



DEPARTMENT OF HEALTH AND HUMAN  
SERVICESCENTERS FOR MEDICARE & MEDICAID

PRINTED: 12/07/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G315</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/22/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>CORBEL RESIDENTIAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>483 CREEK ROAD</b> <b>ORRUM, NC 28369</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 153	Continued From page 1 An additional record review of the incident report on 11/22/22 revealed the the nurse was contacted on 10/20/22 during the evening bath by Staff D who observed that client #3 had pain in his right thumb. The nurse advised Staff D to send client #3 to the emergency room for evaluation and treatment. Client #3's thumb was x-rayed and diagnosed with a Bennett Type fracture.  Interview on 11/22/22 with the nurse revealed she was "on call" on 10/20/22 when she received a phone call from Staff D at 6:30pm. Staff D revealed that client #3's hand was swollen and red.  Interview on 11/22/22 with the Clinical Supervisor (CS) revealed she did not receive a call on 10/20/22 during 1st shift, that Staff A admitted to pushing client #3 to the ground. The CS stated that originally she did not view the incident as physical abuse and did not file a police report.  Interview on 11/22/22 with the Quality Management Director (QMD) revealed she was not contacted by any staff immediately after the incident was discovered. The QMD acknowledged that she was aware there was a reporting requirement to contact the police for allegations for physical abuse but did not handle that part of the investigation.	W 153			
W 156	STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(4)  The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident. This STANDARD is not met as evidenced by:	W 156			



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W 508	Continued From page 3 COVID-19. The completion of a primary vaccination series for COVID-19 is defined here as the administration of a single-dose vaccine, or the administration of all required doses of a multi-dose vaccine. (1) Regardless of clinical responsibility or client contact, the policies and procedures must apply to the following facility staff, who provide any care, treatment, or other services for the facility and/or its clients: (i) Facility employees; (ii) Licensed practitioners; (iii) Students, trainees, and volunteers; and (iv) Individuals who provide care, treatment, or other services for the facility and/or its clients, under contract or by other arrangement. (2) The policies and procedures of this section do not apply to the following facility staff: (i) Staff who exclusively provide telehealth or telemedicine services outside of the facility setting and who do not have any direct contact with clients and other staff specified in paragraph (f)(1) of this section; and (ii) Staff who provide support services for the facility that are performed exclusively outside of the facility setting and who do not have any direct contact with clients and other staff specified in paragraph (f)(1) of this section. (3) The policies and procedures must include, at a minimum, the following components: (i) A process for ensuring all staff specified in paragraph (f)(1) of this section (except for those staff who have pending requests for, or who have been granted, exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations) have	W 508		

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W 508	Continued From page 4 received, at a minimum, a single-dose COVID-19 vaccine, or the first dose of the primary vaccination series for a multi-dose COVID-19 vaccine prior to staff providing any care, treatment, or other services for the facility and/or its clients; (iii) A process for ensuring the implementation of additional precautions, intended to mitigate the transmission and spread of COVID-19, for all staff who are not fully vaccinated for COVID-19; (iv) A process for tracking and securely documenting the COVID-19 vaccination status of all staff specified in paragraph (f)(1) of this section; (v) A process for tracking and securely documenting the COVID-19 vaccination status of any staff who have obtained any booster doses as recommended by the CDC; (vi) A process by which staff may request an exemption from the staff COVID-19 vaccination requirements based on an applicable Federal law; (vii) A process for tracking and securely documenting information provided by those staff who have requested, and for whom the facility has granted, an exemption from the staff COVID-19 vaccination requirements; (viii) A process for ensuring that all documentation, which confirms recognized clinical contraindications to COVID-19 vaccines and which supports staff requests for medical exemptions from vaccination, has been signed and dated by a licensed practitioner, who is not the individual requesting the exemption, and who is acting within their respective scope of practice as defined by, and in accordance with, all applicable State and local laws, and for further ensuring that such documentation contains: (A) All information specifying which of the	W 508			

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W 508	Continued From page 5 authorized COVID-19 vaccines are clinically contraindicated for the staff member to receive and the recognized clinical reasons for the contraindications; and (B) A statement by the authenticating practitioner recommending that the staff member be exempted from the facility's COVID-19 vaccination requirements for staff based on the recognized clinical contraindications; (ix) A process for ensuring the tracking and secure documentation of the vaccination status of staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations, including, but not limited to, individuals with acute illness secondary to COVID-19, and individuals who received monoclonal antibodies or convalescent plasma for COVID-19 treatment; and (x) Contingency plans for staff who are not fully vaccinated for COVID-19.  Effective 60 Days After Publication: (ii) A process for ensuring that all staff specified in paragraph (f)(1) of this section are fully vaccinated for COVID-19, except for those staff who have been granted exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations; This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to secure documentation of the COVID-19 vaccination status for all staff, including contracted licensed personnel. The findings is:  Record review on 11/22/22 of the facility's	W 508	The facility will ensure documentation of the COVID vaccination status for all employees, including contracted personnel as well. The Clinical Supervisor will coordinate with Human Resources such that a copy of the COVID vaccination status for all personnel including contracted staff and/or personnel is maintained at the office.  The Clinical Supervisor will secure a copy of the COVID vaccination record for the maintenance worker, registered dietician, occupational therapist, and physical therapist.  The Regional Director and/or QP will coordinate with Human Resources monthly to review the COVID vaccination status for all employees, and/or contract professionals to ensure continued compliance.	1/21/23  1/21/23  1/21/23

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W 508	Continued From page 6 undated COVID-19 Vaccination Program policy revealed all staff must present proof of having received one dose of COVID 19 or the 1st dose of a multi-dose COVID 19 vaccine by 1/27/22 unless a vaccination exemption or temporary delay as recommended by Center for Disease Control (CDC) had been approved. All staff must have proof of all doses by 2/28/22. Proof of vaccine must be emailed to Human Resources (HR). If staff does not submit proof or exemption, staff cannot provide services.  An additional review on 11/22/22 of the list of employees revealed there was no vaccine documentation for the maintenance worker, registered dietician, occupational therapist or physical therapist staff.  Interview on 11/22/22 with the HR Business Partner (HRBP) revealed she was unaware they were required to collect proof of vaccination for contracted licensed staff. The HRBP acknowledged they did not have a copy of the maintenance worker's vaccine status.	W 508		

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