

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

PRINTED: 02/26/2020
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 02/18/2020
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 153	<p>STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(2)</p> <p>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure that all allegations of mistreatment were reported immediately to the administrator and to the healthcare personal registry. The findings are:</p> <p>The facility did not receive 1 report of mistreatment or report to the healthcare personal registry (HCPR) within 24 hours.</p> <p>Based on a review of the investigation done internally by the facility the facility received a report by an individual on 1/22/2020 of an incident that allegedly happened on 1/10/2020. The facility did not provide evidence of training the consumer to report immediately. The facility did not have evidence of reporting to the HCPR within 24 hours.</p> <p>Interview with the qualified intellectual disability professional (QIDP) on 2/18/2020 revealed she called the HCPR on 1/24/2020 and spoke with them on 1/27/2020. After that she stated she provided written documentation to them but did not have a copy of it.</p>	W 153			
W 156	<p>STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(4)</p>	W 156			

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 156	<p>Continued From page 1</p> <p>The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to assure all investigations were completed within five working days. The finding is:</p> <p>One investigation of mistreatment was not completed within five working days.</p> <p>The facility received a report of an incident on 1/22/20. This was investigated but not completed within five working days.</p> <p>Interview with the qualified intellectual disability professional (QIDP) on 2/18/2020 revealed the investigation was not finished yet. When asked why it was not completed within five working days she stated she did not know it needed to be completed within five working days.. She further indicated she was told she did not interview enough people so had to do that.</p>	W 156			