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:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		34G315	B. WING _	. WING		02	/19/2020
NAME OF PROVIDER OR SUPPLIER CORBEL RESIDENTIAL				STREET AD 483 CREEK ORRUM, N			
(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 APPROPRIAT DEFICIENCY)		BE	(X5) COMPLETION DATE
W 000	INITIAL COMMENTS		W C	00			
W 371	2/19/2020, a complain intake NC00160667. substantiated two add also cited in relation to DRUG ADMINISTRA	TION	w a	71			
	that clients are taught medications if the inte determines that self-a	administration must assure to administer their own erdisciplinary team administration of medications ective, and if the physician					
	Based on observation interview, the facility folients (#6) was trained insulin before allowing	ailed to assure 1 of 3 audit ed to administer his own g him to do it. The finding is:					
	allowed the surveyor pass. When it came to sugar he did so indep prepared to give hims staff A turned her back because he doe was observed to give	redication pass, client #6 to watch his medication me to check his blood rendently and then as he relf insulin, the medication reck and said, "We turn our sn't like us to watch." He himself insulin over top of recenter of his stomach.					
		record revealed he is not himself medications. His					

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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		34G315	B. WING		02/19/2020		
NAME OF PROVIDER OR SUPPLIER CORBEL RESIDENTIAL				48	TREET ADDRESS, CITY, STATE, ZIP CODE 83 CREEK ROAD PRRUM, NC 28369		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTIC PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROP			(X5) COMPLETION DATE	
W 463	independence (3s). Interview with the nur watch client #6 to ass his stomach and give Management also contrained to be totally in mediations. FOOD AND NUTRITICER(s): 483.480(a)(4) The client's interdiscip qualified dietitian and modified and special This STANDARD is represented to assure 1 of 3 prescribed diet of low affected client #6. The Client #6 was not proconcentrated sweets. During observations of breakfast on 2/19/202 concentrated sugar be 2/18/2020 client #6 relemonade with 21grand breakfast he received.	nore lowest level of en he had highest level of se confirmed staff should sure he alternates sides of s the insulin appropriately. Infirmed client #6 is not Independent at giving himself ON SERVICES On SERVICES On the tas evidenced by: Instant and interviews, the facility of audit clients received a concentrated sweets. This Itel findings are: Vided a diet with low of dinner on 2/18/2020 and concentrated serviced high everages. For dinner on exceived a glass of 4C pink ms of sugar and for		463			
		individual program plan vealed he is an insulin					

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W 463	dependent diabetic ar low concentrated swe Interview with the gro qualified intellectual d on 2/19/2020 revealed have received the bey	nd should receive a diet with	W 4	63			