Received via email 08/25/26

Division of Health Service Regulation

PRINTED: 08/03/2026
FORM APPROVED

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 07/15/2026

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 a follow-up survey on 07/15/26.	{C 000}		
{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 (#3) with a physician's order for a no concentrated sweets (NCS) diet. The findings are: Observation of the kitchen on 07/15/26 revealed: -There was a sheet of paper on the wall that listed the residents' names and their diets. -There was no therapeutic diet menu for staff guidance when preparing meals. Review of Resident #3's current FL-2 dated 08/05/25 revealed: -Diagnoses included type 2 diabetes and hypertension. -There was an order for a NCS diet.	{C 270}	Therapeutic menu is available in the kitchen for staff to use.	7/16/26

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: ADMINISTRATOR — (X6) DATE: 8/24/26

STATE FORM 6899 25KQ12 If continuation sheet 1 of 2

Reviewed and Acknowledged K.M. 08/27/26

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{C 270}	Continued From page 1 Observation of the lunch meal on 07/15/26 from 1:00pm to 1:21pm revealed: -Resident #3 was served chicken, mashed potatoes, cornbread, green peas, peaches, and water. -Resident #3 ate 100 percent of his lunch meal. Interview with the Supervisor-in-Charge (SIC) on 07/15/26 at 4:10pm revealed: -He went by the sheet of paper in the kitchen when preparing the residents' meals. -He knew Resident #3 was diabetic and he did not serve sugar or sweets to Resident #3. -He had not seen a therapeutic menu for guidance in preparing meals. Telephone interview with the Administrator on 07/15/26 at 4:15pm revealed: -He did not know there were no therapeutic menus at the facility for staff guidance in preparing meals. -He thought there was a therapeutic menu in the kitchen. -He and the SIC were responsible to ensure there were therapeutic menus available for staff guidance in the facility.	{C 270}		