy was faxed the hospital discharge paperwork from Resident #1's hospitalization from 06/05/23 to 06/12/23.
-According to the pharmacy, the hospital FL2 from 06/12/23 did not include propranolol 20mg in the ordered medications, so the pharmacy discontinued the medication.
-She could not locate the paperwork faxed to the contracted pharmacy, including the hospital FL2 dated 06/12/23.
-In the past, she had requested the pharmacy not discontinue any medications without a specific order to discontinue the medication.
-The RCC or her assistant were responsible to audit a sample of residents monthly for all medications orders compared to the medications on the medication cart for administration and the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL080032	A. BUILDING: _____ B. WING _____	R 06/29/2023

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 344	Continued From page 3	D 344		

medications listed on the eMAR.
-The PCP had reviewed Resident #1's medications on 06/22/23 after he came back to the facility on 06/13/23.
-She had not audited the orders and the medications for Resident #1 since he returned to the facility on 06/13/23.
-She had not contacted the pharmacy or Resident #1's PCP for clarification regarding Resident #1's propranolol 20mg being discontinued by the contracted pharmacy and subsequent orders to continue propranolol 20mg.

Telephone interview with the coordinator at the contracted pharmacy on 06/29/23 at 12:46pm revealed:
-The pharmacy received a hospital FL2 dated 06/12/23 that did not have propranolol 20mg ordered as a current medication.
-The pharmacy staff discontinued propranolol 20mg for Resident #1 on 06/12/23 since it was not listed on the FL2.
-There was no available documentation the pharmacy received the hospital discharge summary dated 06/12/23 or signed physician's orders dated 06/22/23 ordering propranolol 20mg twice a day.
-The facility was responsible to clarify any orders received the same day that were conflicting or did not match.
-The contracted pharmacy would assist with clarifying if the pharmacy received the same conflicting orders.
-It did not appear that the pharmacy was aware of conflicting orders for propranolol 20mg for Resident #1.

Interview with Resident #1 on 06/29/23 at 1:00pm revealed:
-He had been treated for blood pressure that was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL080032	A. BUILDING: _____ B. WING _____	R 06/29/2023

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 344	Continued From page 4 up and down for a long time. -He was able to tell sometimes his blood pressure was high because he would have blurred vision and/or be light-headed or dizzy. -He felt a little light-headed today. Interview with a MA on 06/29/23 at 1:10pm revealed: -The pharmacy entered medication orders on the eMARs. -The MAs administered medications as ordered on the eMARs. -If a medication was discontinued, the RCC or the assistant RCC would be responsible for ensuring the orders were correct. Attempted telephone interviews with the Administrator on 06/28/23 at 10:11am and 06/29/23 at 1:05pm were unsuccessful.	D 344		

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

Electronic Mail

July 7, 2023

Mr. Eli Klein, Director/Owner
Residence Care Services, LLC, Licensee
Bethany Retirement Center
1815 Lakewood Rd
Toms River, NJ 08753

Email address: kleineli25@gmail.com, bethanyent@aol.com

Re: Follow-up Survey completed June 29, 2023 (ASPEN Event ID PRK12)
Facility: Bethany Retirement Center
Licensure Number: HAL-080-032
County: Rowan

Dear Mr. Klein:

A survey was completed on June 29, 2023 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.

The Type A1 violation in the rule area of **10A NCAC 13F .1004(a) Medication Administration** and the Type A2 violation in the rule area of **10A NCAC 13F .0902(b) Health Care** were abated as of the correction date, May 11, 2023. Information regarding the penalty impositions for the violations identified during the survey completed May 11, 2023 will be mailed to you separately.

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.

Informal Dispute Resolution

In accordance with G.S. § 131D-2.11(a2), you have one opportunity to dispute 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 **July 28, 2023**. 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 **July 28, 2023**. 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 **919-609-2449**. 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,

Catherine Prater

Catherine Prater, Licensure Consultant
Adult Care Licensure Section
Division of Health Service Regulation

Enclosures: Statement of Deficiencies
Revisit Report

cc: Ms. Susan Morris, Administrator w/Enclosures
Ms. Katina Simmons, Supervisor, Rowan County Department of Social Services
Ms. Bridget Rackley, Branch Manager, Central Region, Adult Care Licensure Section
Ms. Carolyn Harrison, Team Supervisor, Central Region, Adult Care Licensure Section
Victor Orija, State LTC Ombudsman, Division of Aging and Adult Services
Star Rating, Adult Care Licensure Section
Quality and Compliance Unit, Adult Care Licensure Section
Facility File

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
HAL080032 Y1	A. Building B. Wing Y2	6/29/2023 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	D0238	Correction	ID Prefix	D0259	Correction	ID Prefix	D0273	Correction
Reg. #	10A NCAC 13F .0703 (c-4)	Completed	Reg. #	10A NCAC 13F .0802(a)	Completed	Reg. #	10A NCAC 13F .0902(b)	Completed
LSC		05/11/2023	LSC		05/11/2023	LSC		05/11/2023
ID Prefix	D0358	Correction	ID Prefix	D0392	Correction	ID Prefix		Correction
Reg. #	10A NCAC 13F .1004(a)	Completed	Reg. #	10A NCAC 13F .1008 (a)	Completed	Reg. #		Completed
LSC		05/11/2023	LSC		05/11/2023	LSC		
ID Prefix		Correction	ID Prefix		Correction	ID Prefix		Correction
Reg. #		Completed	Reg. #		Completed	Reg. #		Completed
LSC			LSC			LSC		
ID Prefix		Correction	ID Prefix		Correction	ID Prefix		Correction
Reg. #		Completed	Reg. #		Completed	Reg. #		Completed
LSC			LSC			LSC		
ID Prefix		Correction	ID Prefix		Correction	ID Prefix		Correction
Reg. #		Completed	Reg. #		Completed	Reg. #		Completed
LSC			LSC			LSC		

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR Catherine Proctor	DATE 7/7/23
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO
4/13/2023	

EVENT ID: PRK212