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
	fcl041077	A. BUILDING: _____ B. WING _____	01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EL BETHEL FAMILY CARE HOME	204 CIRCLE DRIVE GIBSONVILLE, NC 27249

(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	Initial Comments The Adult Care Licensure Section conducted an annual and follow-up survey on January 30th, 2025.	C 000		
C 330	10A NCAC 13G .1004(a) Medication Administration 10A NCAC 13G .1004 Medication Administration (a) A family care home shall assure that the preparation and administration of medications, prescription and non-prescription and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures. This Rule is not met as evidenced by: Based on observations, interviews, and record review, the facility failed to ensure medications were administered as ordered for 2 of 2 sampled residents related to medications used to lower blood sugar (#1, #2). The findings are: 1. Review of Resident #1's current FL-2 dated 03/20/24 revealed diagnoses included diabetes mellitus, hypertension, anoxic brain injury, and hypercholesterolemia. Review of a physician's order dated 10/30/24 revealed begin Humalog insulin to be administered via a sliding scale before meals as follows: 100-150 give 8 units, 151-200 give 12 units, 201-250 give 16 units, 251-300 give 20 units, 301-350 give 24 units, 351-400 give 28 units.	C 330		

Reviewed and acknowledged 02/28/25

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C 330	Continued From page 1 Review of Resident #1's November 2024 medication administration record (MAR) revealed an entry for Humalog insulin to be administered via a sliding scale before meals as follows: 100-150 give 8 units, 151-200 give 12 units, 201-250 give 16 units, 251-300 give 20 units, 301-350 give 24 units, 351-400 give 28 units. Review of Resident #1's finger stick blood sugar (FSBS) log for November 2024 revealed: -Resident #1's FSBS was checked twice daily in the morning and at bedtime from 11/01/24 to 11/30/24. -There was no documentation Resident #1's FSBS was checked before lunch or dinner from 11/01/24 to 11/30/24. Review of Resident #1's December 2024 MAR revealed an entry for Humalog insulin to be administered via a sliding scale before meals as follows: 100-150 give 8 units, 151-200 give 12 units, 201-250 give 16 units, 251-300 give 20 units, 301-350 give 24 units, 351-400 give 28 units. Review of Resident #1's FSBS log revealed for December 2024 revealed: -Resident #1's FSBS was checked twice daily in the morning and at bedtime from 12/01/24 to 12/31/24. -There was no documentation Resident #1's FSBS was checked before lunch or dinner from 12/01/24 to 12/31/24. Review of Resident #1's January 2025 MAR from 01/01/25 to 01/30/25 revealed an entry for Humalog insulin to be administered via a sliding scale before meals as follows: 100-150 give 8 units, 151-200 give 12 units, 201-250 give 16	C 330		

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C 330	Continued From page 2 units, 251-300 give 20 units, 301-350 give 24 units, 351-400 give 28 units. Review of Resident #1's FSBS log revealed for January 01/01/25 to 01/30/25 revealed: -Resident #1's FSBS was checked twice daily in the morning and at bedtime from 01/01/25 to 01/30/25. -There was no documentation Resident #1's FSBS was checked before lunch or dinner from 01/01/25 to 01/30/25. Interview with Resident #1 on 01/30/25 at 1:30pm revealed: -He checked his blood sugar twice a day in the morning and at bedtime. -He did not check his blood sugar before the lunch or dinner meal. -The MA did not check his blood sugar. -He administered his own insulin. -He gave himself 20 units of Humalog insulin three times a day at meals. Interview with the Supervisor in Charge (SIC) on 01/30/25 at 11:30am revealed: -Resident #1 checked his FSBS. -She did not check Resident #1's FSBS. -Resident #1 self- administered his Humalog. -She documented Resident #1's FSBS results on a log sheet. -She was not aware Resident #1 was not checking his FSBS before each meal. Interview with Resident #1's primary care provider (PCP) on 01/30/25 at 1:47pm revealed: -He was not aware Resident #1's FSBS was not being checked before meals. -He was not aware Resident #1 was administering himself 20 units of Humalog insulin at meals.	C 330	STAFF ARE ADHERING TO THE 3 TIMES A DAY BLOOD SUGAR CHECK BEFORE EACH MEAL. SIC TO ENSURE THAT SUGAR CHECKS AND OTHER PHYSICIAN PROTOCOLS ARE	2/2/25

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C 330	Continued From page 3 -He was concerned Resident #1 could experience hypoglycemia (low blood sugar) if he was administering insulin without first checking his FSBS. -He reviewed Resident #1's FSBS log when he last visited and was not concerned. -Resident #1 had no ill effects from not following the order to check FSBS before meals. Interview with the Administrator on 01/30/25 at 2:19pm revealed: -He was not aware Resident #1's orders to check FSBS and administer Humalog insulin were not being followed as ordered. -He should review the MAR's and FSBS log but he did not always. -He expected the MA's to follow the PCP's orders. 2. Review of Resident #2's current FL-2 dated 01/23/24 revealed: -Diagnoses of diabetes mellitus type 2, peripheral neuropathy, above the knee amputation, major depression, and hypertension. -There was an order for Jardiance (used to control blood sugar) 10mg daily. Review of a physician's order dated 07/15/24 revealed an order to increase Jardiance to 25mg daily. Review of Resident #2's November 2024 medication administration record (MAR) revealed: -There was an entry for Jardiance 10mg daily. -There was documentation Jardiance 10 mg was administered daily from 11/01/24 to 11/30/24. -There was no documentation Jardiance was increased to 25mg. Review of Resident #2's December 2024 MAR	C 330	ADHERED TO AT ALL TIMES. SIC TO CHECK SUCH PROTOCOLS MONTHLY TO ENSURE THAT THEY ARE ADHERED TO BY ALL STAFF MEMBERS. 2. SIC TO ENSURE THAT PHYSICIAN ORDERS OR PRESCRIPTIONS SENT TO THE PHARMACY ARE THE SAME AS THE MEDICATION BASE ON HAND, SIC TO MONITOR THIS PROCESS AND ENSURE THAT CHANGES	2/4/25

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C 330	Continued From page 4 revealed: -There was an entry for Jardiance 10mg daily. -There was documentation Jardiance 10mg was administered daily from 12/01/24 to 12/31/24. -There was no documentation Jardiance was increased to 25mg. Review of Resident #2's January 2025 MAR from 01/01/25 to 01/30/25 revealed: -There was an entry for Jardiance 10mg daily. -There was documentation Jardiance 10mg was administered daily from 01/01/25 to 01/30/25. -There was no documentation Jardiance was increased to 25mg. Observation of Resident #2's medications on hand revealed: -There was Jardiance 10mg available for administration with a dispensed date of 01/03/25. -There was no Jardiance 25mg available for administration. -Interview with Resident #2 on 01/30/25 at 12:30pm revealed: -He did not know there was an order to increase his Jardiance to 25mg daily. -He did not know how much Jardiance he was currently taking. Telephone interview with a representative from the facility's contracted pharmacy on 01/30/25 at 12:00pm revealed: -There was an active order for Jardiance 10mg daily dated 06/04/24. -28 tablets of Jardiance 10mg were dispensed on 01/03/25. -There was no order for Jardiance 25mg daily. Interview with the Supervisor-in Charge (SIC) on 01/30/25 at 11:30am revealed: -When a resident goes out to a doctor's	C 330	IN THE MEDICATION RECONCILIATIONS ARE ALWAYS REFLECTIVE OF THE ACTUAL BASE ON HAND. MONITORING BY THE SIC EVERY MONTH.	

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C 330	Continued From page 5 appointment, the doctor sends the orders to the pharmacy. -She was not aware there was an order for Resident #2 to increase his Jardiance to 25mg daily. -Resident #2 did not have any Jardiance 25mg available for administration. Attempted telephone interview with Resident #2's primacy care provider on 01/30/25 was unsuccessful. Interview with the Administrator on 01/30/25 at 2:19pm revealed: -The doctor's office sends orders to the pharmacy. -The facility staff should follow up on new orders to ensure they are carried out. -The staff member that takes the resident to the doctor should alert the team member on duty to keep their eyes open for the medication to be delivered and order carried out. -The staff should have followed up to ensure Resident #2 received the medication increase as ordered. -He was responsible for the coordination of care for all residents.	C 330		
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;	C 342	MEDICATION DOCUMENTATION IS A CORE PART OF THE MEDICATION ADMINISTRATION PROTOCOL. STAFF HAVE BE RETRAINED	

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C 342	Continued From page 6 (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 administration record (MAR). This Rule is not met as evidenced by: Based on observations, interviews, and record review, the facility failed to ensure the medication administration records were accurate for 1 of 3 sampled residents including a hold order for insulin if fingerstick blood sugar results were outside parameters (#1). The findings are: Review of Resident #1's current FL-2 dated 03/20/24 revealed: -Diagnoses included diabetes mellitus, anoxic brain injury, hypertension, and hypercholesterolemia. -There was an order for Lantus 20 units every am. -There was an order for Lantus 40 units every pm. Review of a physician's order dated 07/10/24 revealed: -Finger stick blood sugar (FSBS) checks with meals. -Hold Lantus for FSBS below 100.	C 342	OF THE MEDICATION DOCUMENTATION PROCESS. SIC TO CHECK MEDICATION DOCUMENTATION IS ACCURATE. THIS CHECK WILL BE DONE ~~EVERY~~ MONTH TO ENSURE THAT ALL STAFF ARE ADHERING TO THIS PROTOCOL.	2/10/25

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C 342	Continued From page 7 Review of a physician's order dated 10/02/24 revealed an order for Lantus 40 units every am. Review of Resident #1's November 2024 medication administration record (MAR) revealed: -There was no entry to hold Lantus for FSBS results below 100. -There was a FSBS result of 92 on 11/20/24 at 8:30am. -There were no other FSBS results below 100 for November 2024. Review of Resident #1's December 2024 MAR revealed: -There was no entry to hold Lantus for FSBS results below 100. -There were no FSBS results below 100 for December 2024. Review of Resident #1's January 2025 MAR from 01/01/25 to 01/30/25 revealed: -There was no entry to hold Lantus for FSBS results below 100. -There were no FSBS results below 100 for January 01/01/25 to 01/30/25. Telephone interview with a representative from the facility's contracted pharmacy on 01/30/25 at 11:55am revealed there was no order for Resident #1 to hold Lantus if the FSBS was below 100. Interview with the Supervisor-in-Charge (SIC) on 01/30/25 at 11:30am revealed: -She did not know there was an order to hold Resident #1's Lantus if his FSBS result was below 100. -New orders were faxed to the pharmacy by the resident's physician.	C 342	STAFF HAVE BEEN RETRAINED ON THE MEDICATION DOCUMENTATION PROCESS AND INSULIN ADMINISTRATION	2/10/25

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C 342	Continued From page 8 Interview with Resident #1's primary care provider (PCP) on 01/30/25 at 1:47pm revealed: -He was not aware the order to hold Resident #1's Lantus if his FSBS was below 100 was not on the MAR for the staff to follow. -He was concerned Resident #1 could experience low blood sugar levels if his FSBS was below 100 and he was administered Lantus. -When he saw Resident #1 on 01/24/25, he reviewed his FSBS log and there were no FSBS results below 100 over the past few weeks. Interview with the Administrator on 01/30/25 at 2:19pm revealed: -When the PCP left orders for residents at the facility, the staff sent him a picture of the order and he faxed them to the pharmacy. -He was not aware there was an order for Resident #1 to hold his Lantus if his FSBS was below 100. -All orders should be faxed to the pharmacy and followed up to see they are carried out. -He was responsible for the coordination of care for all residents.	C 342	PROCEDURES. SIC TO DO MONTHLY CHECK TO ENSURE THAT DOCUMENTATION ON MAR IS 100% ACCURATE.	