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 _____	R 04/10/2026

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 a follow-up survey from 04/09/26 through 04/10/26.	C 000		
C 236	10A NCAC 13G .0802 (a) (c) Resident Care Plan 10A NCAC 13G .0802 Resident Care Plan (a) The facility shall develop and implement a care plan for each resident based on the resident's assessment completed in accordance with Rule .0801 of this Section. The care plan shall be resident-centered and include the resident's preferences related to the provision of care and services. A copy of each resident's current care plan shall be maintained in a location in the facility where it can be accessed by facility staff who are responsible for the implementation of the care plan. (c) The care plan shall include the following: (1) a description of services, supervision, tasks, and level of assistance to be provided to address the resident's needs identified in the resident's assessment in Rule .0801 of this Section; (2) frequency of the services or tasks to be performed; (3) revisions of tasks and frequency based on reassessments in accordance with Rule .0801 of this Section; (4) licensed health professional tasks required according to Rule .0903 of this Section; (5) a dated signature of the assessor upon completion; and (6) a dated signature of the resident's physician or physician extender as defined in Rule .0102 of this Subchapter within 15 days of completion of the care plan certifying the resident is under this physician's care and has a medical diagnosis with associated physical or mental limitations	C 236	RESIDENTS CARE PLANS PROTOCOL WAS REVIEWED. SIC WILL CHECK TO ENSURE THAT ALL CARE PLANS ARE ALWAYS UP DATE. CHECK WILL BE DONE ONCE A MONTH 5/24/26	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: ADMINISTRATOR — (X6) DATE: 5/20/26

Reviewed and Acknowledged K.M. 05/26/26

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 _____	R 04/10/2026

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 236	Continued From page 1 warranting the provision of the personal care services in the above care plan in accordance with G.S. 131D-2.15. This shall not apply to residents assessed through the Medicaid State Plan Personal Care Services Assessment for the portion of the assessment covering tasks needed for each activity of daily living of this Rule for which care planning and signing are directed by Medicaid. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure that 1 of 3 sampled residents (#1) had a care plan available for review. The findings are: Review of Resident #1's current FL2 dated 08/05/25 revealed: -Diagnoses included type 2 diabetes, peripheral neuropathy, hypertension and major depressive disorder. -He was ambulatory with wheelchair. -He was continent of bladder and bowel. Review of Resident #1's Resident Register revealed that Resident #1 was admitted to the facility on 02/12/24. Review of Resident #1's record revealed there was no care plan available for review. Interview with Resident #1 on 04/09/26 at 10:00am revealed: -He had used a wheelchair for over ten years and	C 236		

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 _____	R 04/10/2026

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 236	Continued From page 2 was independent with mobility. -He was "pretty independent" with his Activities of Daily Living (ADL). Interview with the Supervisor-in-Charge (SIC) on 04/10/26 at 2:43pm revealed the Administrator normally ensured resident care plans were completed. Telephone interview with the Administrator on 04/10/26 at 3:01pm revealed: -He did not know Resident #1 did not have a current care plan available for review. -The SIC normally updated resident care plans. -He was responsible to ensure resident care plans were completed.	C 236		
C 246	10A NCAC 13G .0902(b) Health Care 10A NCAC 13G .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews, and record reviews, the facility failed to notify providers of medications that were not administered to 2 of 3 sampled residents (#2 and #3). The findings are: 1. Review of Resident #2's current FL2 dated 05/14/25 revealed: -Diagnoses included chest pain and hypotension. -There was an order for amlodipine (a medication used to treat high blood pressure) 10mg take 1	C 246		

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 _____	R 04/10/2026

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 246	Continued From page 3 tablet daily. Review of Resident #2's February 2026 medication administration record (MAR) revealed: -There was an entry for amlodipine 10mg take 1 tablet daily. -There was documentation Resident #2 was administered amlodipine 10mg from 02/01/26 to 02/28/26. Review of Resident #2's March 2026 MAR revealed: -There was an entry for amlodipine 10mg take 1 tablet daily. -The MAR was blank and there was no documentation amlodipine 10mg was administered to Resident #2. Review of Resident #2's April 2026 MAR from 04/01/26 to 04/10/26 revealed: -There was an entry for amlodipine 10mg take 1 tablet daily. -The MAR was blank and there was no documentation amlodipine 10mg was administered to Resident #2. Observation of the medications on hand for Resident #2 on 04/09/26 at 4:00pm revealed there were no amlodipine 10mg tablets available for administration. Telephone interview with a pharmacist from the facility's contracted pharmacy on 04/10/26 at 10:10am revealed: -Resident #2 had an active order on file for amlodipine 10mg daily. -Resident #2's amlodipine 10mg was last dispensed on 01/27/26 for a quantity of 28 tablets which was a 28-day supply.	C 246		

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 _____	R 04/10/2026

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 246	Continued From page 4 Telephone interview with Resident #2's primary care provider (PCP) on 04/10/26 at 11:56am revealed: -She did not know Resident #2 was not administered amlodipine for about six weeks and the facility had not notified her. -She was concerned Resident #2 was not being administered amlodipine 10mg daily because he needed the amlodipine to control his heart rate and blood pressure. Interview with Resident #2 on 04/10/26 at 3:00pm revealed: -He did not know which medications he was administered. -He took the medications that were administered to him. Interview with the Supervisor-in-Charge (SIC) on 04/10/26 at 2:42pm revealed: -She did not know Resident #2's amlodipine was still an active order. -She had not notified Resident #2's PCP that Resident #2 was not administered amlodipine for about six weeks. Telephone interview with the Administrator on 04/10/26 at 3:01pm revealed he did not know Resident #2 was out of amlodipine since February 2026 and Resident #2's PCP was not notified. Refer to the interview with the SIC on 04/10/26 at 2:42pm. Refer to the telephone interview with the Administrator on 04/10/26 at 3:01pm. 2. Review of Resident #3's current FL2 dated 05/14/25 revealed:	C 246	MEDICATION ADMINISTRATION PROTOCOL WAS REVIEWED ON 4/11/26. ADMINISTRATOR CONTACTED PROVIDER AND ENSURED THAT PRESCRIPTION WAS RECEIVED AND MED WAS DISPENSED BY THE PHARMACY.	

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 _____	R 04/10/2026

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 246	Continued From page 5 -Diagnoses included major depression and obsessive-compulsive disorder (OCD). -There was an order for aripiprazole (a medication used to treat depression) 20mg take 1 tablet daily. -There was an order for fluvoxamine (a medication used to treat depression) 100mg take 1 tablet twice daily. Review of Resident #3's February 2026 medication administration record (MAR) revealed: -There was an entry for aripiprazole 20mg take 1 tablet daily. -There was documentation Resident #3 was administered aripiprazole 20mg from 02/01/26 to 02/28/26. -There was an entry for fluvoxamine 100mg take 1 tablet twice daily. -There was documentation Resident #3 was administered fluvoxamine 100mg from 02/01/26 to 02/28/26. Review of Resident #3's March 2026 MAR revealed: -There was an entry for aripiprazole 20mg take 1 tablet daily. -The MAR was blank and there was no documentation aripiprazole 20mg was administered to Resident #3. -There was an entry for fluvoxamine 100mg take 1 tablet twice daily. -The MAR was blank and there was no documentation fluvoxamine 100mg was administered to Resident #3. Review of Resident #3's April 2026 MAR from 04/01/26 to 04/10/26 revealed: -There was an entry for aripiprazole 20mg take 1 tablet daily. -There was documentation Resident #3 was	C 246	SIC will check MEDICATIONS WEEKLY TO ENSURE THAT ALL MEDICATIONS ON THE MAR ARE AVAILABLE FOR RESIDENTS TO TAKE.	4/12/26

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 _____	R 04/10/2026

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 246	Continued From page 6 administered aripiprazole 20mg from 04/01/26 to 04/09/26. -There was an entry for fluvoxamine 100mg take 1 tablet twice daily. -The MAR was blank and there was no documentation fluvoxamine 100mg was administered to Resident #3. Observation of the medications on hand for Resident #3 on 04/09/26 at 3:40pm revealed: -There were no aripiprazole 20mg tablets available for administration. -There were no fluvoxamine 100mg tablets available for administration. Telephone interview with a pharmacist from the facility's contracted pharmacy on 04/10/26 at 10:10am revealed: -Resident #3 had an active order on file for aripiprazole 20mg daily. -Resident #3's aripiprazole 20mg was last dispensed on 01/27/26 for a quantity of 28 tablets which was a 28-day supply. -Resident #3 had an active order on file for fluvoxamine 100mg twice daily. -Resident #3's fluvoxamine 100mg was last dispensed on 01/27/26 for a quantity of 56 tablets which was a 28-day supply. Interview with Resident #3's mental health provider (MHP) on 04/10/26 at 11:23am revealed: -She was not notified and did not know Resident #3 was not administered aripiprazole and fluvoxamine for about six weeks. -Resident #3 should be administered aripiprazole 20mg daily and fluvoxamine 100mg twice daily. -Resident #3 needed to be administered aripiprazole and fluvoxamine to manage depression.	C 246		

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 _____	R 04/10/2026

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 246	Continued From page 7 Interview with Resident #3 on 04/10/26 at 12:37pm revealed: -He did not know which medications he was administered. -He could not identify his individual medications and took the medications that were administered to him. -He had not been feeling more depressed in the last month and felt "about the same." Interview with the Supervisor-in-Charge (SIC) on 04/10/26 at 2:42pm revealed she had not notified Resident #3's MHP that Resident #3 was not administered aripiprazole and fluvoxamine for about six weeks. Telephone interview with the Administrator on 04/10/26 at 3:01pm revealed he did not know Resident #3's MHP was not notified that Resident #3 was not administered aripiprazole or fluvoxamine since February 2026. Refer to the interview with the SIC on 04/10/26 at 2:42pm. Refer to the telephone interview with the Administrator on 04/10/26 at 3:01pm. Interview with the Supervisor-in-Charge (SIC) on 04/10/26 at 2:42pm revealed the SIC or the Administrator normally notified the provider if medications were not administered to the residents. Telephone interview with the Administrator on 04/10/26 at 3:01pm revealed he expected staff to notify the residents' providers when residents were not administered medications and expected staff to check medication cycle fills for discrepancies.	C 246	ADMINISTRATOR CONTACTED THE MHP ON 4/10/26 AND ENSURED THAT THE PRESCRIPTIONS WERE SENT TO THE PHARMACY AND MED WAS DISPENSED BY THE PHARMACY. THE RESIDENT HAS ALL THE MEDS HE NEEDS TO BE ON.	4/12/26

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 _____	R 04/10/2026

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 246	Continued From page 8 The facility failed to notify the prescribing practitioners of medications not being available for administration for 2 of 3 sampled residents placing the residents at risk for elevated blood pressure and heart rate (#2) and worsening depression (#3). This failure was detrimental to the health, safety and welfare of the residents which constitutes a Type B Violation. The facility failed to provide an acceptable plan of protection in accordance with G.S. 131D-34 by the exit on 04/10/26. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED MAY 25, 2026.	C 246		
C 270	10A NCAC 13G .0904 (c)(7) Nutrition And Food Service 10A NCAC 13G .0904 Nutrition And Food Service Menus in Family Care Homes: (7) The facility shall have a matching therapeutic diet menu for any resident's physician-ordered therapeutic diet for guidance of food service staff. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure matching therapeutic menus for guidance when preparing meals for 1 of 3 sampled residents (#2) with a physician's order for a heart healthy low sodium diet (#2).	C 270		

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 _____	R 04/10/2026

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 270	Continued From page 9 The findings are: Observation of the kitchen on 04/09/26 revealed there were no therapeutic diet menus for staff guidance when preparing meals. Review of Resident #2's current FL-2 dated 05/14/25 revealed diagnoses included chest pain and hypotension. Review of Resident #2's hospital after visit summary (AVS) dated 12/23/25 revealed there was an order for a heart healthy low sodium diet if a provider had not specified diet instructions. Observation of the lunch meal on 04/09/26 from 12:45pm to 1:10pm revealed: -Resident #2 was served a fish filet, beans, corn, mixed vegetables, a biscuit, lemonade, and a clementine orange. -Resident #2 ate 100 percent of his lunch meal. Interview with the Supervisor-in-Charge (SIC) on 04/10/26 at 9:40am revealed: -She followed the regular menus for cooking meals. -There were no therapeutic menus for guidance on diets that were not regular diets. Interview with the Administrator on 04/10/26 at 3:01pm revealed: -The therapeutic menus were in his office but were not in the facility. -He should have ensured the SIC knew how to access the therapeutic menus. -He was responsible to ensure there were therapeutic menus available for staff guidance in the facility.	C 270	THE THERAPEUTIC MENU IN THE STAFF ROOM HAS BEEN MOVED TO THE KITCHEN SO THAT ALL STAFF CAN HAVE ACCESS TO IT.	4/15/26

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 _____	R 04/10/2026

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 273	Continued From page 10	C 273		
C 273	10A NCAC 13G .0904(d)(3) Nutrition and Food Service 10A NCAC 13G .0904 Nutrition and Food Service (d) Food Requirements in Family Care Homes: (3) Daily menus for regular diets shall be based on the U.S. Department of Agriculture Dietary Guidelines for Americans 2020-2025, which are hereby incorporated by reference, including subsequent amendments and editions. These guidelines can be found at https://dietaryguidelines.gov/sites/default/files/2021-03/Dietary_Guidelines_for_Americans-2020-2025.pdf, at no cost. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure that 8 ounces of milk or other equivalent dairy products were served three times daily to the Assisted Living (AL) residents. The findings are: Review of the facility's census revealed a census of 4 residents. Observation of the lunch meal service on 04/09/26 between 12:45pm and 1:15pm revealed: -There were 4 residents present for the lunch	C 273		

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 _____	R 04/10/2026

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 273	Continued From page 11 meal service. -The Supervisor-in-Charge (SIC) served the lunch meal to the residents. -The residents were served lemonade. -There were 4 residents who were not offered or served milk and there were no other dairy products offered or served to the 3 residents. Observation of the kitchen on 04/09/26 at 4:09pm revealed there was 1 opened gallon of milk and 1 unopened gallon of milk in the refrigerator. Observation of the lunch meal service on 04/10/26 between 12:45pm and 1:04pm revealed: -There were 4 residents present for the lunch meal service. -The Supervisor-in-Charge (SIC) served the lunch meal to the residents. -There were 4 residents who were not offered or served milk and there were no other dairy products offered or served to the 3 residents. Interview with a resident on 04/10/26 at 12:33pm revealed staff did not normally offer milk with meals. Interview with a second resident on 04/10/26 at 1:05pm revealed: -Staff did not offer him milk three times daily. -Staff only served milk with cereal. Interview with the Supervisor-in-Charge (SIC) on 04/10/26 at 2:35pm revealed she did not know residents must be served or offered milk or a dairy product with each meal. Telephone interview with the Administrator on 04/10/26 at 3:01pm revealed: -He did not know the residents were not served or offered milk with the lunch meal services on	C 273	IT HAS BEEN REITERATED TO STAFF THAT THEY MUST OFF RESIDENTS MILK 3 TIMES DAILY SIC & ADMINISTRATOR TO MONITOR THIS WEEKLY.	4/13/26

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 _____	R 04/10/2026

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 273	Continued From page 12 04/09/26 and 04/10/26. -He expected the SIC to serve or offer milk to the residents three times daily.	C 273		
C 280	10A NCAC 13G .0904(d)(4) Nutrition and Food Service 10A NCAC 13G .0904 Nutrition and Food Service (d) Food Requirements in Family Care Homes: (4) Water shall be served to each resident at each meal, in addition to other beverages. This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to ensure water was served at each meal for the residents in addition to other beverages. The findings are: Observation of the lunch meal service on 04/09/26 between 12:45pm and 1:15pm revealed: -There were 4 residents present for the lunch meal service. -The Supervisor-in-Charge (SIC) served the lunch meal to the residents. -The residents were served lemonade. -None of the residents were served water. Observation of the lunch meal service on 04/10/26 between 12:45pm and 1:04pm revealed: -There were 4 residents present for the lunch meal service. -The Supervisor-in-Charge (SIC) served the lunch meal to the residents.	C 280	IT HAS BEEN REITERATED TO STAFF THE IMPORTANCE TO OFFER WATER TO RESIDENTS 3 TIMES A DAY. SIC & ADMINISTRATOR TO DO SPOT CHECKS WEEKLY TO ENSURE COMPLIANCE TO WATER PROTOCOL. 4/13/26	

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 _____	R 04/10/2026

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 280	Continued From page 13 -None of the residents were served water. Interview with a resident on 04/10/26 at 12:33pm revealed: -Staff did not serve him water with every meal. -He would have drunk water if it was served to him with the lunch meal on 04/09/26. Interview with a second resident on 04/10/26 at 1:05pm revealed: -Staff served him water sometimes. -He would have drunk water if it was served to him at the lunch meal services on 04/09/26 and 04/10/26. Interview with the SIC on 04/10/26 at 2:35pm revealed she did not know residents must be served water with each meal. Telephone interview with the Administrator on 04/10/26 at 3:01pm revealed: -He did not know the residents were not served water with the lunch meal services on 04/09/26 and 04/10/26. -He knew residents must be served water with each meal. -He expected the SIC to serve water to the residents with each meal.	C 280		
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	C 330		

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 _____	R 04/10/2026

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 330	Continued From page 14 (2) rules in this Section and the facility's policies and procedures. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews, and record reviews, the facility failed to ensure medications were administered as ordered for 3 of 3 sampled residents related to errors with an antidiabetic agent and a calcium channel blocker (#2), an antipsychotic and a selective serotonin reuptake inhibitor (#3), and a gastric mucosal protective agent (#1). The findings are: 1. Review of Resident #2's current FL2 dated 05/14/25 revealed diagnoses included chest pain and hypotension. a. Review of Resident #2's current FL2 dated 05/14/25 revealed there was an order for amlodipine (a medication used to lower blood pressure and control heart rate) 10mg take 1 tablet daily. Review of Resident #2's February 2026 medication administration record (MAR) revealed: -There was an entry for amlodipine 10mg take 1 tablet daily. -There was documentation Resident #2 was administered amlodipine 10mg from 02/01/26 to 02/28/26. Review of Resident #2's March 2026 MAR revealed: -There was an entry for amlodipine 10mg take 1 tablet daily.	C 330		

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 _____	R 04/10/2026

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 330	Continued From page 15 -The MAR was blank and there was no documentation amlodipine 10mg was administered to Resident #2. Review of Resident #2's April 2026 MAR from 04/01/26 to 04/10/26 revealed: -There was an entry for amlodipine 10mg take 1 tablet daily. -The MAR was blank and there was no documentation amlodipine 10mg was administered to Resident #2. Observation of the medications on hand for Resident #2 on 04/09/26 at 4:00pm revealed there were no amlodipine 10mg tablets available for administration. Telephone interview with a pharmacist from the facility's contracted pharmacy on 04/10/26 at 10:10am revealed: -Resident #2 had an active order on file for amlodipine 10mg daily. -Resident #2's amlodipine 10mg was last dispensed on 01/27/26 for a quantity of 28 tablets which was a 28-day supply. Telephone interview with Resident #2's primary care provider (PCP) on 04/10/26 at 11:56am revealed: -Resident #2 should be administered amlodipine 10mg because it was an active order. -She was concerned Resident #2 was not being administered amlodipine 10mg daily because Resident #2 needed the amlodipine to control his heart rate and blood pressure. -She expected medication orders to be followed as she wrote them. Interview with Resident #2 on 04/10/26 at 3:00pm revealed:	C 330	MEDICATION PROTOCOL REGARDING DOCUMENTATION WAS REVIEWED. STAFF HAVE BEEN RETRAINED TO ENSURE THAT DOCUMENTATION IS ACCURATE.	4/20/26

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 _____	R 04/10/2026

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 330	Continued From page 16 -He did not know which medications he was administered. -He took the medications that were administered to him by staff. Interview with the Supervisor-in-Charge (SIC) on 04/10/26 at 2:42pm revealed she did not know Resident #2's amlodipine was still an active order. Telephone interview with the Administrator on 04/10/26 at 3:01pm revealed he did not know Resident #2 was out of amlodipine since February 2026. Refer to the interview with the Supervisor-in-Charge (SIC) on 04/10/26 at 2:42pm. Refer to the telephone interview with the Administrator on 04/10/26 at 3:01pm. b. Review of Resident #2's current FL2 dated 05/14/25 revealed there was an order for metformin (a medication used to lower blood glucose levels) 500mg take 1 tablet twice daily. Review of Resident #2's hospital after visit summary (AVS) dated 12/23/25 revealed there was an order for metformin 750mg twice daily. Review of Resident #2's February 2026 medication administration record (MAR) revealed: -There was an entry for metformin 500mg take 1 tablet twice daily with meals. -There was documentation Resident #2 was administered metformin 500mg from 02/01/26 to 02/28/26. Review of Resident #2's March 2026 MAR revealed:	C 330		

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 _____	R 04/10/2026

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 330	Continued From page 17 -There was an entry for metformin 500mg take 1 tablet twice daily with meals. -There was documentation Resident #2 was administered metformin 500mg from 03/01/26 to 03/28/26. -There was documentation Resident #2 was hospitalized from 03/29/26 to 03/31/26. Review of Resident #2's April 2026 MAR from 04/01/26 to 04/10/26 revealed: -There was an entry for metformin 500mg take 1 tablet twice daily with meals. -There was documentation Resident #2 was administered metformin 500mg from 04/01/26 to 04/10/26. Observation of the medications on hand for Resident #2 on 04/09/26 at 4:00pm revealed: -There was a medication card dose pack filled on 03/24/26 containing metformin 500mg tablets available for administration. -The medication card dose pack was to be started on 04/10/26 and there were 14 of 14 metformin 500mg tablets remaining. Telephone interview with a pharmacist from the facility's contracted pharmacy on 04/10/26 at 10:10am revealed: -Resident #2 had an active order on file for metformin 500mg twice daily. -Resident #2's metformin 500mg was dispensed on a weekly cycle fill. -Resident #2's metformin was dispensed on 03/24/26 with a start date of 04/10/26. Telephone interview with Resident #2's PCP on 04/10/26 at 11:56am revealed: -Resident #2 should be administered metformin 750mg twice daily. -She did not know Resident #2 was being	C 330		

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 _____	R 04/10/2026

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 330	Continued From page 18 administered metformin 500mg twice daily instead of 750mg twice daily. Interview with Resident #2 on 04/10/26 at 3:00pm revealed: -He did not know which medications he was administered. -He took the medications that were administered to him. Interview with the SIC on 04/10/26 at 2:42pm revealed she did not know Resident #2 had an order for metformin 750mg instead of metformin 500mg. Telephone interview with the Administrator on 04/10/26 at 3:01pm revealed: -He did not know Resident #2 was administered metformin 500mg twice daily instead of the ordered dose of metformin 750mg twice daily. -He expected the SIC to have known about the order change. -He expected the SIC to fax order changes to the pharmacy. Refer to the interview with the Supervisor-in-Charge (SIC) on 04/10/26 at 2:42pm. Refer to the telephone interview with the Administrator on 04/10/26 at 3:01pm. 2. Review of Resident #3's current FL2 dated 05/14/25 revealed diagnoses included major depression and obsessive-compulsive disorder (OCD). a. Review of Resident #3's current FL2 dated 05/14/25 revealed there was an order for aripiprazole (a medication used to treat	C 330	SIC WILL REVIEW HOSPITAL SUMMARIES TO ENSURE THAT THEY ARE PROMPTLY SENT TO THE PHARMACY AND AND CHANGES ARE DOCUMENTED ON THE MAR. SIC TO MONITOR THIS PROCESS EVERY 2 WEEKS. 750 MG METFORMIN HAS BEEN MADE AVAILABLE TO THE RESIDENT.	4/20/26

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 _____	R 04/10/2026

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 330	Continued From page 19 depression) 20mg take 1 tablet daily. Review of Resident #3's February 2026 medication administration record (MAR) revealed: -There was an entry for aripiprazole 20mg take 1 tablet daily. -There was documentation Resident #3 was administered aripiprazole 20mg from 02/01/26 to 02/28/26. Review of Resident #3's March 2026 MAR revealed: -There was an entry for aripiprazole 20mg take 1 tablet daily. -The MAR was blank and there was no documentation aripiprazole 20mg was administered to Resident #3. Review of Resident #3's April 2026 MAR from 04/01/26 to 04/10/26 revealed: -There was an entry for aripiprazole 20mg take 1 tablet daily. -There was documentation Resident #3 was administered aripiprazole 20mg from 04/01/26 to 04/09/26. Observation of the medications on hand for Resident #3 on 04/09/26 at 3:40pm revealed there were no aripiprazole 20mg tablets available for administration. Telephone interview with a pharmacist from the facility's contracted pharmacy on 04/10/26 at 10:10am revealed: -Resident #3 had an active order on file for aripiprazole 20mg daily. -Resident #3's aripiprazole 20mg was last dispensed on 01/27/26 for a quantity of 28 tablets which was a 28-day supply.	C 330		

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 _____	R 04/10/2026

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 330	Continued From page 20 Interview with Resident #3's mental health provider (MHP) on 04/10/26 at 11:23am revealed: -She did not know Resident #3 was not administered aripiprazole for about six weeks. -Resident #3 should be administered aripiprazole 20mg daily. -Resident #3 needed to be administered aripiprazole to manage depression. Interview with Resident #3 on 04/10/26 at 12:37pm revealed: -He did not know which medications he was administered. -He could not identify his individual medications and took the medications that were administered to him. -He had not been feeling more depressed in the last month and felt "about the same." Interview with the Supervisor-in-Charge (SIC) on 04/10/26 at 2:42pm revealed: -She did not know Resident #3's aripiprazole was still an active order. -She worked at the facility for two days per week and the other SIC normally ordered medications. Telephone interview with the Administrator on 04/10/26 at 3:01pm revealed he did not know Resident #3 was not administered aripiprazole since February 2026. Refer to the interview with the SIC on 04/10/26 at 2:42pm. Refer to the telephone interview with the Administrator on 04/10/26 at 3:01pm. b. Review of Resident #3's current FL2 dated 05/14/25 revealed there was an order for fluvoxamine (a medication used to treat	C 330	SIC will check MEDS both weekly and compare it to the MAR. This process will ensure that medications are available at all times	4/15/26

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 _____	R 04/10/2026

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 330	Continued From page 21 depression) 100mg take 1 tablet twice daily. Review of Resident #3's February 2026 MAR revealed: -There was an entry for fluvoxamine 100mg take 1 tablet twice daily. -There was documentation Resident #3 was administered fluvoxamine 100mg from 02/01/26 to 02/28/26. Review of Resident #3's March 2026 MAR revealed: -There was an entry for fluvoxamine 100mg take 1 tablet twice daily. -The MAR was blank and there was no documentation fluvoxamine 100mg was administered to Resident #3. Review of Resident #3's April 2026 MAR from 04/01/26 to 04/10/26 revealed: -There was an entry for fluvoxamine 100mg take 1 tablet twice daily. -The MAR was blank and there was no documentation fluvoxamine 100mg was administered to Resident #3. Observation of the medications on hand for Resident #3 on 04/09/26 at 3:40pm revealed there were no fluvoxamine 100mg tablets available for administration. Telephone interview with a pharmacist from the facility's contracted pharmacy on 04/10/26 at 10:10am revealed: -Resident #3 had an active order on file for fluvoxamine 100mg twice daily. -Resident #3's fluvoxamine 100mg was last dispensed on 01/27/26 for a quantity of 56 tablets which was a 28-day supply.	C 330		

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 _____	R 04/10/2026

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 330	Continued From page 22 Interview with Resident #3's MHP on 04/10/26 at 11:23am revealed: -She did not know Resident #3 was not administered fluvoxamine for about six weeks. -Resident #3 should be administered fluvoxamine 100mg twice daily. -Resident #3 needed to be administered fluvoxamine to manage depression. Interview with Resident #3 on 04/10/26 at 12:37pm revealed: -He did not know which medications he was administered. -He could not identify his individual medications and took the medications that were administered to him. -He had not been feeling more depressed in the last month and felt "about the same." Interview with the SIC on 04/10/26 at 2:42pm revealed she did not know Resident #3's fluvoxamine was still an active order. Telephone interview with the Administrator on 04/10/26 at 3:01pm revealed he did not know Resident #3 was not administered fluvoxamine since February 2026. Refer to the interview with the SIC on 04/10/26 at 2:42pm. Refer to the telephone interview with the Administrator on 04/10/26 at 3:01pm. 3. Review of Resident #1's current FL2 dated 05/14/25 revealed diagnoses included type 2 diabetes and hypertension. Review of Resident #1's record revealed there was not an order available for review for	C 330	ADMINISTRATOR CONTACTED THE MHP PROVIDER ON 4/11/26 AND MEDICATION PRESCRIPTION WAS SENT TO THE PHARMACY AND IT WAS DISPENSED. AND IS AVAILABLE FOR RESIDENTS. SIC TO CHECK THIS WEEKLY.	4/13/26

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 _____	R 04/10/2026

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 330	Continued From page 23 sucralfate (a medication used to prevent ulcers) 1 gram take 1 tablet four times daily at meals and at night. Review of Resident #1's February 2026 medication administration record (MAR) revealed: -There was a handwritten entry for sucralfate 1 gram take 1 tablet four times daily with meals and at night. -There was documentation Resident #1 was administered sucralfate 1 gram from 02/24/26 to 02/28/26. Review of Resident #1's March 2026 MAR revealed: -There was not an entry for sucralfate 1 gram take 1 tablet four times daily. -The MAR was blank and there was no documentation sucralfate 1 gram was administered to Resident #1. Review of Resident #1's April 2026 MAR from 04/01/26 to 04/10/26 revealed: -There was a handwritten entry for sucralfate 1 gram take 1 tablet four times daily with meals and at night. -There was documentation sucralfate 1 gram was administered to Resident #1 from 04/01/26 to 04/10/26. Observation of the medications on hand for Resident #1 on 04/09/26 at 3:45pm revealed there was a bottle of sucralfate 1 gram tablets dated 03/31/26 available for administration. Telephone interview with a pharmacist from the facility's contracted pharmacy on 04/10/26 at 10:10am revealed Resident #1 did not have an order on file for sucralfate and the medication was never dispensed from the pharmacy.	C 330	PHARMACY GOT THE PRESCRIPTION TRANSFERRED AT THE REQUEST OF THE ADMINISTRATOR. SUCRALFATE IS PART OF THE RESIDENTS PEOPLE AND IS TAKING THE MEDS. 5/20/26	

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 _____	R 04/10/2026

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 330	Continued From page 24 Telephone interview with a registered nurse (RN) working with Resident #1's PCP on 04/13/26 at 1:22pm from a return telephone call on 04/10/26 at 12:22pm revealed: -Sucralfate was not listed as an active order on Resident #1's medication list. -She thought sucralfate may have been ordered by another provider. Interview with Resident #1 on 04/10/26 at 1:05pm revealed: -He knew what some of his medications were. -He thought he was administered sucralfate with meals. Interview with the Supervisor-in-Charge (SIC) on 04/10/26 at 2:42pm revealed she did not know there was no medication order available for review for Resident #1's sucralfate. Telephone interview with the Administrator on 04/10/26 at 3:01pm revealed he did not know there was no order available for review for sucralfate that was being administered to Resident #1. Refer to the interview with the SIC on 04/10/26 at 2:42pm. Refer to the telephone interview with the Administrator on 04/10/26 at 3:01pm. Interview with the Supervisor-in-Charge (SIC) on 04/10/26 at 2:42pm revealed she thought the Administrator completed MAR audits but she did not know how often. Telephone interview with the Administrator on 04/10/26 at 3:01pm revealed:	C 330		

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 _____	R 04/10/2026

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 330	Continued From page 25 -He expected the SIC to check medication cycle fills for discrepancies between the medication orders and the medications on hand. -He expected the SIC to update the pharmacy for new medication orders and to discontinue medications on the MAR that were discontinued by providers. -The SIC was responsible to administer medications as ordered. The facility failed to administer medications as ordered to 3 of 3 sampled residents, including a medication used to treat hypertension, placing the resident at risk for elevated blood pressure (#2) and two medications used to treat depression, placing the resident at risk for worsened depression (#3). This failure was detrimental to the health, safety and welfare of the residents which constitutes a Type B Violation. The facility failed to provide an acceptable plan of protection in accordance with G.S. 131D-34 by the exit on 04/10/26. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED MAY 25, 2026.	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		

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 _____	R 04/10/2026

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 342	Continued From page 26 (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 reviews, the facility failed to ensure the medication administration records (MARs) were accurate for 2 of 3 sampled residents (#3 and #2). The findings are: 1. Review of Resident #3's FL2 dated 06/30/25 revealed: -Diagnoses included major depression and obsessive compulsive disorder (OCD). -There was an order for levocetirizine 5mg take 1 tablet at bedtime. Review of Resident #3's February 2026 medication administration record (MAR) revealed: -There was an entry for levocetirizine 5mg take 1 tablet at bedtime. -There was documentation levocetirizine was administered from 02/01/26 to 02/28/26. Review of Resident #3's March 2026 MAR	C 342		

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 _____	R 04/10/2026

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 342	Continued From page 27 revealed: -There was an entry for levocetirizine 5mg take 1 tablet at bedtime. -There was no documentation levocetirizine was administered from 03/01/26 to 03/26/26. -There was documentation levocetirizine was administered from 03/27/26 to 03/31/26. Review of Resident #3's April 2026 MAR from 04/01/26 to 04/09/26 revealed: -There was an entry for levocetirizine 5mg take 1 tablet at bedtime. -There was documentation levocetirizine was administered from 04/01/26 to 04/09/26. Observation of Resident #3's medications on hand on 04/09/26 at 3:40pm revealed there were 17 of 28 levocetirizine 5mg tablets dispensed on 03/26/26 available for administration. Telephone interview with a pharmacist from the facility's contracted pharmacy on 04/10/26 at 10:10am revealed Resident #3 had an active order on file for levocetirizine. Interview with the Supervisor-in-Charge (SIC) on 04/10/26 at 2:43pm revealed she thought Resident #3's levocetirizine was discontinued in March 2026 when it was not documented on the March 2026 MAR. Interview with the Administrator on 04/10/26 at 3:01pm revealed: -He did not know Resident #3's levocetirizine administration was not documented on the March 2026 MAR. -The SIC was responsible to document medication administration on the MAR. 2. Review of Resident #2's FL2 dated 05/14/25	C 342	THE PROVIDER SENT PRESCRIPTION IN FOR LEVOCETIRIZINE AND THIS MEDICATION IS AVAILABLE FOR THE RESIDENT. SIC TO CHECK WEEKLY TO ENSURE ALL MEDS ON MAR ARE AVAILABLE FOR RESIDENTS	

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 _____	R 04/10/2026

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 342	Continued From page 28 revealed: -Diagnoses included chest pain and hypertension. -There was an order for pantoprazole 40mg take 1 tablet twice daily. Review of Resident #2's February 2026 medication administration record (MAR) revealed: -There was an entry for pantoprazole 40mg take 1 tablet twice daily. -There was no documentation pantoprazole 40mg was administered twice daily from 02/01/26 to 02/09/26. Review of Resident #2's March 2026 MAR revealed: -There was an entry for pantoprazole 40mg take 1 tablet twice daily. -There was documentation pantoprazole 40mg was administered twice daily. Review of Resident #2's April 2026 MAR from 04/01/26 to 04/09/26 revealed: -There was an entry for pantoprazole 40mg take 1 tablet twice daily. -There was documentation pantoprazole 40mg was administered twice daily from 04/01/26 to 04/10/26. Observation of Resident #2's medications on hand on 04/09/26 at 4:00pm revealed there were 14 of 14 pantoprazole 40mg tablets dispensed on 03/24/26 with a medication start date of 04/10/26 available for administration. Telephone interview with a pharmacist from the facility's contracted pharmacy on 04/10/26 at 10:10am revealed: -Resident #2 had an active order on file for pantoprazole. -Resident #2's pantoprazole was last dispensed	C 342	PANTOPRAZOLE HAS BEEN ADDED TO THE RESIDENTS REGIMEN.	

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 _____	R 04/10/2026

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 342	Continued From page 29 on 03/24/26, 02/24/26 and 02/04/26 for a quantity of 56 tablets each which was a 28-day supply. Interview with the Supervisor-in-Charge (SIC) on 04/10/26 at 2:43pm revealed she thought Resident #2's pantoprazole was discontinued in February 2026 when it was not documented on the February 2026 MAR. Interview with the Administrator on 04/10/26 at 3:01pm revealed: -He did not know Resident #2's pantoprazole administration was not documented on the February 2026 MAR from 02/01/26 to 02/09/26. -The SIC was responsible to document medication administration on the MAR.	C 342	SIC WILL CHECK MAR THOROUGHLY BEGINNING OF THE MONTH TO ENSURE EVERYTHING ON THE MAR IS AVAILABLE IN THE CARE. COMPARES IT TO THE PREVIOUS MONTHS MAR AND ENSURES THAT ANY MED WHICH IS NOT LISTED HAS A D/C ORDER OR ACCOUNTED FOR	4/15/26