

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

PRINTED: 06/17/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G006	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/16/2021
NAME OF PROVIDER OR SUPPLIER BEAR CREEK			STREET ADDRESS, CITY, STATE, ZIP CODE 5840 GREENWOOD AVENUE LA GRANGE, NC 28551		
(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 153	<p>A revisit was conducted at the facility for deficiencies cited during the recertification survey on 4/19 - 4/20/21. All of the deficiencies from the recertification survey have been corrected. A complaint investigation was also completed during the revisit for intakes NC00177104, NC00177356, NC00178136, NC00178143 and NC00178218. A deficiency was cited during the compliant survey. The facility remains out of compliance.</p> <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 interviews, the facility failed to ensure all allegations of abuse, neglect or mistreatment are reported immediately to the administrator or other officials. The finding is:</p> <p>During staff interviews on 6/16/21, a staff indicated that they had witnessed what they felt could have been abuse of a client at the facility about two days ago. The staff revealed they had not reported this to their supervisor or any other management or administrative staff. Additional interview with the staff also indicated they could not recall having received any training regarding reporting abuse, neglect or mistreatment while</p>	W 153			

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.

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

PRINTED: 06/17/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G006	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/16/2021
NAME OF PROVIDER OR SUPPLIER BEAR CREEK			STREET ADDRESS, CITY, STATE, ZIP CODE 5840 GREENWOOD AVENUE LA GRANGE, NC 28551		
(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>Continued From page 1 working at the facility.</p> <p>Review of the facility's neglect/abuse policy (Revised April 2021) revealed, "All staff are required to immediately report acts of abuse, neglect, or exploitation to the case responsible person or Administrator/Director, if this person is not available, the immediate supervisor or Administrator-on-call should be contacted...In addition to a verbal report, an Incident Report (Form #8142) must be completed as soon as possible by the person who witnessed the incident..."</p> <p>Interview on 6/16/21 with a Qualified Intellectual Disabilities Professional (QIDP) and the Administrator at the facility confirmed all allegations of abuse/neglect must be reported immediately.</p>	W 153			