

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

PRINTED: 11/07/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G006		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/02/2023	
NAME OF PROVIDER OR SUPPLIER BEAR CREEK				STREET ADDRESS, CITY, STATE, ZIP CODE 5840 GREENWOOD AVENUE LA GRANGE, NC 28551			
(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			
W 148	<p>Intakes #NC00209235 ns #NC00208677 were unsubstantiated. However, intake #NC00208502 was substantiated with a deficiency cited.</p> <p>COMMUNICATION WITH CLIENTS, PARENTS & CFR(s): 483.420(c)(6)</p> <p>The facility must notify promptly the client's parents or guardian of any significant incidents, or changes in the client's condition including, but not limited to, serious illness, accident, death, abuse, or unauthorized absence.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to assure the guardian was notified of any significant incidents, or changes in the clients condition. This affected 1 of 2 audit clients (#1). The finding is:</p> <p>Review on 11/2/23 of client #1's record revealed correspondence from the guardian where she had requested to be informed of all issues or concerns for client #1 dated 11/15/16. The correspondence was attached to the inside front of the binder when opening the chart. However, there was no documentation that client #1's guardian had been notified of the surgery.</p> <p>Interview on 11/2/23 the Licensed professional nurse confirmed she was trained that the guardian should be contacted with all concerns of client #1.</p> <p>Interview on 11/2/23 the Assistant Program Director verified that the qualified intellectual developmental professional (QP) should contact the guardian/parent during the hours of</p>			W 148			

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 148	Continued From page 1 8:00am-5:00pm, Nursing staff should contact parent/guardian any time after 5pm and before 8am, also on weekends and holidays. She further confirmed there was no documentation that client #1's guardian had been notified.	W 148			