

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G121	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/02/2021
NAME OF PROVIDER OR SUPPLIER QUEEN'S POND			STREET ADDRESS, CITY, STATE, ZIP CODE 651 Queen's Creek Rd. HUBERT, NC 28539	
(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 340	<p>NURSING SERVICES CFR(s): 483.460(c)(5)(i)</p> <p>Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interview, the nursing services failed to ensure that staff were sufficiently trained in taking temperature in regard to COVID-19 protocol. This potentially effected all clients residing in the home (#1, #2, #3, #4, #5, #6, # 7, #8, #9, #10, #11, #12, #13, and #14).</p> <p>During morning observations in the home on 6/2/21 at 5:40 am, the surveyor entered the home. Further observations revealed Staff A who opened the door did not take the temperature of the surveyor. Staff A did not ask the surveyor any questions regarding COVID-19 protocol.</p> <p>During an interview on 6/2/21, the home manager (HM) revealed the temperature of the surveyor should have been taken when she first entered the home. Further interview revealed anyone who enters the home should have their temperatures taken due to the facility's COVID-19 protocols.</p> <p>Review on 6/1/21 of the facility's front door revealed a notice which stated, "Temperature checks and health screening required before entering building:</p>	W 340	<p>The Director of Nursing will conduct an online re in-service of Carobell's Covid screening procedures for all staff. All staff will be re- in serviced by 7/30/2021. Nursing staff will monitor, document(log) and conduct random checks at least twice per month for the next 3 months to ensure that temperatures are taken before entering the building and covid protocol is followed as required and or stated.</p> <p style="text-align: center;">DHSR - Mental Health</p> <p style="text-align: center;">JUN 18 2021</p> <p style="text-align: center;">Lic. & Cert. Section</p>	8/1/2021
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 340	Continued From page 1 Review on 6/2/21 of the facility's training records revealed Staff A had training on 6/5/21 to ensure that anyone entering the facility temperature is taken upon entering. During an interview on 6/2/21, the management staff confirmed all staff have been trained to ensure when anyone enters the home, their temperature should be taken.	W 340	. The Director of Nursing will conduct an online re in-service of Carobell's Covid screening procedures for all staff. All staff will be re- in serviced by 7/30/2021. Nursing staff will monitor, document(log) and conduct random checks at least twice per month for the next 3 months to ensure that temperatures are taken before entering the building and covid protocol is followed as required and or stated.	8/1/2021

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Vanessa Eshin* TITLE *President* (X6) DATE *6/19/2021*

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.



June 9, 2021

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

To whom it may concern,

Thank you for your recent survey of our Queens Pond facilities. Enclosed you will find our corrective action plan. We trust that it will meet with your requirements. If you need further information, please contact us at (910)326-7600.

Sincerely,

Mary Butts
Director of Programing
Carobell, Inc.

Enclosed:
Corrective Action Plan