

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
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NAME OF PROVIDER OR SUPPLIER CORBEL RESIDENTIAL	STREET ADDRESS, CITY, STATE, ZIP CODE 483 CREEK ROAD ORRUM, NC 28369
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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) COMPLETION DATE
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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	<p>W153 The facility will ensure that all QIDP's are trained to investigate all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, and to report immediately to the administrator or to other officials in accordance with State Law through established procedures.</p> <p>The Program Director will train QIDP's how and when to use the IRIS and HCPR systems. Program Director will also train all QIDP's on who to contact when investigations occur (Guardian, Dept. of Social Services/Adult Protective Services/Police, etc.) and how to conduct interviews with staff members and individuals that reside in the home within a 5 day period. Program Director will train QIDP's on in-house incident reports and how to combine investigations and outcomes into a summary document and submit to IRIS. Program Director will monitor monthly and when an all allegations are reported</p>	4/18/20
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 <i>Sharbara Williams</i>	TITLE <i>Clinical Supervisor</i>	(X6) DATE <i>3/13/20</i>
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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.

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
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W 156 Continued From page 1

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.

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:

One investigation of mistreatment was not completed within five working days.

The facility received a report of an incident on 1/22/20. This was investigated but not completed within five working days.

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.

W 156

W156 The facility will ensure that all QIDP's are trained to complete an investigation within 5 working days of the incident.

Program Director will train all QIDP's to investigate any and all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source and complete within 5 working days of the day incident is reported. Program Director will monitor monthly and when an all allegations are reported

4/18/20



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

February 27, 2020

Ms. Melissa Bryant, Division Director
Community Innovations
80 Alliance Drive
Whiteville, NC 28472

Re: Recertification Survey and Complaint Investigation Survey 2/18-2/19-2020
Corbel Residential
Provider Number: 34G315
MHL#078069
E-mail Address: mbryant@communityinnovations.com
Complaint Intake NC00160667

Dear Ms. Bryant:

Thank you for the cooperation and courtesy extended during the recertification and complaint investigation survey completed on 2/18-2/19/2020. The recertification survey was required for continued participation in the Medicaid program.

Enclosed you will find all deficiencies cited listed on the two Statement of Deficiencies Forms (CMS-2567). The purpose of the Statement of Deficiencies is to provide you with specific details of the practices that do not comply with regulations. You must develop one Plan of Correction that addresses each deficiency listed on the CMS-2567 form and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance and what to include in the Plan of Correction.

Type of Deficiencies Found

- Standard level deficiencies were cited.

Time Frames for Compliance

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is April 18, 2020.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the CMS-2567 Form.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

Melissa Bryant, Division Director
February 27, 2020

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

Please be advised that additional W tags may be cited during the Life Safety Code portion of the recertification survey.

A follow up visit will be conducted to verify all deficient practices have been corrected. If we can be of further assistance, please call Joy Alford at 919-605-4336.

Sincerely,



Joy Alford, QIDP/SW
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Enclosures

Cc: qmemail@cardinalinnovations.org
DHSR@Alliancebhc.org
QM@partnersbhm.org
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