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 _____	C 07/18/2025

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 a complaint investigation on July 17, 2025 and July 18, 2025.	C 000		
C 007	10A NCAC 13G .0206 Capacity 10A NCAC 13G .0206 Capacity (a) Pursuant to G.S. 131D-2.1(9), family care homes shall have a capacity of two to six residents. For the purposes of this Rule, "capacity" means the maximum number of residents permitted to live in a licensed family care home in accordance with the North Carolina Building Code and the evacuation capability of each resident. (b) The total number of residents shall not exceed the number shown on the license. The license shall indicate the facility's capacity for ambulatory and non-ambulatory individuals permitted to live in the facility. For the purposes of this Rule, "ambulatory" means the individual is able to respond and evacuate from the facility without verbal or physical assistance from others in the event of an emergency. "Non-ambulatory" means the individual is not able to respond and evacuate from the facility without verbal or physical assistance from others in the event of an emergency. (c) A request for an increase in capacity by adding rooms, remodeling, or without building modifications shall be made to the county department of social services and submitted to the Division of Health Service Regulation Construction Section and shall include two copies of blueprints or floor plans. One plan shall show the existing building with the current use of rooms, and the second plan showing the addition, remodeling, or change in use of spaces, and	C 007		

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C 007	Continued From page 1 showing the use of every room. If new construction, the second plan shall show how the addition will be tied into the existing building and all proposed changes in the structure. (d) When licensed facilities increase their designed capacity by the addition to or remodeling of the existing physical plant, the entire facility shall meet all current fire safety regulations required by city ordinances or county building inspectors. (e) The licensee or the licensee's designee shall notify the Division of Health Service Regulation Adult Care Licensure Section if the evacuation capabilities of the residents changes and the facility no longer complies with the facility's licensed capacity as listed on the facility's license, or of the addition of any non-resident who will be living within the facility. (f) If there is a temporary change in the capacity of the facility due to a resident's short term illness or condition that renders the resident temporarily non-ambulatory, such as end of life condition, the licensee or the licensee's designee shall immediately notify the Division of Health Service Regulation Construction Section upon the knowledge of the change in the resident's ambulatory status. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to notify the Division of	C 007		

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C 007	Continued From page 2	C 007		

Health Service Regulation (DHSR) that the resident's evacuation capabilities were different from the evacuation capabilities listed on the facility's license for two sampled residents who did not exit the facility during a fire drill.

The findings are:

Review of the facility's current license effective 01/01/25 revealed the facility was licensed for 6 ambulatory residents.

Observation of the facility on 07/17/25 at 8:30am revealed six residents resided in the facility.

Review of the facility's fire drill logs available for review revealed:
-The fire drill logs had blanks for documenting the date, the shift, the drill time, and the evacuation time from start to end.
-There was a space to briefly describe what happened, total evacuation time, and an area to document comments and discussion with residents and other staff present at the time of the fire drill.
-There was a place to document the staff in charge of the drill and their signature.
-There was nowhere to document the number of residents who participated in the fire drill, if evacuated residents went to the assigned spot, and if the fire alarm was operational.
-On 05/11/24 at 2:40pm, the Administrator conducted a fire drill.
-The evacuation began at 2:40pm and the total time for evacuation was documented as 2 minutes and 23 seconds.
-The number of residents who participated in the fire drill was not documented.
-On 08/12/24 at 5:15am, the conducted a fire drill.
-The evacuation began at 5:15am and the total

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C 007	Continued From page 3	C 007		

time for evacuation was documented as 2 minutes and 40 seconds.
-The number of residents who participated in the fire drill was not documented.
-On 11/18/24 at 11:15am, the Administrator conducted a fire drill.
-The evacuation began at 11:15am and the total time for evacuation was documented as 2 minutes and 35 seconds.
-The number of residents who participated in the fire drill was not documented.

Observation of a fire drill on 07/17/25 at 4:03pm revealed:
-There were six residents in the facility.
-One resident was seated at the dining room table.
-A second resident was seated on a sofa in the television/sitting room.
-There were 4 residents in their rooms.
-At 4:03pm, the Supervisor-in-Charge (SIC) activated the smoke alarm in the hallway next to the dining area/sitting area/and 2 bedrooms by pressing the test button with a broom handle.
-The smoke detector emitted a loud chirping noise for 15 to 20 seconds. The staff member repeated the test button activation 3 times.
-One resident immediately came from his bedroom and exited through the front door to the grassy front yard.
-A second resident immediately came from his bedroom next to the dining area and exited out the back door onto the deck.
-A third resident immediately came from his bedroom propelling himself unassisted and exited out the back door onto the deck.
-Two residents did not attempt to move or to evacuate the facility; they continued to sit in place one at the table and one on the sofa.
-The sixth resident did not exit his room.

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C 007	Continued From page 4 -After a period of 5 minutes the staff member moved back to the dining area. Interview with the SIC on 07/17/25 at 4:30pm revealed: -She had been working at the facility since February 2025. -She was a live-in staff member and worked continuously Monday through Friday weekly. -She had not conducted a fire drill or emergency evacuation practice since she started working at the facility. -She had not been instructed to do fire drills. -In the event of a true emergency, she would prompt residents to exit if needed. Telephone interview with the Administrator on 07/18/25 at 9:00am revealed: -He thought he conducted fire drills at the facility more recent than November 2024. -The documentation for fire drills at the facility should be kept in the fire safety binder. -He routinely alerted residents that they were going to have a fire drill, activated the fire system, and documented the response time. -All residents were able to ambulate on their own to the outside of the facility during the fire drills he had done. -He had not had an occasion when a resident did not respond to a fire alarm by evacuating the building. -He had not notified Construction regarding the residents' ability to evacuate the facility. [Refer to Tag 0023, 10A NCAC 13G .0302(c) Design and Construction, (TYPE B VIOLATION)].	C 007		
C 023	10A NCAC 13G .0302 (c) Design And Construction	C 023		

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C 023	Continued From page 5 10A NCAC 13G .0302 Design And Construction (c) A family care home shall not offer services for which the facility was not planned, constructed, equipped, or maintained. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews, and record reviews, the facility failed to ensure the residents' evacuation capabilities were in accordance with the evacuation capability listed on the facility's current license for 2 of 2 residents (#1, #2) who did not respond to a fire drill. The findings are: Review of the facility's current license effective 01/01/25 revealed the facility was licensed for 6 ambulatory residents. Observation of the facility on 07/17/25 at 8:30am revealed six residents resided in the facility. Request for the facility's fire drill policy on 07/17/25 at 5:00pm was not provided by the survey exit. Review of the facility's fire drill logs available for review revealed: -The fire drill logs had blanks for documenting the date, the shift, the drill time, and the time for evacuation.	C 023		

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C 023	Continued From page 6 -There was a place to document the staff in charge of the drill and their signature. -There was nowhere to document the number of residents who participated in the fire drill, if evacuated residents went to assigned spot, and if the fire alarm was operational. -On 05/11/24 at 2:40pm, the Administrator conducted a fire drill. -The evacuation began at 2:40pm and the total time for evacuation was documented as 2 minutes and 23 seconds. -The number of residents who participated in the fire drill was not documented. -On 08/12/24 at 5:15am, the Administrator conducted a fire drill. -The evacuation began at 5:15am and the total time for evacuation was documented as 2 minutes and 40 seconds. -The number of residents who participated in the fire drill was not documented. -On 11/18/24 at 11:15am, the Administrator conducted a fire drill. -The evacuation began at 11:15am and the total time for evacuation was documented as 2 minutes and 35 seconds. -The number of residents who participated in the fire drill was not documented. Interview with the Supervisor-in-Charge (SIC) on 07/17/25 at 4:15pm revealed: -She had been working at the facility since February 2025 but at the Administrator's other facilities for a few years. -She was the SIC and worked continuously Monday through Friday each week, 24 hour shifts. -She had not been instructed on during fire drills. -She did not know if residents were responding to fire drills appropriately because she had not done a fire drill or had a fire emergency since she had	C 023		

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C 023	Continued From page 7	C 023		

been at the facility.

Interview with 2 residents on 07/17/25 at 1:13pm and 1:15pm revealed:
-There had been fire drills in the past year.
-The facility had not conducted a fire drill in quite a while.
-They did not remember the date of the last fire drill.
-The Administrator conducted most of the fire drills.

1. Review of Resident #1's current FL2 dated 10/17/24 revealed:
-Diagnoses included dementia with behaviors and schizoaffective disorder.
-The resident was intermittently disoriented.
-He was ambulatory.

Review of Resident #1's Resident Register revealed:
-The admission date was 06/22/22 .
-He was forgetful and needed reminders.

Review of Resident #1's assessment and care plan dated 02/15/24 revealed:
-He was sometimes disoriented, forgetful and needed reminders.
-He required extensive assistance from the staff with activities of daily living with bathing, dressing, and grooming/personal hygiene.

Observation of a fire drill on 07/17/25 at 4:03pm revealed:
-Tthe Supervisor-in-Charge (SIC) activated the smoke alarm in the hallway next to the dining area/sitting area/and 2 bedrooms by pressing the test button with a broom handle.
-The smoke detector emitted a loud chirping noise for 15 to 20 seconds. The staff member

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C 023	Continued From page 8	C 023		

repeated the test button activation 3 times.
-Resident #1 was seated at the dining room table.
-The SIC remained at the smoke alarm located in the hallway.
-Resident #1 did not respond to the alarm sound.
-He continued to eat his meal and he did not move or attempt to evacuate the facility.
-After a period of 5 minutes the SIC came back into the dining room.

Interview with Resident #1 on 07/17/25 at 4:45pm revealed:
-When the fire alarm went off, he was supposed to go outside.
-He attended a day program Monday to Friday.
-He liked to go to the program and hang out.
-He did not hear the fire alarm today.
-When practicing fire drills, the Administrator told him before the fire alarm went off, so he knew to go outside.

Telephone interview with Resident #1's Primary Care Provider's (PCP's) nurse from a call placed on 07/18/25 at 2:55pm revealed:
-Resident #1 was last seen at the clinic in December 2024.
-Resident #1 had a diagnosis of dementia and schizophrenia.
-Resident #1 was noted as mostly non-verbal with the caregiver responding to most of the health questions. There was no additional information for cognitive status.
-Resident #1 was seen at the clinic on 02/06/23 with notation that the resident's confusion had worsened over the past year. The resident was pleasantly confused.
-Resident #1 had dementia from a traumatic brain injury.
-She would expect the resident's dementia would have increased with time.

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C 023	Continued From page 9 -Resident #1 may not be able to remember to respond appropriately to an emergency without prompting due to the dementia diagnosis. Attempted telephone interview with Resident #1's guardian on 07/18/25 at 1:50pm was unsuccessful. Refer to the telephone interview with the Administrator on 07/18/25 at 9:00am. 2. Review of Resident #2's hospital FL2 dated 02/10/23 revealed: -Diagnoses included acute kidney injury, congestive heart failure, psychosis, and traumatic brain injury (07/23/21). -He was oriented to self, time, situation, and place. Review of Resident #2's Resident Register revealed: -His admission date was 01/19/23. -Resident #2 memory was adequate. Review of Resident #2's assessment and care plan dated 03/20/24 revealed: -Resident #2 had daily incontinence for bladder and bowel. -He was sometimes disoriented and forgetful needing reminders. -He was assessed for hearing that was adequate for daily activities with documented hearing aide. -He required extensive assistance from staff with toileting, dressing, and bathing. -He was independent with eating, ambulation, transferring, and grooming. Observation of a fire drill on 07/17/25 at 4:03pm revealed: -The Supervisor-in-Charge (SIC) activated the	C 023		

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smoke alarm (using a mop handle) in the hallway next to the dining area/sitting area/and 2 bedrooms by pressing the test button.
-Resident #2 was seated alone on the sofa in the television/sitting area.
-Resident #2 had his eyes closed and was nodding his head slowly backward and forward.
-There were no hearing aides visible.
-Resident #2 looked straight ahead across the room but did not respond to the alarm sound.
-He continued to stare at the wall and did not move or attempt to evacuate the facility.
-After a period of 5 minutes the staff member came back into the dining room from the hallway.

Interview with Resident #2 on 07/18/25 at 2:49pm revealed:
-He did not hear smoke the detector alarm if it was activated on 07/17/25.
-He had was hard of hearing.
-He did not know the facility had a fire drill on 07/17/25 at 4:03pm.
-The Administrator did fire drills occasionally, but not lately.
-The Administrator usually told the residents that the fire alarm was going to be tested, and he needed to evacuate the building when the alarm sounded.
-He was supposed to go out the front door to the grassy area in front of the facility.

Interview with Resident #2's guardian on 07/18/25 at 3:00pm revealed:
-Resident #2 was hard of hearing and required a louder voice when interviewing.
-He was Resident #2's guardian for more than 2 years.
-Resident #2 was ambulatory on his own but seemed to be getting more forgetful.
-Resident #2 had declined in cognitive abilities

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C 023	Continued From page 11 over the last 2 years. -About a year ago, Resident #2 did not recognize the guardian even though he had visited the resident several times. -He recognized the guardian every visit now but was forgetful why the guardian was seeing him. -He felt Resident #2 could respond independently to the fire alarm if he had been frequently trained on how and when to respond. Attempted telephone interviews with Resident #2's primary care provider (PCP) on 07/17/25 at 4:38pm and 07/18/25 at 10:00am were unsuccessful. Refer to the telephone interview with the Administrator on 07/18/25 at 9:00am. _____ Telephone interview with the Administrator on 07/18/25 at 9:00am revealed: -He thought he conducted fire drills at the facility more recent than November 2024. -The documentation for fire drills at the facility should be kept in the fire safety binder. -He routinely alerted residents that they were going to have a fire drill, activated the fire system, and documented the response time. -All residents were able to ambulate on their own to the outside of the facility during the fire drills he had done. -He had not had an occasion when a resident did not respond to a fire alarm by evacuating the building. _____ The facility failed to ensure the building was equipped and maintained in accordance with the facility's licensed capacity to allow two residents to evacuate the facility during an emergency such as a fire. One resident had a diagnosis of dementia and was known to be disoriented and	C 023		

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C 023	Continued From page 12 required prompting by facility staff to evacuate (#1) and another resident had a diagnosis of a previous traumatic brain injury who was hard of hearing and did not hear the fire alarm (#2). This failure was detrimental to the health, safety, and well-being of the residents and constitutes a Type B Violation. _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on 07/18/25 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED SEPTEMBER 1, 2025.	C 023		
C 105	10A NCAC 13G .0317 (d) Building Service Equipment 10A NCAC 13G .0317 Building Service Equipment (d) Hot water shall be supplied to the kitchen, bathrooms, and laundry. The hot water temperature shall be maintained at a minimum of 100 degrees F and shall not exceed 116 degrees F at all fixtures used by or accessible to residents. Notwithstanding the requirements of Rule .0301 of this Section, the requirements of this Paragraph shall apply to new and existing facilities. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations and interviews, the facility	C 105		

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C 105	Continued From page 13 failed to ensure the hot water temperatures were maintained at a minimum of 100 degrees Fahrenheit (F) to a maximum of 116 degrees F at 4 of 4 fixtures including a sink and shower in a common bath and at a sink and shower in a resident's room. The findings are: Observation of the facility's bathrooms during the facility tour on 07/17/25 from 9:45am to 10:30am revealed: -The facility had a common bathroom (bathroom #1) located in the hallway to the right of the facility's entrance with a sink and shower/tub combination. -The facility had a second bathroom (bathroom #2) located in a resident's bathroom with a sink and shower/tub combination. Observations on 07/17/25 and 07/18/25, at various times from 9:00am to 5:20pm, revealed the common bathroom (#1) was not locked and residents went into the bathroom freely. Observation of the sink in the common bathroom #1 on 07/17/25 at 10:15am revealed: -The hot water temperature at the sink was 122 degrees F. -No steam was visible coming off the surface of the sink wash basin. -The hot water temperature at the tub/shower combination was 124 degrees F. -No steam was visible coming off the surface of the tub/shower combination. Observation of the sink in bathroom #2 on 07/17/25 at 10:18am revealed: -The hot water temperature at the sink was 124 degrees F.	C 105		

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C 105	Continued From page 14 -No steam was visible coming off the surface of the sink wash basin. -The hot water temperature at the tub/shower combination was 124 degrees F. -No steam was visible coming off the surface of the tub/shower combination. Review of the Division of Health Services Regulations (DHSR) Construction Section report dated 07/15/2025 revealed a survey conducted from 11:10am to 12:20pm identified elevated hot water temperature at multiple bathroom sinks with one temperature of 130 degrees F observed at a fixture. According to the National Institutes of Health, a serious burn could occur within ten minutes when exposed to water temperatures of 120 degrees F. Review of the facility's temperature log with a date, temperature, and signature documented but no room location or time revealed: -Water temperatures were documented for October (no year date documented) on 10/02, 10/09, 10/15, 10/23, and 10/30 with a range from 103 to 114 degrees F. -Water temperatures were documented for November (no year date documented) on 11/06, 11/12, 11/21, and 11/27 with a range from 101 to 111 degrees F. -Water temperatures were documented for December (no year date documented) on 12/04, 12/11, 12/17, and 12/28 with a range from 102 to 110 degrees F. -Water temperatures were documented for January (no year date documented) on 01/02, 01/08, 01/15, and 01/21 with a range from 100 to 116 degrees F. -There were no additional water temperature logs available for review.	C 105		

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C 105	Continued From page 15 Telephone interview with the Administrator on 07/17/25 at 10:40am revealed: -The facility should have hot water temperatures within the range of 100-116 degrees. -There was -He had a plumber to adjust hot water temperatures to within the range of 100-116 degrees F on 07/15/25 when he was alerted by a Construction surveyor on 07/15/25 revealing elevated hot water temperatures at the bathroom fixtures. -The plumber assured the Administrator the facility's hot water temperatures were within accepted range. -He had not taken hot water temperatures at the facility since the plumber's work on 07/17/25. -The Administrator was responsible for ensuring the hot water temperatures were within the 100-116 degrees F range. -He had a lot of facilities and checked hot water temperatures at most of the facilities himself. -He did not know where any temperature logs would be located if not in the temperature log binder. -He did not know the facility's hot water temperature was 124 degrees F. -He would have the Supervisor-in-Charge (SIC) post signs for elevated hot water temperatures and for residents to ask for assistance before using the hot water. Interview with SIC on 07/17/25 at 10:45am revealed: -She started working at the facility in February 2025. -She worked Monday through Friday continuously. -She had never been instructed to monitor hot water temperatures and document the	C 105		

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temperatures for review.
-The facility had a plumber work on the hot water temperatures on Monday, 07/14/25 at 7:00pm.
-She did not know that the hot water temperature was too hot for residents.
-She did not know where a thermometer for measuring hot water temperature would be located within the facility.
-She used her hand placed under the hot water to feel if the water felt too hot.
-No residents complained about hot water temperatures being too hot.
-No residents had been burned by the elevated hot water temperatures.
-The hot water temperature felt less hot than before the plumber came on 07/14/25 to lower the hot water temperature.
-She prepared signs to post alerting residents of elevated hot water temperatures and for residents to ask for assistance before using the hot water in all the bathrooms.

Observations on 07/17/25 at 11:40am revealed signs were posted beside the mirrors over the sinks in bathroom #1 and bathroom #2 alerting residents to elevated hot water temperature and seek assistance from staff prior to using the hot water.

Interview with a resident on 07/17/25 at 11:50am revealed:
-He showered independently without staff assistance.
-He adjusted the hot water and cold water mix to be comfortable.
-He never had any issues with the water being too hot or felt like he could be burned or scalded from the water.

Interview with a second resident on 07/17/25 at

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C 105	Continued From page 17 12:00pm revealed: -His bedroom had a bathroom inside the room. -He transferred from his wheelchair to the shower/tub independently. -He had not had any problems with the water temperature being too hot in the sink or shower. -He knew how to adjust the hot water and cold water mix to avoid being burned by too hot water. Interview with the SIC on 07/18/25 at 9:00am revealed: -There was a plumber at the facility on 07/17/25 at 7:00pm. -The plumber worked on the elevated hot water temperatures. -She had not rechecked the hot water temperatures, but the hot water felt much cooler now. Observations of the hot water temperatures on 07/18/25 revealed: -At 9:30am, the hot water temperature at the sink in bathroom #1 was 110 degrees F and the tub/shower was 114 degrees F. -At 9:45am, the hot water temperature at the sink in bathroom #2 was 110 degrees F and the tub/shower was 110 degrees F. _____ The facility failed to ensure hot water temperatures were maintained between 100 and 116 degrees F at 4 of 4 fixtures accessed by residents (2 sinks and 2 tub/shower fixtures) with hot water temperatures observed between 122 degrees F and 124 degrees F resulting in the residents having potential risk for skin burns. This failure was detrimental to the health, safety and welfare of the residents and constitutes a Type B Violation. _____ The facility provided a Plan of Protection in	C 105		

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C 105	Continued From page 18 accordance to G.S. 131D-24 on 07/17/25. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED SEPTEMBER 01, 2025.	C 105		
C 120	10A NCAC 13G .0316 (f) Fire Safety and Emergency Preparedness Plan 10A NCAC 13G .0316 Fire Safety and Emergency Preparedness Plan (f) There shall be at least four unannounced fire drills of the fire evacuation plan every year on each shift. For the purpose of this Rule, a fire drill is the method of practicing how occupants of the facility shall evacuate in the event of a fire or other emergency. Documentation of the fire drills shall be maintained by the administrator or their designee in the facility and be made available upon request to the Division of Health Service Regulation, county department of social services, and the local fire code enforcement official. The documentation shall include the date and time of the fire drill, the shift, the names of staff members present, and a short description of drill. Notwithstanding the requirements of Rule .0301 of this Section, this Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews, and record reviews, the facility failed to conduct four	C 120		

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unannounced fire drills on each shift every year and to maintain documentation of the fire drills.

The findings are:

Observation of the facility on 07/17/25 at 9:00am revealed:
-There was one staff member present.
-There were five residents at the facility.

Interview with the Supervisor-in-Charge (SIC) on 07/17/25 at 9:00am revealed:
-There was a census of 6 residents.
-One resident was at a day program and was not at the facility.

The facility's fire drill policy was requested on 07/17/25 at 5:00pm but was not provided by the survey exit.

Review of the facility's fire drill logs available for review in the facility's fire safety binder revealed:
-The fire drill logs had blanks for documenting the date, the shift, the drill time, and the time for evacuation.
-There was a place to document the staff in charge of the drill and their signature.
-There was nowhere to document the number of residents who participated in the fire drill, if evacuated residents went to assigned spot, and if the fire alarm was operational.
-On 02/10/24 at 6:15am, a staff member conducted a fire drill.
-The fire drill began at 6:15am and the total time for evacuation was documented as 2 minutes and 35 seconds.
-The description of the fire drill included; the alarms were activated and residents quickly exited the facility, with discussion comments "residents were encouraged to move quickly and

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evacuate the building as soon as alarms goes off."
-On 05/11/24 at 2:40pm, the Administrator conducted a fire drill.
-The evacuation began at 2:40pm and the total time for evacuation was documented as 2 minutes and 23 seconds.
-The number of residents who participated in the fire drill was not documented.
-The description of the fire drill included; alarms were set off and residents and staff evacuated the building, with discussion comments "residents were encouraged to evacuate promptly whenever they hear the alarm".
-On 08/12/24 at 5:15am, the Administrator conducted a fire drill.
-The evacuation began at 5:15am and the total time for evacuation was documented as 2 minutes and 40 seconds.
-The description of the fire drill included; alarms were set off and residents evacuated the building quickly, with discussion comments "residents were told to evacuate more promptly".
-On 11/18/24 at 11:15am, the Administrator conducted a fire drill.
-The evacuation began at 11:15am and the total time for evacuation was documented as 2 minutes and 35 seconds.
-The number of residents who participated in the fire drill was not documented.
-The description of the fire drill included; alarm was set off and all residents evacuated, with discussion comments "encouraged the residents that we can do better".
-There were no additional documentation available for review for unannounced fire drills of the fire evacuation plan for January 2025 through July 17, 2025.

Observation of a fire drill on 07/17/25 at 4:03pm

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C 120	Continued From page 21 revealed: -There were six residents in the facility. -One resident was seated at the dining room table. -A second resident was seated on a sofa in the television/sitting room. -There were 4 residents in their rooms. -At 4:03pm, the Supervisor-in-Charge (SIC) activated the smoke alarm in the hallway next to the dining area/sitting area/and 2 bedrooms by pressing the test button with a broom handle. -The smoke detector emitted a loud chirping noise for 15 to 20 seconds. The staff member repeated the test button activation 3 times. -One resident immediately came from his bedroom and exited through the front door to the grassy front yard. -A second resident immediately came from his bedroom next to the dining area and exited out the back door onto the deck. -A third resident immediately came from his bedroom propelling himself unassisted and exited out the back door onto the deck. -Two residents did not attempt to move or to evacuate the facility; they continued to sit in place one at the table and one on the sofa. -The sixth resident did not exit his room. -After a period of 5 minutes the staff member moved back to the dining area. Second interview with the SIC on 07/17/25 at 2:15pm revealed: -She had been working at the facility since February 2025 but at the Administrator's other facilities for a few years. -She was the SIC and worked Monday through Friday each week, 24-hour shifts. -She was not responsible for conducting fire drills; the Administrator conducted the fire drills if they were being done.	C 120		

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C 120	Continued From page 22 Interview with 2 residents on 07/17/25 at 1:13pm and 1:15pm revealed: -There had been fire drills in the past year. -The facility had not conducted a fire drill in quite a while. -They did not remember the date of the last fire drill. -The Administrator conducted most of the fire drills. Interview with a third resident on 07/18/25 at 11:30am revealed:. -He knew to evacuate to the front or back of the building in the event of a fire. -The Administrator had done fire drills in the past to practice where and how residents should exit the building. -The Administrator routinely alerted residents that a fire drill was going to be done prior to activating fire alarms. -There had not been a fire drill in 2025, as far as he remembered. Third interview with the SIC on 07/17/25 at 4:25pm revealed she did not know if residents were responding to fire drills appropriately because she had not conducted a fire drill or had a fire emergency since she had been at the facility. Telephone interview with the Administrator on 07/18/25 at 9:00am revealed: -He was responsible for ensuring fire drills were conducted. -He thought he conducted fire drills at the facility more recent than November 2024. -The documentation for fire drills at the facility should be kept in the fire safety binder. -He did not have additional fire and evacuation	C 120		

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C 120	Continued From page 23 documentation available for the facility. _____ The facility failed to conduct unannounced fire and emergency evacuation drills quarterly without prompting or alerting the residents and to maintain documentation of the fire drills. The facility's failure to ensure the residents were trained on evacuating the facility safely was detrimental to the residents' health, safety, and welfare, which constitutes a Type B Violation. _____ The facility provided a Plan of Protection in accordance to G.S. 131D-24 on 07/18/25. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED SEPTEMBER 01, 2025.	C 120		
C 188	10A NCAC 13G .0601 (g) Mangement And Other Staff 10A NCAC 13G .0601 Management And Other Staff (g) Additional staff shall be employed as needed for housekeeping and the supervision and care of the residents in accordance with the rules of this Subchapter. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews, and record reviews, the facility failed to ensure staff was	C 188		

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C 188	Continued From page 24 always awake in the facility for the safety and supervision of 2 of 2 sampled residents (#1, #2) including a resident who was known to have dementia and was intermittently disoriented (#1), and a resident with declining cognitive abilities and incontinence (#2). The findings are: Review of the facility's license revealed: -The facility was licensed effective 01/01/25 for a capacity of 6 ambulatory residents. -The expiration date of the facility's license was 12/31/25. Observation of the facility's floor plan revealed: -The front entrance opened into a television/sitting room. -There were 5 residents bedrooms: 2 bedrooms were to the left of the television/sitting room and 3 residents' bedrooms were down a hallway to the right of the television/sitting room -The dining area was straight through the television/sitting room with the kitchen on the right side of the dining area. -Between the dining area and the kitchen there was a partition extending from the floor upward about ¾ the distance to the ceiling. (There was a chain for locking the partition that was unlocked.) -There was a room located through the kitchen, extending off the far left back side of the kitchen, with a bed, the medication cart, resident records and facility paperwork. -The back exit of the facility was in the dining area and led outside to a deck. -The deck extended to the exterior wall of the room off the kitchen. -There was a window in the middle of the exterior wall of the room off the kitchen that was accessible from the deck.	C 188		

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C 188	Continued From page 25 Interview with the Supervisor-in-Charge (SIC) on 07/17/25 at 9:00am revealed: -There was a census of 6 residents. -One resident was attending a day program and was not at the facility. Second interview with the SIC on 07/17/25 at 2:15pm revealed: -She had been working at the facility since February 2025 but at the Administrator's other facilities for a few years. -She was the SIC and worked Monday through Friday each week, 24-hour shifts. -Her sleeping quarters were located in the room with the bed located through the kitchen. -She usually was in the room located through the kitchen from 10:00pm to 6:00am. -She pulled the partition closed at night when she went into the room through the kitchen. -After 10:00pm, she set the alarm on her phone to make rounds and check on residents every 2 hours throughout the night. -At 6:00am, she was up to assist residents and prepare the breakfast meal. 1. Review of Resident #1's current FL2 dated 10/17/24 revealed: -Diagnoses included dementia with behaviors, and schizoaffective disorder. -The resident was intermittently disoriented. -He was ambulatory. Review of Resident #1's Resident Register dated 06/22/22 revealed: -The resident was admitted on 06/22/22. -He was forgetful and needed reminders. Review of Resident #1's assessment and care plan dated 02/15/24 revealed:	C 188		

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C 188	Continued From page 26 -He was sometimes disoriented, forgetful and needed reminders. -He required extensive assistance from staff with activities of daily living with bathing, dressing, and grooming/personal hygiene. Interview with a resident on 07/18/25 at 11:30am revealed: -Resident #1 had gone outside after 10:00pm a few times. -The facility replaced the alarm on the door to the back deck about a month ago. -He stayed in his room at night and did not know if Resident #1 had gone outside after 10:00pm in the last few weeks. Interview with a second resident on 07/18/25 at 12:05pm revealed: -He was up late in the facility sometimes and had seen Resident #1 wandering around the facility. -He did not routinely see staff making checks on residents throughout the night. -He thought Resident #1 needed staff available at all times of the day and night. -Resident #1 wore incontinent briefs and occasionally at night when the SIC was in her sleeping area, he would remove his soiled incontinent brief and leave it laying throughout different areas of the facility. -He cleaned up after Resident #1 and would remind Resident #1 to put on another incontinent brief so he would not wander around without an incontinent brief or clothing. -He had known Resident #1 for many years, even before coming to the facility. -Resident #1 wandered throughout the facility, in and out of residents' rooms during the day and at night. -The SIC usually was in her room after 10:00pm until around 6:00am.	C 188		

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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 188	Continued From page 27 -He had observed Resident #1 a few times during the night leaning on the partition between the dining area and the kitchen and calling for staff. -Resident #1 wandered outside the facility a couple of times. -The facility got a new door alarm recently and kept the doors alarmed because Resident #1 smoked and would go outside after 10:00pm to find a discarded cigarette butt. -One time (not sure of the date) Resident #1 went on the deck after 10:00pm to smoke and locked himself out and had to knock on the SIC's window accessed from the back deck. Interview with the SIC on 07/18/25 at 2:35pm revealed: -The facility's exit doors were alarmed all the time. -Resident #1 had dementia. -The SIC assisted Resident #1 with all his activities of daily living and personal care. -The SIC allotted Resident # 1 one cigarette every 2 hours because the resident did not realize how much he would smoke unsupervised. -Resident #1 had tried to climb over the kitchen partition after it was locked at 10:00pm on more than one occasion. -She had informed the Administrator of the resident's behaviors (but could not remember the date or time). -Resident #1 had gotten outside of the facility after 10:00pm and tapped on her window to let him back inside. -He knew where her sleeping quarter's window was located from the back deck. -The facility had installed a new, louder back door alarm one month ago. -She could hear the back door alarm better in her room now. -On 07/15/25, Resident #1 was outside the facility	C 188		

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C 188	Continued From page 28	C 188		

after 10:00pm and knocked on her window to get back in the facility. She was not aware he had gone outside.
-She had not been instructed that she was not able to sleep at night due the needs of Resident #1.

Telephone interview with Resident #1's Primary Care Provider's (PCP's) nurse on 07/18/25 at 2:55pm revealed:
-Resident #1 was last seen at the clinic in December 2024.
-Resident #1 had diagnoses of dementia and schizophrenia.
-Resident #1 was noted as mostly non-verbal with the caregiver responding to most of the health questions. There was no additional information for cognitive status.
-Resident #1 was seen at the clinic 02/6/23 with notation that the resident's confusion had worsened over the past year. The resident was pleasantly confused.
-Resident #1 had dementia from a traumatic brain injury.
-She would expect the resident's dementia would have increased with time.
-Resident #1 may not be able to remember to respond appropriately to an emergency without prompting due to the dementia diagnosis.

Attempted telephone interview with Resident #1's guardian on 07/18/25 at 1:50pm was unsuccessful.

Telephone interview with the Administrator on 07/18/25 at 3:15pm revealed:
-He was not aware of Resident #1 going out unassisted by staff after 10:00pm when the SIC was in her sleep area.
-The door alarm for the back door leading to the

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deck had been changed within the last month to emit a louder alarm to alert staff in the building when residents went outside.
-He did not know that there had to be awake staff during the night to meet the needs of a resident with dementia and known to wander.

Refer to the interview with the Administrator on 07/18/25 at 3:15pm.

2. Review of Resident #2's hospital FL2 dated 02/10/23 revealed:
-Diagnoses included acute kidney injury, congestive heart failure, psychosis, and traumatic brain injury (07/23/21).
-He was oriented to self, time, situation, and place.

Review of Resident #2's Resident Register dated 01/19/23 revealed Resident #1 memory was adequate.

Review of Resident #2's assessment and care plan dated 03/20/24 revealed:
-Resident #2 had daily incontinence for bladder and bowel.
-He was sometimes disoriented and forgetful needing reminders.
-He required extensive assistance from staff with toileting, dressing, and bathing.

Observation of Resident #2 on 07/17/25 at 4:00pm revealed:
-Resident #2 had his eyes closed and was nodding his head slowly backward and forward.
-He was clean with no soiled clothes or foul odors.

Interview with Resident #2's roommate on 07/18/25 at 11:30am revealed:

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C 188	Continued From page 30 -He did not see staff routinely checking on Resident #2 throughout the night. -Resident #2 wore an incontinent brief due to his bowel incontinence. -Resident #2 needed prompting to got to the bathroom. -Four or five months ago Resident #2 had a bowel incontinence accident with leakage from his incontinent brief onto the bed linens after 10:00pm. -The SIC routinely went to her sleep area around 10:00pm. -Resident #2 left his room, walked around the facility looking for the SIC, all the time leaking bowel excrement from his incontinent brief. -The residents could not get the SIC's attention by knocking on the partition door and calling the staff's name. -Resident #2 stripped his bed of the soiled linens and tried to wash the bed linens with no detergent. -Another resident cleaned up the floor in the bedroom, television/sitting room, and dining area. -The residents' room had a foul odor from the incontinent episode making it hard for the residents to sleep. -The SIC did not come to check on the residents until the next morning. Interview with a second resident on 07/18/25 at 12:05pm revealed: -He had helped clean up the facility after 10:00pm when other residents had incontinent episodes. -He had mopped the facility after 10:00pm when the SIC was in her sleep area a few times because the SIC had not responded to tapping on the partition door or calling their name. Interview with Resident #2's guardian on 07/18/25 at 1:35pm revealed:	C 188		

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C 188	Continued From page 31 -He was Resident #2's guardian for more than 2 years. -Resident #2 was ambulatory on his own but seemed to be getting more forgetful. -Resident #2 had declined in his cognitive abilities over the last 2 years. -He was clean and appropriately dressed with no foul odors when he visited the resident. Interview with Resident #2 on 07/18/25 at 2:49pm revealed at night , if staff were not visible he did not know how to get the staff's attention. "He would raise his hand if staff not visible." Attempted telephone interview with Resident #2's primary care provider (PCP) on 07/17/25 at 4:38pm and 07/18/25 at 10:00am was unsuccessful. Interview with the SIC on 07/18/25 at 2:35pm revealed: -Resident were routinely in their bedrooms by 10:00pm each night. -She went to her sleeping area at 10:00pm. -She pulled the partition closed between the dining room area and the kitchen to prevent residents from taking beverages and food from the refrigerator or counter unsupervised. -Her sleeping area was adjacent to the kitchen area and behind the closed partition. -She checked on resident's every 2 hours during the night. -Residents could knock on the partition to get her attention and assistance. -She did not know of an instance when Resident #2 had an incontinence episode requiring assistance with clean up by other residents. -She had not been instructed that she was not able to sleep at night due the needs of any resident.	C 188		

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C 188	Continued From page 32 Telephone interview with the Administrator on 07/18/25 at 3:15pm revealed he did not know Resident #2 had incontinent episodes during the night and staff were not available to assist with changing the resident and cleaning up the soiled facility. Refer to the telephone interview with the Administrator on 07/18/25 at 3:15pm. _____ Telephone interview with the Administrator on 07/18/25 at 3:15pm revealed: -He was unable to come to the facility on 07/17/25 and 07/18/25 due to medical conditions for a family member. -He came to the facility 2 or 3 days a week and was available by texting at all times. -The SIC worked Monday to Friday as a live in staff member. -There was a relief staff on weekends who also worked as a live in staff. -The SIC was supposed to be available any time day or night for residents' care needs. -The SIC was supposed to make care checks every 2 hours to see if a resident needed any additional care. _____ The facility failed to ensure there was awake staff to provide supervision to a resident (#1) who had a diagnosis of dementia and wandered at times and had gotten outside the facility without staff's knowledge (#1); and to provide personal care for a resident who had declining cognitive abilities and incontinence and required assistance with toileting, bathing and dressing (#2). The facility's failure was detrimental to the safety and welfare of the residents and constitutes a Type B Violation. _____	C 188		

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C 188	Continued From page 33 The facility provided a Plan of Protection in accordance to G.S. 131D-24 on 07/18/25. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED SEPTEMBER 01, 2025.	C 188		
C 203	10A NCAC 13G .0702 (b) Tuberculosis Test and Medical Examination 10A NCAC 13G .0702 Tubercluosis Test And Medical Examination And Immunizations (b) Each resident shall have a medical examination completed by a licensed physician or physician extender prior to admission to the home and annually thereafter. For the purposes of this Rule, "physician extender" means a licensed physician assistant or licensed nurse practitioner. The medical examination completed prior to admission shall be used by the facility to determine if the facility can meet the needs of the resident. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure the FL2s for 5 of 6 sampled residents (#2, #3, #4, #5, and #6) were updated annually. The findings are: 1. Review of Resident #2's hospital FL2 dated	C 203		

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02/10/23 revealed:
-Diagnoses included acute kidney injury, congestive heart failure, psychosis, and traumatic brain injury (07/23/21).
-He was oriented to self, time, situation, and place.

Review of Resident #2's Resident Register revealed Resident #1 was admitted to the facility on 01/19/23.

Review of Resident #2's assessment and care plan dated 03/20/24 revealed:
-Resident #2 had daily incontinence for bladder and bowel.
-He was sometimes disoriented and forgetful needing reminders.
-He required extensive assistance from staff with toileting, dressing, and bathing.
-He was independent with eating, ambulation, transferring, and grooming.

Review of Resident #2's record revealed:
-There was a hospital FL2 dated 01/19/23.
-There was no other FL2 available for review after 03/20/24.

Attempted telephone interviews with Resident #2's primary care provider (PCP) on 07/17/25 at 4:38pm and 07/18/25 at 10:00am was unsuccessful.

Refer to the interview with the Supervisor-in-Charge (SIC) on 07/17/25 at 4:40pm.

Refer to the telephone interview with the Administrator on 07/18/25 at 9:00am.

2. Review of Resident #3's FL2 dated 03/20/24

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revealed:
-Diagnoses included diabetes mellitus, hypertension, and anoxic brain injury (lack of oxygen to the brain).
-He was ambulatory,

Review of Resident #3's Resident Register revealed the resident was admitted to the facility on 12/20/22.

Review of Resident #'3's care plan dated 03/20/24 revealed Resident #3 was independent with all activities of daily living.

Review of Resident #3's record revealed there was no other FL2s available for review.

Attempted telephone interviews with Resident #4's primary care provider (PCP) on 07/17/25 at 4:38pm and 07/18/25 at 10:00am was unsuccessful.

Refer to the interview with the Supervisor-in-Charge (SIC) on 07/17/25 at 4:40pm.

Refer to the telephone interview with the Administrator on 07/18/25 at 9:00am.

3. Review of Resident #4's FL2 dated 03/20/24 revealed:
-Diagnoses included major depression, prolonged QT intervals, suicidal ideations, alcohol abuse, allergic rhinitis, and obsessive-compulsive disorder.
-He was ambulatory.

Review of Resident #4's Resident Register revealed the resident was admitted to the facility on 09/16/21.

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C 203	Continued From page 36 Review of Resident #4's current care plan dated 03/24/24 revealed the resident was independent with all activities of daily living. Review of Resident #4's record revealed there was no other FL2s available for review. Attempted telephone interviews with Resident #2's primary care provider (PCP) on 07/17/25 at 4:38pm and 07/18/25 at 10:00am was unsuccessful. Refer to the interview with the Supervisor-in-Charge (SIC) on 07/17/25 at 4:40pm. Refer to the telephone interview with the Administrator on 07/18/25 at 9:00am. 4. Review of Resident #5's FL2 dated 03/20/24 revealed: -Diagnoses included degenerative disease of lumbar spine , emphysema, sleep apnea, essential hypertension, anxiety, depression, rotator cuff tear right shoulder, osteoarthritis of the hips. -The resident was ambulatory. Review of Resident #5's Resident Register revealed the resident was admitted to the facility on 03/16/18. Review of Resident #5's current care plan dated 03/20/24 revealed the resident required extensive assistance from staff with activities of daily living for bathing, dressing, and grooming/personal hygiene.. Review of Resident #5's record revealed there	C 203		

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was no other FL2s available for review.

Attempted telephone interviews with Resident #5's primary care provider (PCP) on 07/17/25 at 4:38pm and 07/18/25 at 10:00am was unsuccessful.

Refer to the interview with the Supervisor-in-Charge (SIC) on 07/17/25 at 4:40pm.

Refer to the telephone interview with the Administrator on 07/18/25 at 9:00am.

5. Review of Resident #6's FL2 dated 01/23/24 revealed:
-Diagnoses included diabetes mellitus Type II, hypertension, major depressive disorder-recurrent moderate. and above the knee amputation.
-The resident was semi-ambulatory with a wheelchair.

Review of Resident #6's Resident Register revealed the date of admission was blank but the resident signed the Resident Register on 02/12/24.

Review of Resident #6's current care plan dated 02/12/24 revealed the resident was independent with all activities of daily living.

Review of Resident #6's record revealed:
-There was a FL2 dated 01/23/24.
-There was no other more current FL2 available for review.

Attempted telephone interviews with Resident #5's primary care provider (PCP) on 07/17/25 at 4:38pm and 07/18/25 at 10:00am was

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C 203	Continued From page 38 unsuccessful. Refer to the interview with the Supervisor-in-Charge (SIC) on 07/17/25 at 4:40pm. Refer to the telephone interview with the Administrator on 07/18/25 at 9:00am. _____ Interview with the Supervisor-in-Charge (SIC) on 07/17/25 at 4:40pm revealed: -She had been working at the facility since February 2025. -She was not responsible for updating residents' FL2s. -The Administrator was responsible for ensuring the residents' FL2's were updated. Telephone interview with the Administrator on 07/18/25 at 9:00am revealed: -He knew residents' FL2s should be updated annually. -The Administrator was responsible for ensuring the residents' FL2 were updated annually. -He had several updated FL2s in his emails and maybe at the facility to be filed. -He could not provide the residents' updated FL2s at the current time.	C 203		
C 230	10A NCAC 13G .0801 (a) (b) Resident Assessment 10A NCAC 13G .0801 Resident Assessment (a) The facility shall complete an assessment of each resident within 30 days following admission and annually thereafter. (b) The facility shall use the assessment instrument and instructional manual established	C 230		

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C 230	Continued From page 39 by the Department or an instrument developed by the facility that contains at least the same information as required on the instrument established by the Department. The assessment shall be completed by an individual who has met the requirements of Rule .0508 of this Subchapter. If the facility develops its own assessment instrument, the facility shall ensure that the individual responsible for completing the resident assessment has completed training on how to conduct the assessment using the facility's assessment instrument. The assessment shall be a functional assessment to determine the resident's level of functioning to include psychosocial well-being, cognitive status, and physical functioning in activities of daily living. The assessment instrument established by the Department shall include the following: (1) resident identification and demographic information; (2) current diagnoses; (3) current medications; (4) the resident's ability to self-administer medications; (5) the resident's ability to perform activities of daily living, including bathing, dressing, personal hygiene, ambulation or locomotion, transferring, toileting, and eating; (6) mental health history; (7) social history, to include family structure, previous employment and education, lifestyle habits and activities, interests related to community involvement, hobbies, religious practices, and cultural background; (8) mood and behaviors; (9) nutritional status, including specialized diet or dietary needs; (10) skin integrity; (11) memory, orientation and cognition;	C 230		

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C 230	Continued From page 40 (12) vision and hearing; (13) speech and communication; (14) assistive devices needed; and (15) a list of and contact information for health care providers or services used by the resident. The assessment instrument established by the Department is available on the Division of Health Service Regulation website at https://policies.ncdhhs.gov/divisional/health-benefits-nc-medicaid/forms/dma-3050r-adult-care-home-personal-care-physician/@@display-file/form_file/dma-3050R.pdf. at no cost. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure 6 of 6 sampled residents (#1, #2, #3, #4, #5, and #6) assessments were updated annually. The findings are: 1. Review of Resident #1's current FL2 dated 10/17/24 revealed: -Diagnoses included dementia with behaviors, and schizoaffective disorder. -The resident was intermittently disoriented. -He was ambulatory. Review of Resident #1's Resident Register revealed the resident was admitted to the facility on 12/07/17. Review of Resident #1's assessment dated 02/15/24 revealed: -He received mental health services. -He had limited ability for ambulation. -He had occasional incontinence. -He was sometimes disoriented, and forgetful (needing reminders).	C 230		

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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 230	Continued From page 41 Review of Resident #1's assessments revealed there was no assessment after 02/15/24. Observations on 07/17/25 from 3:00pm to 5:00pm revealed: -Resident #1 returned to the facility from a day program ambulating without the assistance of a device. -Resident #1 was instructed by the Supervisor-in-Charge (SIC) to wash his hands. -Resident #1 left the dining area, unassisted, and returned to the dining area. -He moved around the facility and onto the smoking deck independently without assistance of a device. Interview with Resident #1 on 07/17/25 at 4:45pm revealed staff helped him by reminding him to use the toilet, take a bath, get dressed for his day program, and wash his hands before meals. Telephone interview with Resident #1's Primary Care Provider's (PCP's) nurse from a call placed on 07/18/25 at 2:55pm revealed: -Resident #1 was seen at the clinic 02/06/23 with notation that the resident's confusion had worsened over the past year. The resident was pleasantly confused. -Resident #1 was last seen at the clinic in December 2024. -Resident #1 was noted as mostly non-verbal with the caregiver responding to most of the health questions on the visit in December 2024. There was no additional information for cognitive status in December 2024. -Resident #1 had dementia from a traumatic brain injury. -She would expect the resident's dementia would have increased with time.	C 230		

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C 230	Continued From page 42 Attempted telephone interview with Resident #1's guardian on 07/18/25 at 1:50pm was unsuccessful. Refer to interview with the Supervisor-in-Charge (SIC) on 07/17/25 at 4:40pm. Refer to telephone interview with the Administrator on 07/18/25 at 9:00am. 2. Review of Resident #2's hospital FL2 dated 02/10/23 revealed: -Diagnoses included acute kidney injury, congestive heart failure, psychosis, and traumatic brain injury (07/23/21). -He was oriented to self, time, situation, and place. Review of Resident #2's Resident Register revealed Resident #2 was admitted to the facility on 01/19/23. Review of Resident #2's assessment dated 03/20/24 revealed: -Resident #2 had daily incontinence for bladder and bowel. -He was sometimes disoriented and forgetful needed reminders. -His hearing was documented adequate for daily activities. Review of Resident #2's assessments revealed there was no assessment after 03/20/24. Observations on 07/17/25 from 8:00am to 5:00pm revealed: -Resident #2 ambulated independently around the facility. -At 12:15pm, Resident #2 ambulated	C 230		

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independently to the dining area for lunch, and ate independently.
-At 4:04pm revealed, Resident #2 was seated on a sofa in the television/sitting room.

Interview with Resident #2 on 07/18/25 at 2:49pm revealed:
-He was hard of hearing.
-Staff assisted him with his showers and bathing.
-Staff reminded him to go to the bathroom for toileting.
-Staff checked his incontinent brief and changed it when needed.

Interview with Resident #2's guardian on 07/18/25 at 1:35pm revealed:
-Resident #2 was hard of hearing and required a louder voice when interviewing.
-He was Resident #2's guardian for more than 2 years.
-Resident #2 was ambulatory on his own but seemed to be getting more forgetful.
-Resident #2 had declined in in cognitive abilities over the last 2 years.

Attempted telephones interview with Resident #2's primary care provider (PCP) on 07/17/25 at 4:38pm and 07/18/25 at 10:00am was unsuccessful.

Interview with the Supervisor-in-Charge (SIC) on 07/17/25 at 4:40pm revealed she assisted Resident #2 with reminders for toileting and bathing, and checked his incontinence brief every 2 hours.

Refer to interview with the Supervisor-in-Charge (SIC) on 07/17/25 at 4:40pm.

Refer to telephone interview with the

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C 230	Continued From page 44 Administrator on 07/18/25 at 9:00am. 3. Review of Resident #3's FL2 dated 03/20/24 revealed: -Diagnoses included diabetes mellitus, hypertension, and anoxic brain injury (lack of oxygen to the brain). -He was ambulatory, Review of Resident #3's Resident Register revealed the resident was admitted to the facility on 12/20/22. Review of Resident #3's assessment dated 03/15/24 revealed: -He had no problems with ambulation and upper extremities. -He was continent for bowel and bladder. -He was oriented and had adequate memory, and speech and hearing was normal. Review of Resident #3's assessments revealed there was no assessment after 03/15/24. Observations on 07/17/25 from 8:00am to 5:00pm revealed: -Resident #3 ambulated independently around the facility. -At 12:15pm, Resident #3 ambulated independently to the dining area for lunch, and ate independently. Interview with the Supervisor-in-Charge (SIC) on 07/17/25 at 4:40pm revealed Resident #3 was independent with his activities of daily living (ADLs). Interview with Resident #3 on 07/18/25 at 11:30am revealed he needed no assistance from staff for his ADLs.	C 230		

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C 230	Continued From page 45 Attempted telephone interviews with Resident #4's primary care provider (PCP) on 07/17/25 at 4:38pm and 07/18/25 at 10:00am was unsuccessful. Refer to interview with the Supervisor-in-Charge (SIC) on 07/17/25 at 4:40pm. Refer to telephone interview with the Administrator on 07/18/25 at 9:00am. 4. Review of Resident #4's FL2 dated 03/20/24 revealed: -Diagnoses included major depression, prolonged QT intervals, suicidal ideations, alcohol abuse, allergic rhinitis, and obsessive-compulsive disorder. -He was ambulatory. Review of Resident #4's Resident Register revealed the resident was admitted to the facility on 09/16/21. Review of Resident #4's current assessment dated 03/10/24 revealed: -He had no problems with ambulation and upper extremities. -He was continent for bowel and bladder. -He was oriented and had adequate memory, and speech and hearing was normal. Review of Resident #4's assessments revealed there was no assessment after 03/10/24. Observations of Resident #4 on 07/17/25 from 9:00am to 5:00pm revealed he ambulated throughout the facility independently. Interview with Resident #4 on 07/17/25 at 4:15pm	C 230		

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revealed he was independent with his ADLs and required no assistance from staff.

Attempted telephone interview with Resident #4's primary care provider (PCP) on 07/17/25 at 4:38pm and 07/18/25 at 10:00am was unsuccessful.

Interview with the Supervisor-in-Charge (SIC) on 07/17/25 at 4:40pm revealed Resident #4 was independent with ADLs.

Refer to interview with the Supervisor-in-Charge (SIC) on 07/17/25 at 4:40pm.

Refer to telephone interview with the Administrator on 07/18/25 at 9:00am.

5. Review of Resident #5's FL2 dated 03/20/24 revealed:
-Diagnoses included degenerative disease of lumbar spine, emphysema, sleep apnea, essential hypertension, anxiety, depression, rotator cuff tear right shoulder, and osteoarthritis of the hips.
-The resident was ambulatory.

Review of Resident #5's Resident Register revealed the resident was admitted to the facility on 03/16/18.

Review of Resident #5's current assessment dated 03/20/24 revealed:
-Resident #5 was ambulatory with aid of a device.
-He had limited range of motion of upper extremities.
-He was continent for bowel and bladder.
-He was sometimes disoriented.
-He had normal speech, vision and hearing.

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C 230	Continued From page 47 Review of Resident #5's assessments revealed there was no assessment after 03/20/24. Interview with Resident #5 on 07/18/25 at 2:00pm revealed: -He was independent of his activities of daily living. -He had a bad back and bad hips that hurt when he walked a long way or stood for a long time. -He had a cane, walker and wheelchair he used occasionally if he planned to to be walking or standing for a long time. -He had multiples surgeries on his shoulder, back, and hips. Attempted telephone interviews with Resident #5's primary care provider (PCP) on 07/17/25 at 4:38pm was unsuccessful. Interview with the Supervisor-in-Charge (SIC) on 07/17/25 at 4:40pm revealed Resident #5 was independent with ADLs. Refer to interview with the Supervisor-in-Charge (SIC) on 07/17/25 at 4:40pm. Refer to telephone interview with the Administrator on 07/18/25 at 9:00am. 6. Review of Resident #6's FL2 dated 01/23/24 revealed: -Diagnoses included diabetes mellitus Type II, hypertension, major depressive disorder-recurrent moderate, and above the knee amputation. -The resident was semi-ambulatory with a wheelchair. Review of Resident #6's Resident Register revealed the date of admission was blank but the	C 230		

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resident signed the Resident Register on 02/12/24.

Review of Resident #6's assessment dated 02/12/24 revealed:
-Resident #6 was ambulatory with aid of a device (wheelchair).
-He was continent for bowel and bladder.
-He was sometimes disoriented.
-He had normal speech, vision and hearing.

Review of Resident #6's assessments revealed there was no assessment after 02/12/24.

Interview with Resident #6 on 07/18/25 at 12:05pm revealed:
-He used a wheelchair for mobility after his leg amputation surgery.
-He was able to transfer independently to the bed, toilet, and bathtub.
-He needed no assistance with his activities of daily living.

Attempted telephone interviews with Resident #6's primary care provider (PCP) on 07/17/25 at 4:38pm and 07/18/25 at 10:00am was unsuccessful.

Interview with the Supervisor-in-Charge (SIC) on 07/17/25 at 4:40pm revealed:
-Resident #6 used a wheelchair to ambulate due to his amputation of his leg.
-Resident #5 transferred to and from his wheelchair independently.
-Resident #5 was independent with ADLs.

Refer to interview with the Supervisor-in-Charge (SIC) on 07/17/25 at 4:40pm.

Refer to telephone interview with the

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C 230	Continued From page 49 Administrator on 07/18/25 at 9:00am. _____ Interview with the Supervisor-in-Charge (SIC) on 07/17/25 at 4:40pm revealed: -She had been working at the facility since February 2025. -She was not responsible for updating residents' assessments. -The Administrator was responsible for ensuring the residents' assessments were updated. Telephone interview with the Administrator on 07/18/25 at 9:00am revealed: -He knew residents' assessments should be updated annually. -He was responsible for ensuring the residents' assessments were updated annually. -He had several updated assessments in his emails and maybe at the facility to be filed. -He could not provide the residents' updated assessments at the current time.	C 230		
C 443	10A NCAC 13G .1212 Record of Staff Qualifications 10A NCAC 13G .1212 RECORD OF STAFF QUALIFICATIONS A family care home shall maintain records of staff qulaifications required by the rules in Section .0400 of this Subchapter in the facility. When there is an approved cluster of licensed facilities, these records may be kept in one location among the clustered facilities.	C 443		

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C 443	Continued From page 50 This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to maintain records of staff qualifications in the facility for 1 of 1 sampled staff (Staff A). The findings are: Observation upon entrance to the facility on 07/17/25 at 9:10 am revealed: -Staff A, Supervisor-in-Charge (SIC), was on duty. -There were 5 residents observed in the facility. Observation on 07/17/25 from 9:15am to 4:30pm revealed: -Staff A cooked the meals, scrubbed floors, cleaned bathrooms, washed clothes and administered medications. -Staff A provided incontinence care to a resident. -Staff a conducted an unannounced fire drill at 4:04pm on 07/17/25. Review of personnel files on 07/17/25 revealed: -There were no personnel files available for review. -No record was found for Staff A. Interview with Staff A on 07/17/25 at 9:20am revealed: -She worked as the SIC at the facility. -She worked five 24 hour days on Monday through Friday each week. She did not work on the weekends. -She had worked at the facility since February 2025. -She had a lot of training including medication aide training, check off with a nurse, and paperwork completed prior to starting work at the facility in February.	C 443		

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C 443	Continued From page 51 Second interview with Staff A on 07/17/25 at 3:00pm revealed -She did not know where or even if there were personnel files kept at the facility. -She communicated with the Administrator via text messages for the possible location of the personnel files but had not received a response. Attempted telephone interview with the Administrator on 07/17/25 at 4:40pm was unsuccessful due to no answer on the phone. The message mailbox was full and no message could be left. Third interview with the SIC on 07/17/25 at 4:41pm revealed: -The SIC had been sending the Administrator text messages all day related to the survey information request presented by the surveyor. -The Administrator had not been responding to her text request all afternoon. Telephone interview with the Administrator on 07/18/25 at 9:00am revealed: -He had a family emergency and was not available to take phone calls due to poor phone reception. -The SIC could text request for information and he would try to arrange for the information to be sent to the surveyor. -He had personnel files for staff at his central office in another town. -He was aware personnel files should be available for review at the facility. -Staff A had the Health Care Personnel Registry, criminal background check, and other requirements completed upon hire but the records were not at the facility. -He asked to fax the information to the surveyor.	C 443		

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C 443	Continued From page 52 There were no personnel files received by fax for review prior to exiting the survey on 07/18/25 at 5:00pm.	C 443		