STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001047	A. BUILDING: _____ B. WING _____	10/04/2023

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BETHANY TENDER LOVE AND CARE	532 GREENWOOD DRIVE BURLINGTON, NC 27215

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C 000	Initial Comments The Adult Care Licensure conducted an annual and follow up survey on October 4, 2023.	C 000		
C 147	10A NCAC 13G .0406(a)(7) Other Staff Qualifications 10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family care home shall: (7) have a criminal background check completed in accordance with G.S. 131D-40 and results available in the staff person's personnel file; This Rule is not met as evidenced by: Based on observation, record reviews, and interview, the facility failed to ensure criminal background checks were completed for 1 of 3 (Staff A) upon hire. The findings are: Review of Staff A's personnel record revealed: -Staff A was hired on 09/20/22 as a Supervisor in Charge (SIC)/Medication Aide. -There was no documentation of a criminal background check for Staff A. Interview with Staff A on 10/04/23 at 1:30pm revealed: -He was hired on 09/20/22. -He administered medications to the residents, cooked for the residents and provided personal care to the residents. -He did not fill out paperwork upon hire to complete a criminal background check. Interview with the Administrator on 10/04/23 at 2:30pm revealed: -She was responsible for conducting background	C 147		

Reviewed and acknowledged 11/06/23
Kathleen C Lawson

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C 147	Continued From page 1 checks on staff. -Staff A was hired in September 2022 and should have had a criminal background check completed. -She did not conduct a criminal background check on Staff A when he was hired. -She knew a criminal background check was to be completed on all staff and did not follow up and ensure Staff A had one completed.	C 147	Adminstrator will have Any Employee upon hire will have crimial background check done also a reminder by Electronic device Alexa, will Review Staff Records monthly.	10/15/23
C 148	10A NCAC 13G .0406 (a)(8) Other Staff Qualifications 10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family care home shall: (8) have an examination and screening for the presence of controlled substances completed in accordance with G.S. 131D-45 and results available in the staff person's personnel file; This Rule is not met as evidenced by: Based on interviews and record review, the facility failed to ensure 1 of 3 sampled staff members (Staff A) had an examination and screening for the presence of controlled substances completed upon hire. The findings are: Review of Staff A's personnel record revealed: -Staff A was hired on 09/20/22. -There were no results for the screening examination and screening for the presence of controlled substances. Interview with Staff A on 10/04/23 at 1:30pm	C 148	Adminstrator upon hire any Staff A drug screening will be done before Staff starts job a reminder will be in play by Electronic device Alexa. also review Staff Records monthly	10/15/23

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C 148	Continued From page 2 revealed: -He was hired at the facility on 09/20/22. -He administered medications, cooked, and provided personal care to the residents at the facility. -He did not complete a drug screening upon hire. -He was not asked to complete a drug screen upon hire. Interview with the Administrator on 10/04/23 at 1:33pm revealed: -She was responsible to ensure a drug screening was performed prior to employment. -Staff A was hired in September 2022. -Staff A did not complete a drug screening upon hire. -She was unaware staff had to complete a drug screening upon hire.	C 148		
C 341	10A NCAC 13G .1004 (i) Medication Administration 10A NCAC 13G .1004 Medication Administration (i) The recording of the administration on the medication administration record shall be by the staff person who administers the medication immediately following administration of the medication to the resident and observation of the resident actually taking the medication and prior to the administration of another resident's medication. Pre-charting is prohibited. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure staff	C 341		

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C 341	Continued From page 3	C 341		

immediately documented the administration of medications for 3 of 3 sampled residents (#1, #2 and #3).

The findings are:

1. Review of Resident #1's current FL-2 dated 05/22/23 revealed:
-Diagnoses included schizophrenia and allergies.
-There was an order for fluoxetine 40mg (used to treat depression) daily.
-There was an order for benztropine 1mg (used to control muscle movement) twice daily.
-There was an order for lithium 300mg (used to stabilize mood) twice daily.
-There was an order for propranolol 20mg (used to treat high blood pressure) twice daily.

Review of Resident #1's October 2023 medication administration record (MAR) revealed:
-The medication aide (MA) failed to document the administration of fluoxetine 40mg on 10/03/23 at 8:00am.
-The MA failed to document the administration of benztropine 1mg, lithium 300mg, and propranolol 20mg on 10/03/23 at 8:00am.

Refer to the interview with the Administrator on 10/04/23 at 2:57pm.

2. Review of Resident #2's current FL-2 dated 03/22/23 revealed:
-Diagnoses included diabetes mellitus, dementia, hypercholesterolemia, and intellectual disability.
-There was an order for loratadine 10 milligrams (mg) daily.
-There was an order for Namenda 5 mg daily
-There was an order for norvasc 5 mg daily.
-There was an order for zoloft 50 mg daily.
-There was an order for enteric coated aspirin 81

Administrator, SIC will make sure that after giving med's to RESIDENT it will be documented Immediately after. there will be A REMINDER by ALEXA, ALSO Administrat 10/15/23 OR REVIEW MAR'S Daily.

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C 341	Continued From page 4 mg daily. -There was an order for metformin 500 mg twice a day. -There was an order for melatonin 3 mg take 2 at bedtime. -There was an order for aricept 10mg at bedtime. -There was an order for depakote 250 mg take 3 at bedtime. -There was an order for risperdal 3 mg at bedtime. -There was an order for januvia 100 mg daily. -There was an order for crestor 10 mg daily. Review of Resident #2's October 2023 medication administration record (MAR) revealed: -The medication aide (MA) failed to document the administration of lisinopril 20mg on 10/03/23 at 8:00am. -The MA failed to document the administration of metformin 500mg on 10/03/23 at 5:00pm. -The MA failed to document the administration of divalproex 250mg, donepezil 10mg, melatonin 3mg, and risperidone 3mg on 10/03/23 at 8:00pm. Refer to the interview with the Administrator on 10/04/23 at 2:57pm. 3. Review of Resident #3's current FL2 dated 03/06/23 revealed: -Diagnoses included hypertension, chronic obstructive pulmonary disease, schizoaffective disorder, osteoarthritis, and diabetes. -There was an order for slow Fe 160mg every morning. -There was an order for Trelegy Ellipta 100-62.5-25 inhale one puff daily. -There was an order for cetirizine 10mg at bedtime. -There was an order for Metformin 500mg twice	C 341	Administrator, SIC will make sure to sign MAR after giving medication Also have A Electronic device to Remind us. 10/15/23 ALEXA will ASURE NOT to forget: Administrator will REVIEW MAR AFTER each Med's are given	

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C 341	Continued From page 5	C 341		

daily.
-There was an order for divalproex 500mg twice daily.
-There was an order for clonazepam 1mg three times daily.
-There was an order for gabapentin 600mg three times daily.
-There was an order for atorvastatin 40mg daily.
-There was an order for citalopram 20mg every morning.
-There was an order for fluticasone two sprays each nostril every morning.
-There was an order for hydrochlorothiazide 25mg every morning.
-There was an order for Lisinopril 30mg daily.
-There was an order for Meloxicam 15mg daily.
-There was an order for Olanzapine 5mg daily
-There was an order for pantoprazole 40mg daily.

Review of Resident #3's October 2023 medication administration record (MAR) revealed:
-The medication aide (MA) failed to document the administration of slow Fe 160, Trelegy Ellipta Inhaler, and Metformin 500mg on 10/03/23 at 8:00am.
-The MA failed to document the administration of clonazepam 1mg and gabapentin 600mg on 10/03/23 at 2:00pm.
-The MA failed to document the administration of Metformin 500mg on 10/03/23 at 5:00pm.
-The MA failed to document the administration of cetirizine 10mg, divalproex 500mg, clonazepam 1mg, and gabapentin 600mg on 10/03/23 at 8:00pm.
-The MA failed to document the administration of atorvastatin 40mg, citalopram 20mg, fluticasone 30mcg, hydrochlorothiazide 25mg, lisinopril 30mg, meloxicam 15mg, olanzapine 5mg, and pantoprazole 40mg on 10/04/23 at 8:00am.

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C 341	Continued From page 6 Refer to the interview with the Administrator on 10/04/23 at 2:57pm. _____ Interview with the Administrator on 10/04/23 at 2:57am revealed: -She administered medications to the residents on 10/03/23 and 10/04/23. -She forgot to sign the medication administration record (MAR). -She would get busy and forget to sign the MAR after administration of medications. -She should document on the MAR after administering medications to a resident before administering medications to another resident.	C 341		
C 342	10A NCAC 13G .1004(j) Medication Administration 10A NCAC 13G .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's name; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication	C 342	Administrator, SIC will make sure Name of resident, medication, treatment order, strength dose quantity also if any resident refuses medication it will be documented also MAR's will be signed. A reminder by Alexa 10/15/23 electronic device. Staff will review records to monthly.	

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C 342	Continued From page 7 administration record (MAR). This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure the medication administration record (MAR) was accurate for 1 of 3 (#2) including a medication used to treat pain and prevent heart attacks. The findings are: Review of Resident #2's current FL-2 dated 03/22/23 revealed: -Diagnoses included diabetes mellitus, dementia, hypercholesterolemia and intellectual disability. -There was an order for enteric coated (EC) Aspirin 81 milligrams (mg) daily. Review of Resident #2's August 2023 MAR revealed: -There was an entry for EC Aspirin 81 mg daily scheduled to be administered at 8:00am. -There was documentation that EC Aspirin 81 mg was administered from 08/01/23 to 08/31/23 at 8:00am. Review of Resident #2's September 2023 MAR revealed: -There was an entry for EC Aspirin 81 mg daily scheduled to be administered at 8:00am. -There was documentation that EC Aspirin 81 mg was administered from 09/01/23 to 09/30/23 at 8:00am. Review of Resident #2's October 2023 MAR for October 1, 2023 to October 4, 2023 revealed there was no entry for EC Aspirin 81 mg. Review of Resident #2's medications on hand on 10/04/23 at 10:00am revealed there was no EC	C 342	Administrator ~~will~~ sure SIC will make that medication, match MAR's match ORDER's and DOCUMENTATION. Also A Reminder with ELETRONIC Device STAFF and ~~Administrator~~ will REVIEW RECORDS monthly.	10/15/23

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C 342	Continued From page 8 Aspirin available for Resident #2. Telephone interview with a representative at the facility's contracted pharmacy on 10/04/23 at 12:26pm revealed: -EC Aspirin for Resident #2 was last dispensed on 08/18/23 for a 30-day supply. -There were no other dispense dates for the EC Aspirin. -There was not an order to discontinue the EC Aspirin from the facility. Interview with Resident #2 on 10/04/23 at 10:30am revealed: -He took his morning medication. -He did not know what his medications were. Interview with the Administrator on 10/04/23 at 2:40pm revealed: -She administered medications to the residents sometimes. -There was no house stock available for EC Aspirin. -She was responsible for reviewing the MAR's monthly and checking for new and discontinued orders. -She was responsible for ensuring residents had the ordered medications on hand. -She did not know that Resident #2 did not have EC Aspirin on hand. -She thought Resident #2 had EC Aspirin on hand because she did not think there was an order to discontinue it. -She did not always check the MAR with the medications when she administered medications to the residents. Attempted telephone interview with Resident #2's primary care provider (PCP) on 10/04/23 at 3:01pm was unsuccessful.	C 342	Adminstator, SIC will ASURE that Med's are check along with MAR if need clarfaction CONTACT Doctor and Pharmacy Also A Reminder with electronic device ALEXA Staff, Adminstator will review MARS along with doctors orders monthly. 10/15/23	

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C 368	10A NCAC 13G .1008 (b) Controlled Substances 10A NCAC 13G .1008 Controlled Substances (b) Controlled substances may be stored together in a common location or container. If Schedule II medications are stored together in a common location, the Schedule II medications shall be under double lock. This Rule is not met as evidenced by: Based on observations and interviews the facility failed to ensure a controlled medication was stored under double lock for 1 of 1 sampled resident (#3) with an order for an anti-anxiety medication. The findings are: Review of Resident #3's current FL-2 dated 03/06/23 revealed: -Diagnosis included schizoaffective disorder. -There was an order for clonazepam 1mg (used for anxiety) three times daily. Observation of the facility on 10/04/23 a various times between 8:15am to 3:00pm revealed: -The medication room was located off the kitchen/dining room. -The door to the medication room was unlocked and opened. -Residents ambulated by the opened medication room door multiple times from 8:15am to 3:00pm. Observation of the medication room on 10/04/23 at 10:33am revealed -There were 6 plastic containers on a shelf, each containing medication.	C 368	Administrator SIC will ASURE that medication ROOM will be locked AT All times IF Staff not PRESENT ALSO A REMINDER by ELECTRONIC DEVICE ALEXA to ASURE ITS NOT FORGOTTEN. Administrator will check daily to make SURE CONTROL and other meds ARE Saftley LOCKED	10/19/23

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C 368	Continued From page 10 -There was one container with Resident #1's name written on the container. -There was a bubble pack of clonazepam 1mg in Resident #1's plastic container with a large red "C" stamped on the medication card to indicate the medication was a controlled substance. -There were 20 of 30 clonazepam remaining in the bubble pack. Interview with the pharmacy technician at the facility's contracted pharmacy on 10/04/23 at 12:30pm revealed: -Resident #1 had an order for clonazepam 1mg three times daily. -Clonazepam was a controlled substance that could be sought after and abused and should be secured under a double lock. Interview with the Administrator on 10/04/23 at -All controlled substances should be locked under 2 locks. -She forgot Resident #1 was on a controlled substance. -The medication room should be locked when the staff were not present. -It was not safe for the residents if controlled substances were not locked. -She expected the controlled substances to be double locked.	C 368	ADMINSTRATOR, SIC will ASURE that A CONTROLLED drug will be double locked Also MEDICATION ROOM will be locked when staff is not PRESENT A REMINDER by A ELECTRONIC DEVICE ALEXA to make SURE that TASK is done	10/15/23