DEPARTMENT OF HEALTH AND HUMAN SERVICES							APPROVED
CENTER	RS FOR MEDICARE	& MEDICAID SERVICES			O		0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
34G315		B. WING			C 01/27/2023		
NAME OF PROVIDER OR SUPPLIER				S	TREET ADDRESS, CITY, STATE, ZIP CODE		
CORBEL RESIDENTIAL					83 CREEK ROAD		
				С	DRRUM, NC 28369		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROF DEFICIENCY)			(X5) COMPLETION DATE
W 000	INITIAL COMMENT	ſS	W 0	00			
W 149	previous deficiencie following deficiencie and (W156).The fac compliance in (W50 was conducted on 7 for intakes #NC001 Additional deficience STAFF TREATMEN CFR(s): 483.420(d) The facility must de policies and proced mistreatment, negle	97143 and #NC00197150. ies were cited. IT OF CLIENTS (1) velop and implement written	W 1	49			
	Based on record re failed to ensure star policy training. This	the facility for the finding is:					
	1/12/23 accused St client #4. The repor training on the follor 8/27/22, 9/9/22 and facility concluded th Staff B abuse traini	of an incident report dated aff B of causing injuries to t noted Staff B had received wing dates: 6/29/22, 7/28/22, 10/18/22. On 1/20/23, the heir investigation and noted ing for 2022 had expired and allegation of physical abuse against Staff B.					
	Disabilities Profess Staff B was hired or Staff B was suppos abuse that were co 11/29/22 but he was	3 with the Qualified Intellectual ional (QIDP) revealed that in 12/21/21. The QIDP stated ed to attend in-services on inducted on 11/21/22 and is on medical leave. The QIDP med to work on 12/19/22 but					

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

TITLE

(X6) DATE

PRINTED: 02/08/2023

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       (X1) PROVIDER/SUPPLIER/CLIA       (X2) MULTIPLE CONSTRUCTION       (X3) DATE SURVE         AND PLAN OF CORRECTION       34G315       B. WING       C         01127/2021       34G315       B. WING       C         NAME OF PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE       433 CREEK ROAD       ORRUM, NC 28369         PREFIX       EACH DEFICIENCY MUST BE PRECEDED BY FULL       STREET ADDRESS, CITY, STATE, ZIP CODE       00         PREFIX       EACH DEFICIENCY MUST BE PRECEDED BY FULL       DPREFIX       CROBEL RESIDENTIAL       ORRUM, NC 28369         W 149       Continued From page 1       W 149       PREFIX       PREFIX       CROSS-REFERENCED TO THE APPROPRIATE       COMPLET         W 149       Continued From page 1       W 149       W 140			AND HUMAN SERVICES				FORM	02/08/2023 APPROVED 0938-0391
34G315     B. WING     O1/27/2023       NAME OF PROVIDER OR SUPPLIER     STREET ADDRESS, CITY, STATE, ZIP CODE       CORBEL RESIDENTIAL     433 CREEK ROAD ORRUM, NC 28369       PREFIX TAG     SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)     D PREFIX TAG     PROVIDER'S PLAN OF CORRECTION (EACH OERRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)     (mst 149)       W 149     Continued From page 1 he was not required to complete his annual abuse training. The QIDP acknowledged Staff B was placed back on the schedule, to work with clients. The QIDP stated Staff B was suspended for allegations of abuse on 1/12/23 after they substantiated abuse against client #4.     W 149     W 149       W 154     STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(3)     W 154       W 154     STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(3)     W 154			(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED		
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)     Of OWER COMPLEX DEFICIENCY       W 149     Continued From page 1 he was not required to complete his annual abuse training. The QIDP acknowledged Staff B was placed back on the schedule, to work with clients. The QIDP stated Staff B was suspended for allegations of abuse on 1/12/23 and was terminated on 1/23/23 after they substantiated abuse against client #4.     W 149       W 154     Interview on 1/27/23 with the Director of the Individuals with Intellectual Disabilities (IID) program revealed no explanation for staff lacking sufficient abuse training.     W 154       W 154     STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(3)     W 154       W 154     The facility must have evidence that all alleged violations are thoroughly investigated. This STANDARD is not met as evidenced by:     W 154	34G315		B. WING			C 01/27/2023		
CORBEL RESIDENTIAL       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)       COMMENT (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)         W 149       Continued From page 1 he was not required to complete his annual abuse training. The QIDP acknowledged Staff B was placed back on the schedule, to work with clients. The QIDP stated Staff B was suspended for allegations of abuse on 1/12/23 and was terminated on 1/23/23 after they substantiated abuse against client #4.       W 149         Interview on 1/27/23 with the Director of the Individuals with Intellectual Disabilities (IID) program revealed no explanation for staff lacking sufficient abuse training.       W 154         W 154       STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(3)       W 154         The facility must have evidence that all alleged violations are thoroughly investigated. This STANDARD is not met as evidenced by:       W 154	NAME OF I	PROVIDER OR SUPPLIER			ST	TREET ADDRESS, CITY, STATE, ZIP CODE		
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Based on interview and record review, the facility failed to conduct a thorough investigation of one allegation of abuse. This affected of 1 of 1 audit clients (#4). The finding is: Review on 1/27/23 of an incident report, dated 1/12/23 with the allegation of staff to client physical abuse, revealed one of two written statements from staff who were on duty at the time of the incident. Further review indicated there were no recorded statements from verbal clients or body audits to rule out abuse of non-verbal clients. The incident described Staff B whooping client #4 with a belt, causing red marks to his neck, ear, upper torso and left arm. After the incident was investigation, the facility substantiated the allegation for physical abuse and terminated the employment of Staff B on 1/23/23.		he was not required training. The QIDP placed back on the clients. The QIDP s for allegations of ab terminated on 1/23/ abuse against clien Interview on 1/27/23 Individuals with Inter program revealed in sufficient abuse trai STAFF TREATMEN CFR(s): 483.420(d) The facility must ha violations are thorou This STANDARD is Based on interview failed to conduct a ta allegation of abuse. clients (#4). The fin Review on 1/27/23 1/12/23 with the alle physical abuse, revistatements from stat time of the incident. there were no recor- clients or body audi non-verbal clients. whooping client #4 to his neck, ear, up the incident was inv substantiated the all and terminated the	d to complete his annual abuse acknowledged Staff B was e schedule, to work with stated Staff B was suspended buse on 1/12/23 and was /23 after they substantiated it #4. 3 with the Director of the ellectual Disabilities (IID) no explanation for staff lacking ining. NT OF CLIENTS )(3) ave evidence that all alleged ughly investigated. s not met as evidenced by: v and record review, the facility thorough investigation of one . This affected of 1 of 1 audit ding is: of an incident report, dated egation of staff to client realed one of two written aff who were on duty at the . Further review indicated rded statements from verbal its to rule out abuse of The incident described Staff B with a belt, causing red marks per torso and left arm. After vestigation, the facility llegation for physical abuse					

FORM CMS-2567(02-99) Previous Versions Obsolete

Facility ID: 945333

If continuation sheet Page 2 of 3

		AND HUMAN SERVICES				FORM	02/08/2023 APPROVED 0938-0391
CENTERS FOR MEDICARE & MEDICAID SERVICESSTATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		34G315	B. WING			C 01/27/2023	
NAME OF	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
CORBEI	RESIDENTIAL				83 CREEK ROAD DRRUM, NC 28369		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE
W 154	Review on 1/27/23 #4 on 1/13/23 revea 1 1/4" x 1/8" red ma 2 1/8" x 1/4" red are 8" x 1 3/8" bruise be 4" x 1" bruise left up 1 1/8" thin red line of 2" x 1" bruise on left Interview on 1/27/20 Management (DQM investigation reveal wanted to interview 1/12/23 but did not speaking to her. The not attempt to spea may have witnesse did not try to determ possible clients who	of the Nurse's Exam of client aled the following injuries: ark right shoulder ea upper right shoulder ehind left ear to base of neck pper arm on right back ft forearm 3 with the Director of Quality <i>A</i> ), who conducted the led she had noted that she of Staff C who worked on recall why she overlooked the DQM acknowledged she did ak with other verbal clients who od the incident. The DQM also nine if there were other o may have been subjected to reviewing their skin conditions,	W 1	54			

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