

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:  <b>34G006</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/16/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>BEAR CREEK</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5840 GREENWOOD AVENUE</b> <b>LA GRANGE, NC 28551</b>		
(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	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider or the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of Federal and State law.		
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 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	<p>Staff will be in-serviced to report all allegations of neglect, abuse or mistreatment immediately to supervisor, building charge or administrative staff/administrative staff on call (ASOC), will be completed by supervisors/managers. Administrator will ensure all allegations are investigated thoroughly and reported to appropriate officials.</p> <p>Administrator will ensure 24 hour/IRIS report are completed within the appropriate time frame.</p> <p>Informal monitoring to occur through daily observations by Administrative Staff, Supervisors, and/or QP's.</p> <p>Formal monitoring to occur at least monthly through completion of the Interaction assessment.</p> <p><b>DHSR - Mental Health</b></p> <p><b>JUN 21 2021</b></p> <p><b>Lic. &amp; Cert. Section</b></p>	7.31.2021	

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

*Juan Nicki Shugart*

TITLE

*Administrator*

(X6) DATE

*6.18.2021*

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 153	Continued From page 1 working at the facility.  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..."  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.	W 153			



June 18, 2021

Wilma Worsley-Diggs, M.Ed., QIDP  
Mental Health Licensure and  
Certification Section  
NC Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2718

Dear Ms. Worsley-Diggs,

Enclosed is the Plan of Correction for the deficiencies noted during the follow-up and complaint survey completed on June 16, 2021 for Bear Creek.

Please feel free to contact me with any questions or concerns. We look forward to seeing you for the follow-up.

Respectfully,

A handwritten signature in black ink, appearing to read "Tara 'Nicki' Ethridge". The signature is fluid and cursive, with a long, sweeping underline that extends to the right.

Tara "Nicki" Ethridge, RN  
Administrator