

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

PRINTED: 09/22/2021
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340315 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 09/21/2021 |
| NAME OF PROVIDER OR SUPPLIER CORBEL RESIDENTIAL | | | STREET ADDRESS, CITY, STATE, ZIP CODE 483 CREEK ROAD ORRUM, NC 28369 | |
| (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 249 | <p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 3 of 6 audit clients (#3, #4 and #5) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the area of adaptive devices and equipment. The findings are:</p> <p>A. During observations at the day program and in the home throughout the survey on 9/20/21 - 9/21/21, client #4 was observed wearing a gait belt. Throughout the observations, there was only one time when staff assisted client #4 by holding onto his gait belt after he fell while outside doing a bowling activity on 9/20/21. At no other time did staff provide assistance by holding onto the gait belt while client #4 ambulated throughout his home, the day program and outside.</p> <p>Review on 9/20/21 of client #4's IPP dated 8/26/19 revealed, "due to occasional falls, he is monitored very closely and a gait belt is used."</p> <p>Review on 9/21/21 of client #4's physical therapy</p> | W 249 | <p>W249 The facility will ensure that each client receives a continuous active treatment plan consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the area of adaptive devices and equipment.</p> | 11/20/21 |

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

TITLE

(X6) DATE

James Savage *Clinical Supervisor* 10-1-2021

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 249 | <p>Continued From page 1</p> <p>(PT) evaluation dated 1/28/19 revealed a recommendation to "continue gait belt with close supervision for ambulation in the home, outside and for community outings."</p> <p>Interview on 9/21/21 with Staff B revealed that staff should be holding onto client #4's gait belt when he is getting up from sitting and when he is ambulating in any environment.</p> <p>Interview on 9/21/21 with Staff A revealed that staff should be holding onto client #4's gait belt anytime he is getting up from sitting, and when he is up and moving around.</p> <p>Interview on 9/21/21 with the qualified intellectual disabilities professional (QIDP) confirmed staff should be holding onto client #4's gait belt when he is ambulating.</p> <p>B. During observations at the day program and in the home throughout the survey on 9/20/21 - 9/21/21, client #3 did not wear wrist weights. Throughout the observations, client #3 was observed to have constant tremors in both of his hands.</p> <p>Review on 9/21/21 of client #3's IPP dated 10/17/19 revealed client #3 "has constant tremors of his hands and wears wrist weights to decrease the severity."</p> <p>Review on 9/21/21 of client #3's medical evaluation dated 10/23/20 revealed client #3 "wears wrist weights to decrease the severity for constant tremors of his hands."</p> <p>Interview on 9/21/21 with the QIDP confirmed client #3 should have been wearing wrist weights.</p> | W 249 | <p>Program Manager (PM) will purchase new wrist weights. Qualified Professional (QP) and PM will inservice staff on ensuring client #3 will wear wrist weights daily. Habilitation Specialist (HS) will monitor weekly, PM will monitor daily and QP will monitor monthly.</p> <p>Physical Therapist (PT) will inservice staff on the proper usage of client #4 gait belt. PM will monitor daily and QP will monitor monthly.</p> <p>QP and HS will inservice staff on client #5 communication board usage. HS will monitor weekly, PM will monitor daily and QP will monitor monthly.</p> | | |

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| W 249 | Continued From page 2 C. During observations at the day program and in the home throughout the survey on 9/20/21 - 9/21/21, staff were observed to verbally communicate directions to client #5. Observations in the home revealed a communication board for client #5. At no time during the survey was the communication board utilized. Review on 9/21/21 of client #5's IPP dated 9/11/19 revealed he uses some sign language and gestures to make his needs and wants known. Interview on 9/21/21 with Staff B revealed that client #5's communication board is used to communicate to him regarding his schedule, activities, etc. such as bathroom or mealtimes. Interview on 9/21/21 with the QIDP confirmed that staff should have utilized the communication board for client #5 to communicate with him about his schedule. | W 249 | | |
| W 260 | PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(2) At least annually, the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to update the individual program plans (IPP's) annually for 6 of 6 audit clients (#1, #2, #3, #4, #5 and #6). The findings are: | W 260 | W260 The facility will ensure that the interdisciplinary team will meet annually to revise/update the Individual Program Plan (IPP). | 11/20/21 |

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| W 260 | <p>Continued From page 3</p> <p>A. Review on 9/20/21 of client #1's record revealed an IPP dated 2/5/20. Additional review of client #1's record revealed no updated IPP since 2/5/20. During observations at the day program and in the home throughout the survey on 9/20/21 - 9/21/21, staff consistently trained objectives with client #1.</p> <p>Interview on 9/21/21 with the qualified intellectual disabilities professional (QIDP) confirmed client #1's IPP has not been updated since 2/5/20.</p> <p>B. Review on 9/20/21 of client #2's record revealed an IPP dated 8/12/19. Additional review of client #2's record revealed no updated IPP since 8/12/19. During observations at the day program and in the home throughout the survey on 9/20/21 - 9/21/21, staff consistently trained objectives with client #2.</p> <p>Interview on 9/21/21 with the QIDP confirmed client #2's IPP has not been updated since 8/12/19.</p> <p>C. Review on 9/20/21 of client #3's record revealed an IPP dated 10/17/19. Additional review of client #3's record revealed no updated IPP since 10/17/19. During observations at the day program and in the home throughout the survey on 9/20/21 - 9/21/21, staff consistently trained objectives with client #3.</p> <p>Interview on 9/21/21 with the QIDP confirmed client #3's IPP has not been updated since 10/17/19.</p> <p>D. Review on 9/20/21 of client #4's record revealed an IPP dated 8/26/19. Additional review of client #4's record revealed no updated IPP</p> | W 260 | <p>Qualified Professional (QP) will schedule each individual treatment plan meeting with all interdisciplinary team members including the individual and their guardian annually to develop/revise each individual's plan. At the time of survey individual #1, #2, #3 and #4 IPP's were done and not present in the record book. QP will monitor monthly.</p> | |

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| W 260 | Continued From page 4 since 8/26/19. During observations at the day program and in the home throughout the survey on 9/20/21 - 9/21/21, staff consistently trained objectives with client #4. Interview on 9/21/21 with the QIDP confirmed client #4's IPP has not been updated since 8/26/19. E. Review on 9/20/21 of client #5's record revealed an IPP dated 9/11/19. Additional review of client #5's record revealed no updated IPP since 9/11/19. During observations at the day program and in the home throughout the survey on 9/20/21 - 9/21/21, staff consistently trained objectives with client #5. Interview on 9/21/21 with the QIDP confirmed client #5's IPP has not been updated since 9/11/19. F. Review on 9/20/21 of client #6's record revealed an IPP dated 4/23/20. Additional review of client #6's record revealed no updated IPP since 4/23/20. During observations at the day program and in the home throughout the survey on 9/20/21 - 9/21/21, staff consistently trained objectives with client #6. Interview on 9/21/21 with the QIDP confirmed client #6's IPP has not been updated since 4/23/20. | W 260 | | |
| W 368 | DRUG ADMINISTRATION CFR(s): 483.460(k)(1) The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. | W 368 | W368 The facility will ensure that all drugs are administered in compliance with physician's orders to all clients. | 11/20/21 |

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| W 368 | Continued From page 5 This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure medications were administered in accordance with physician's orders. This affected 1 of 6 audit clients (#4). The findings are: A. During observations of medication administration in the home on 9/20/21 at 4:13pm, Staff D was observed to administer Systane eye drops to client #4. Review on 9/21/21 of client #4's Physician's Orders dated 8/11/21 revealed at order for Systane eye drops, "instill 2 drops in both eyes 3 times a day at 8:00am, 2:00pm and 8:00pm." Interview on 9/21/21 with the facility nurse confirmed client #4 should have received his eye drops at 2:00pm. B. During observations of medication administration in the home on 9/21/21 at 7:40am, client #4 was observed to ingest several medications, including Metformin 500mg. Prior to taking his morning medications, client #4 was observed to eat breakfast. Review on 9/21/21 of client #4's Physician's Orders dated 8/11/21 revealed an order for Metformin 500mg, "Take 1 tablet daily before meals for sugar." Interview on 9/21/21 with the facility nurse confirmed client #4 should have taken the Metformin prior to eating breakfast and not after. | W 368 | Nurses will train all staff on client #4 MAR's and Physician orders. Nurses will train and inservice staff on reading MAR's, administering medications, applying eye drop medications and documenting given medications. Nurses will inservice staff on proper administration of all medications regularly. Nurses and PM will monitor weekly and QP will monitor monthly. | |

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| W 460 W 460 | Continued From page 6 FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. This STANDARD is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure 4 of 6 audit clients (#2, #3, #4 and #5) received their specially prescribed diet as indicated. The findings are: A. During observations at the day program on 9/20/21 at 11:18am, Staff A was observed to use hand-over-hand and assist client #2 with putting one tablespoon of thickener into two 8 ounce cups, then pour water from a pitcher into one cup and tea into the second cup. The liquids and thickener were not stirred. At 11:19am, Staff A was observed to put a second tablespoon of thickener into the water and tea. Staff A then gave client #2 the scoop, and he proceeded to add two tablespoons of thickener to his water and tea. During the observation, the tea and water was very thin at the top of the cup and the thickening powder was settled at the bottom of the cup. At 11:25am, client #2 was observed to pour himself another glass of water. Staff A was observed to add one tablespoon of thickener to the cup of water. At 11:27am, client #2 was observed to pour lemonade into his cup that had tea in it. Staff A was observed to add one tablespoon of thickener to the lemonade, and hand the cup to client #2. | W 460 W 480 | W460 The facility will ensure that each client receives a nourishing well-balanced diet including modified and specially prescribed diets. Staff will be inserviced by Nutritionist/Dietician on clients #2 and #3 specific ordered diets and Thick-It usage. Staff will be inserviced by Nutritionist/Dietician on clients #2, #3 and #5 specific ordered diets as it pertains to the consistency of their food. Nursing staff will ensure that all staff are aware of any food allergies and that documentation is provided. Program Manager will monitor weekly. QP and Nursing staff will monitor monthly. | 11/20/21 |

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| W 460 | <p>Continued From page 7</p> <p>Client #2 was observed to drink the lemonade which was very thin and not thickened.</p> <p>At 11:35am, client #2 was observed to pour himself another cup of water and began drinking the water with no thickener added. After drinking several sips, Staff A was observed to add one tablespoon of thickener to the water, stirred it and handed the cup back to client #2, who began to immediately drink from the cup.</p> <p>During observations in the home on 9/20/21 at 6:08pm, client #2 was observed eating dinner. He had two 8 ounce cups, one filled with water and one filled with juice. Client #2 was observed to add three tablespoons of thickener to each cup without the thickener and liquid combination being stirred. At 6:14pm, Staff F prompted client #2 to stir the thickener and liquids. Client #2 was observed to stir the thickener and liquid in one cup for approximately three seconds.</p> <p>Review on 9/20/21 of client #2's individual program plan (IPP) dated 8/12/19 revealed a diet order that consists of nectar thick liquids.</p> <p>Review on 9/21/21 of client #2's medical evaluation dated 8/13/21 revealed a diet order that consists of nectar thick liquids.</p> <p>Review on 9/21/21 of a container of ThickenUP located in the kitchen of the home revealed the following directions: - For 4 ounces of liquids, add one tablespoon of thickener. - For 8 ounces of liquids, add two tablespoons of thickener. - Measure recommended amount to achieve desired consistency.</p> | W 460 | | |

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| W 460 | <p>Continued From page 8</p> <p>- Slowly add thickener to liquid while stirring briskly. Stir for 15 seconds. Re-stir briefly before serving. Liquid should reach desired consistency within 1-5 minutes for many beverages.</p> <p>Review on 9/21/21 of a Mixing Chart Instant Food Thickener posted in the kitchen of the home revealed to achieve a nectar thick consistency, two tablespoons of thickener is added to one 8 ounce cup of liquid.</p> <p>Interview on 9/21/21 with Staff B revealed that two tablespoons of thickener should be added to client #2's liquids and that staff should follow the directions as indicated to ensure client #2's liquids are nectar thick.</p> <p>Interview on 9/21/21 with Staff A revealed that client #2 has had trouble in the past ensure he gets the appropriate amount, not too little and not too much, to achieve a nectar thick consistency.</p> <p>Interview on 9/21/21 with the qualified intellectual disabilities professional (QIDP) confirmed staff should follow the recommendations of the thickener to ensure client #2 receives nectar thick liquids.</p> <p>B. During observations in the home on 9/21/21 at 7:31am, client #3 was observed eating breakfast. Client #3 had two 8 ounce cups, one filled with water and one filled with juice. Staff C was observed to add one tablespoon of thickener to the cup of water. Staff C was observed to measure out one additional tablespoon of thickener and handed client #3 the scoop to add</p> | W 460 | | | |

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| 111-100 | <p>On 9/21/21, Staff B spilled approximately 1/2 of the scoop of thickener onto the table. No additional thickener was added to client #3's juice.</p> <p>Review on 9/21/21 of client #3's IPP dated 10/17/19 revealed a diet order that consists of nectar thick liquids.</p> <p>Review on 9/21/21 of a container of ThickenUP located in the kitchen of the home revealed the following directions:</p> <ul style="list-style-type: none"> - For 4 ounces of liquids, add one tablespoon of thickener. - For 8 ounces of liquids, add two tablespoons of thickener. - Measure recommended amount to achieve desired consistency. - Slowly add thickener to liquid while stirring briskly. Stir for 15 seconds. Re-stir briefly before serving. Liquid should reach desired consistency within 1-5 minutes for many beverages. <p>Review on 9/21/21 of a Mixing Chart Instant Food Thickener posted in the kitchen of the home revealed to achieve a nectar thick consistency, two tablespoons of thickener is added to one 8 ounce cup of liquid.</p> <p>Interview on 9/21/21 with Staff B revealed that two tablespoons of thickener should be added to client #3's liquids and that staff should follow the directions as indicated to ensure client #3's liquids are nectar thick.</p> <p>Interview on 9/21/21 with the qualified intellectual disabilities professional (QIDP) confirmed staff should follow the recommendations of the thickener to ensure client #3 receives nectar thick</p> | 111-100 | | | |

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| W 460 | <p>Continued From page 10 liquids.</p> <p>C. During observations at the day program on 9/20/21 at 11:14am, client #2 was observed eating lunch. His lunch consisted of salsbury steak, corn and rice. Client #2's salsbury steak and rice were pureed, but his corn still had whole pieces of corn mixed in it.</p> <p>Review on 9/20/21 of client #2's IPP dated 8/12/19 revealed a diet order that consists of a pureed consistency.</p> <p>Interview on 9/21/21 with the QIDP confirmed client #2's corn should have been pureed to a smooth consistency with no pieces of corn visible.</p> <p>D. During observations at the day program on 9/20/21 at 11:14am, client #3 was observed eating lunch. His lunch consisted of salsbury steak, corn and rice. Client #3's salsbury steak and rice were pureed, but his corn still had whole pieces of corn mixed in it.</p> <p>Review on 9/21/21 of client #3's IPP dated 10/17/19 revealed a diet order that consists of a pureed consistency.</p> <p>Interview on 9/21/21 with the QIDP confirmed client #3's corn should have been pureed to a smooth consistency with no pieces of corn visible.</p> <p>E. During observations at the day program on 9/20/21 at 11:14am, client #4 was observed eating lunch. His lunch consisted of salsbury steak, corn and rice.</p> <p>Review on 9/20/21 of client #4's IPP dated 8/26/19 revealed a diet order to avoid corn.</p> | W 460 | | |

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

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| 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 09/21/2021 |
|---|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER CORBEL RESIDENTIAL | | | STREET ADDRESS, CITY, STATE, ZIP CODE 483 CREEK ROAD ORRUM, NC 28389 | | |
| (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 460 | <p>Continued From page 11</p> <p>tomatoes and chocolate as these foods may trigger seizures. Additional review of client #4's IPP revealed client #4 is allergic to corn, tomatoes and chocolate as these foods may trigger seizure activity.</p> <p>Review on 9/21/21 of client #4's nutrition evaluation dated 2/28/21 revealed, "No corn, tomatoes or chocolate."</p> <p>Interview on 9/21/21 with Staff B revealed that client #4 was not able to eat corn in the past, but now he is able to eat it.</p> <p>Interview on 9/21/21 with Staff A revealed client #4 cannot have tomatoes or chocolate but he is able to eat corn.</p> <p>Interview on 9/21/21 with the program coordinator and facility nurse revealed client #4 has received allergy testing and it does not indicate he is allergic to corn, and in addition, has not had any seizure activity.</p> <p>Interview on 9/21/21 with the QIDP revealed he believes that the restriction to corn no longer applies. However, the QIDP was not able to locate documentation to support this. The QIDP confirmed that based on client #4's IPP and nutrition evaluation, he should not have received corn.</p> <p>F. During observations in the home on 9/20/21 at 6:08pm, client #5 was observed eating dinner. His dinner consisted of one chicken leg served whole, one biscuit served whole, and cut up carrots. Client #5 was observed to consume the entire biscuit. Client #5 was observed to eat approximately 1/2 of his chicken leg. At 6:18pm,</p> | W 460 | | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340315 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 09/21/2021 |
|---|---|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER CORBEL RESIDENTIAL | | | STREET ADDRESS, CITY, STATE, ZIP CODE 483 CREEK ROAD ORRUM, NC 28369 | | |
| (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 460 | <p>Continued From page 12</p> <p>Staff D was observed to tell client #5 to cut up the remaining portion of his chicken. Client #5 was observed to pull several large pieces of chicken off the bone and put them in his mouth. Staff D was observed to tell client #5 the pieces were too big.</p> <p>Review on 9/21/21 of client #5's IPP dated 9/11/19 revealed a diet order that consists of a regular diet with bite size pieces.</p> <p>Interview on 9/21/21 with Staff A revealed that client #5 should have been prompted to cut his chicken and biscuit up into bite size pieces (3/4 1 inch in size).</p> <p>Interview on 9/21/21 with the QIDP confirmed client #5 should have been encouraged and assisted as needed to cut his chicken and biscuit into bite size pieces.</p> | W 460 | | | |