

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL031012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/03/2015
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NAME OF PROVIDER OR SUPPLIER BETHEL CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1051 FIRETOWER ROAD ROSE HILL, NC 28458
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(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	{C 000}		
C 249	<p>10A NCAC 13G .0902(c)(3)(4) Health Care</p> <p>10A NCAC 13G .0902 Health Care (c) The facility shall assure documentation of the following in the resident's record:</p> <p>(3) written procedures, treatments or orders from a physician or other licensed health professional; and</p> <p>(4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule.</p> <p>This Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to assure documentation and implementation of physicians order for 1 of 2 residents (#4) sampled including obtaining weekly blood pressures for a resident with a diagnosis of high blood pressure and prescribed a medication to lower blood pressure.</p> <p>The findings are:</p> <p>Review of Resident #4's current FL-2 dated 12/16/2014 revealed:</p> <ul style="list-style-type: none"> -Diagnoses included Hypertension, Obsessive-Compulsive Disorder, Anxiety, and Paranoid Schizophrenia. -An order for weekly blood pressures. <p>Review of physician orders for Resident #4 revealed:</p> <ul style="list-style-type: none"> -An FL-2 dated 9/12/2013 with an order for Metoprolol Tartrate (used to treat high blood 	C 249		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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C 249	<p>Continued From page 1</p> <p>pressure) 50mg one tablet daily. -No subsequent orders for Metoprolol Tartrate.</p> <p>Further review of Resident #4's 12/16/2014 FL-2 revealed the order for Metoprolol Tartrate 50mg one tablet daily had not been copied to the FL-2.</p> <p>Interview with the Supervisor-In-Charge (SIC) on 3/2/2015 at 12:00pm revealed: -The SIC had never checked Resident #4's blood pressure. -The SIC did not think Resident #4 was getting his blood pressure checked at the facility. -The Administrator would be responsible for checking Resident #4's blood pressure at the facility if the blood pressure needed to be checked on a regular basis.</p> <p>Interview with the Administrator on 3/2/2015 at 12:05pm revealed: -The Administrator was responsible for checking blood pressures at the facility. -Resident #4's blood pressure was not being checked at the facility because Resident #4 gets upset and the physician had discontinued the blood pressure checks. -The Administrator did not remember the last time Resident #4's blood pressure had been checked at the facility. -Resident #4 would get a blood pressure check when the resident went to doctor appointments.</p> <p>Observation of Resident #4 on 3/2/2015 at 4:15pm revealed: -Resident #4 returned to the facility from the day program. -The SIC asked Resident #4 to be seated so the resident's blood pressure could be checked. -The SIC checked Resident #4's blood pressure in the left arm while the resident sat quietly and</p>	C 249		

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C 249	<p>Continued From page 2</p> <p>still.</p> <ul style="list-style-type: none"> -The digital blood pressure cuff reading for Resident #4's blood pressure was 141/86, pulse 96. <p>Interview with the Supervisor-In-Charge on 3/2/2015 at 5:00pm revealed:</p> <ul style="list-style-type: none"> -The SIC did not know the Metoprolol Tartrate had been left off the 12/16/2014 FL-2. -The 12/16/2014 FL-2 had not been written by the Administrator or SIC. -There had been no order received to discontinue the Metoprolol Tartrate for Resident #4. <p>Interview with Resident #4 on 3/2/2015 at 4:50pm revealed:</p> <ul style="list-style-type: none"> -Resident #4's blood pressure was not being checked at the facility. -Resident #4's blood pressure had not been checked at the facility since before Christmas 2014. -Facility staff used to check Resident #4's blood pressure every day. -Resident #4 was being administered a blood pressure medication. -Resident #4 had been told that the physician had stopped the facility from checking the resident's blood pressure every day since the blood pressure medication was being administered and the resident's "blood pressure was stable." -Resident #4 did not remember when the physician stopped the facility from checking the blood pressure. <p>Interview with the physician on 3/3/2015 at 11:30am revealed:</p> <ul style="list-style-type: none"> -The physician did not remember a conversation with the Administrator about discontinuing blood pressure checks for Resident #4. -The physician usually ordered blood pressure 	C 249		

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C 249	Continued From page 3 checks for residents with a diagnosis of high blood pressure who were prescribed a medication to treat high blood pressure. -The physician did not have expectation for the facility to send any facility obtained weekly blood pressure reading to the physician but did want the facility to monitor Resident #4's blood pressure at the facility. -The physician had not provided any parameters for notification to the facility and would want to be notified if Resident #4's systolic blood pressure was consistently 160 or greater, and pulse was consistently above 110 or below 60. -At Resident #4's last physician office visit on 10/28/2014 no changes were made with the Metoprolol and Resident #4's blood pressure was 150/105. Clonazepam (for anxiety) was increased and hopefully may lower the blood pressure. -Resident #4 was on the physician schedule to be seen on 3/4/2015 and the blood pressure monitoring at the facility would be addressed at the scheduled visit.	C 249		

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number FCL031012	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 3/3/2015
Name of Facility BETHEL CARE HOME	Street Address, City, State, Zip Code 1051 FIRETOWER ROAD ROSE HILL, NC 28458	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix <u>C0176</u> Reg. # <u>10A NCAC 13G .0507</u> LSC _____	Correction Completed <u>01/31/2015</u>	ID Prefix <u>C0202</u> Reg. # <u>10A NCAC 13G .0702(a)</u> LSC _____	Correction Completed <u>01/31/2015</u>	ID Prefix <u>C0255</u> Reg. # <u>10A NCAC 13G .0903 (d)</u> LSC _____	Correction Completed <u>01/31/2015</u>
ID Prefix <u>C0257</u> Reg. # <u>10A NCAC 13G .0904(a)(2)</u> LSC _____	Correction Completed <u>01/31/2015</u>	ID Prefix <u>C0284</u> Reg. # <u>10A NCAC 13G .0904(e)(4)</u> LSC _____	Correction Completed <u>01/31/2015</u>	ID Prefix <u>C0912</u> Reg. # <u>G.S. 131D-21(2)</u> LSC _____	Correction Completed <u>01/31/2015</u>
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

Reviewed By _____	Reviewed By _____	Date:	Signature of Surveyor:	Date:
State Agency				
Reviewed By _____	Reviewed By _____	Date:	Signature of Surveyor:	Date:
CMS RO				

Followup to Survey Completed on: 12/17/2014	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? <table style="float: right; margin-left: 20px;"> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO
YES	NO		