

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/13/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G315	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/12/2019
NAME OF PROVIDER OR SUPPLIER CORBEL RESIDENTIAL			STREET ADDRESS, CITY, STATE, ZIP CODE 483 CREEK ROAD ORRUM, NC 28369		
(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) COMPLETION DATE	
W 000	INITIAL COMMENTS	W 000			
W 220	<p>A complaint Investigation and Recertification survey was completed on 2/12/19. Intake #NC00147144. The Complaint was unsubstantiated.</p> <p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(v)</p> <p>The comprehensive functional assessment must include speech and language development.</p> <p>This STANDARD is not met as evidenced by: The facility failed to assure the person centered plan (PCP) for 1 of 3 sampled clients (#6) included assessment of the client's speech and language development and needs as evidenced by interview and record verification. The finding is:</p> <p>Client #6's interdisciplinary team failed to obtain an assessment of his speech and language abilities following his admission to the facility.</p> <p>Review on 2/12/19 of client #6's record revealed he was admitted to the facility on 3/20/18. Several evaluations were completed in conjunction with client #6's admission to include: Psychological evaluation (completed 2/3/18), Nutritional evaluation(dated 4/6/18), Adaptive Basic Inventory (ABI) (completed 3/25/18), Physical therapy evaluation (completed 1/28), Occupational therapy (completed 1/28). There was no speech and language evaluation in client #6's record.</p> <p>Interview on 2/12/19 with the qualified intellectual disabilities professional (QIDP) revealed she</p>	W 220			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 220	Continued From page 1 could not locate the speech assessment for client #6. She confirmed client #6 was admitted to the facility on 3/20/18.	W 220			
W 226	Interview on 2/12/19 with the regional ICF (Intermediate Care Facility) director revealed a speech assessment had not been completed after client #6's admission. INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4) Within 30 days after admission, the interdisciplinary team must prepare, for each client, an individual program plan. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to assure the interdisciplinary team prepared an individual program plan (IPP) within 30 days after admission into the facility for 1 of 1 newly admitted audit client (#6). The finding is: Client #6's individual program plan (IPP) was not developed within 30 days after admission. Review on 2/12/19 of client #6's record revealed he was admitted to the facility on 3/20/18. Several evaluations were completed in conjunction with client #6's admission to include: Psychological evaluation (completed 2/3/18), Nutritional evaluation(dated 4/6/18), Adaptive Basic Inventory (ABI) (completed 3/25/18), Physical therapy evaluation (completed 1/28), Occupational therapy (completed 1/28). Interview on 2/11/19 with the qualified intellectual	W 226			

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W 226	Continued From page 2 disabilities professional (QIDP) revealed she could not locate the individual program plan (IPP) for client #6. She further confirmed client #6 was admitted to the facility on 3/20/18.	W 226			
W 249	Interview on 2/12/19 with the regional ICF (Intermediate Care Facility) director revealed the IPP meeting was held in April 2018 but he could not locate the written document or IPP for client #6. PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure 2 of 3 audit clients (#2, #6) received a continuous active treatment plan consisting of needed interventions and services as identified in the individual program plan (IPP) in the areas of toothbrushing. The findings include: 1. Direct care staff (DCS) failed to implement Client #2's toothbrushing objective as written. Observations on 2/11/19 at 4:50pm of client #2's toothbrushing revealed he and a DCS walked to	W 249			

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W 249	<p>Continued From page 3</p> <p>the bathroom with his toothbrushing supplies. DCS was holding a wrist watch. Client #2 put toothpaste on his toothbrush and began to brush his teeth. He brushed his front lower and upper teeth and briefly brushed his lower right and left side. This lasted about 60 seconds. Client #2 rinsed his toothbrush and left the bathroom. As client #2 and DCS left the bathroom, the surveyor asked DCS if client #2 had brushed for 2 minutes, DCS stated, "Probably not."</p> <p>Review on 2/12/19 of client #2's IPP dated 8/13/18 revealed an objective to independently brush his teeth for 2 minutes for 30/30 sessions. Review of the objective revealed data was being taken and this objective is current. There was no information on this objective indicating how staff are to ensure that client #2 brushes his teeth for 2 minutes.</p> <p>Interview on 2/12/19 with the qualified intellectual disabilities professional (QIDP) revealed DCS should implementing the objective as written. She further stated the team had not discussed how DCS were to ensure client #2 brushed for 2 minutes.</p> <p>2. DCS failed to implement client #6's toothbrushing program as written.</p> <p>Observations on 2/11/19 at 4:20pm revealed DCS verbally cued client #6 to retrieve his toothbrushing supplies and go to the bathroom to brush his teeth. As he walked to the bathroom, client #6 told DCS staff to stay out of the bathroom and give him privacy. DCS told the surveyor, " I can't time him brushing his teeth."</p> <p>Review on 2/12/19 of client #6's written training</p>	W 249			

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W 249	Continued From page 4 program revealed, "Will tolerate toothbrushing for 2 minutes 30 consecutive days." Interview on 2/12/19 with the QIDP revealed client #6's written training program is current and should be implemented as written. Further interview revealed the team had not considered how to accurately time toothbrushing when client #6 prefers for DCS not to accompany him into the bathroom.	W 249			
W 368	DRUG ADMINISTRATION CFR(s): 483.460(k)(1) The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure a physician's orders were followed as written for 1 of 3 audit clients (#2). The finding is: Physician's orders for thickening client #2's fluids were not followed. During observations of the medication pass on 2/12/19 direct care staff administered the following to client #2: Risperidone 1 mg. (1), Vitamin D3 1,000 mg. (1), One a day vitamin (1), Nexium 20 mg. (1), Aspirin 81 mg. (1), Amlodipine 2.5 mg. (1), Aquaphor ointment topically to both feet and Lactulose 30ml. All medications were crushed and administered with applesauce except for Lactulose. Lactulose syrup (30 ml.) was given from the medication cup not thickened.	W 368			

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W 368	Continued From page 5 Review on 2/12/19 of the physician orders dated 11/14/18 revealed: Risperidone 1 mg. (1), Vitamin D3 1,000 mg. (1), One a day vitamin (1), Nexium 20 mg. (1), Aspirin 81 mg. (1), Amlodipine 2.5 mg. (1), Aquaphor ointment topically to both feet and Lactulose 30ml. Review on 2/12/19 of client #2's Individual program plan (IPP) dated 8/13/18 revealed: Heart healthy Diet with pureed food with pudding thickened liquids. Review on 2/12/19 of client #2's nutritional evaluation dated 10/24/18 revealed: Heart healthy diet with pureed food with pudding thickened liquids. " Ongoing monitoring of need for pudding thickened liquids. Increased risk for dehydration." Interview on 2/12/19 with the facility nurse confirmed all liquids for client #2 should be pudding thickened consistency. She confirmed direct care staff could have added Lactulose to the applesauce for increased thickness.	W 368			
W 369	DRUG ADMINISTRATION CFR(s): 483.460(k)(2) The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure client #4's medications were administered without error. This affected 1 of 6 clients (#4). The finding is:	W 369			

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W 369	<p>Continued From page 6</p> <p>Client #4's Metformin and Systane eye drops were not administered as indicated.</p> <p>a) During observations of the medication administration pass on 2/11/19 at 3:40pm revealed direct care staff administered client #4 Seroquel 200 mg. (1), Seroquel 100mg. (1), Clonazepam 1 mg. (1) and Systane eye drops (1) eye drop to each eye.</p> <p>Review on 2/12/19 of client #4's physician orders dated 11/14/18 revealed, " Seroquel 200 mg. (1), Seroquel 100mg. (1), Clonazepam 1 mg. (1) and Systane eye drops (2) drops to each eye at 2pm.</p> <p>Interview on 2/12/19 with the facility nurse revealed this physician order is current. Medications should be administered within an hour before or an hour after the prescribed time. She also confirmed client #4 should have received 2 drops to each eye.</p> <p>b) Observations of breakfast on 2/12/19 revealed client #4 finished eating mealtime at 8:05am.</p> <p>During observation of the medication administration pass on 2/12/19 at 8:10am client #4 received the following: Clonazepam 1mg. (1), Synthroid 50mcg. (1), Metformin 500 mg. (1), Valproic Acid ER 250 mg. (1), Lisinopril 20mg. (1), Metoprolol 50 mg. (1), One a day vitamin (1), Seroquel 100 mg. (1), Seroquel 200mg. (1), Tiagabine HCL 40mg. (1), Vitamin D3 1,000mg. (1), Ziprasidone 80 mg. (1), Fluticasone spray (2) sprays to each nostril, Systane eye drops (2) drops to each eye, Miralax powder (1) capful with 8 ounces of water and Chlorhexidine (1) cupful mouthwash.</p>	W 369			

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W 369	Continued From page 7 Review on 2/12/19 of client #4's physician orders revealed: Clonazepam 1mg. (1), Synthroid 50mcg. (1), Valproic Acid Er 250 mg. (1), Lisinopril 20mg. (1), Metaprolol 50 mg. (1), One a day vitamin (1), Seroquel 100 mg. (1), Seroquel 200mg. (1), Tiagabine HCL 40mg. (1), Vitamin D3 1,000mg. (1), Ziprasidone 80 mg. (1), Fluticasone spray (2) sprays to each nostril, Systane eye drops (2) drops to each eye, Miralax powder (1) capful with 8 ounces of water and Chlorhexidine (1) cupful mouthwash and "Metformin 500mg. (1) give twice daily before meals." Interview on 2/12/19 with the facility nurse revealed client #4's Metformin 500mg. (1) should be administered before meals. She stated staff have been trained to administer medications in conjunction with the specific physician orders.	W 369			