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

PRINTED: 07/26/2023 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
	34G006	B. WING _		1	C /25/2023	
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	1 017	20,2020	
BEAR CREEK			5840 GREENWOOD AVENUE LA GRANGE, NC 28551			
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	D BE	(X5) COMPLETION DATE	
o7/24/23 - 7/25/23. survey was conduct The complaint alleg However, the recert deficiences. W 227 INDIVIDUAL PROG CFR(s): 483.440(c) The individual progr objectives necessar as identified by the orequired by paragra This STANDARD is Based on record re facility failed to ensu. Program Plan (IPP) his self-help/daily liv Review on 7/24/23 ore 2/21/23 revealed ob D, identify a nickel widentify January with review of the client's Behavior Inventory (The ABI revealed no self-help/daily living holding out his arms performed independ noted he requires ph complete hygiene ta deodorant, bathing a review of the plan di the area of self-help Interview on 7/25/23	rvey was completed on In addition, a complaint ted for intake #NC00204014. ations were unsubstantiated. ificaiton resulted in cited (RAM PLAN) (4) am plan states the specific that the client's needs, comprehensive assessment ph (c)(3) of this section. In a not met as evidenced by: view and interviews, the are client #4's Individual included objectives to meet ing needs. The finding is: of client #4's IPP dated jectives to identify letters A with two distracters and in one distracter. Additional is record noted an Adaptive (ABI) last reviewed on 3/8/22, independence in the area of skills, with the exception of a during dressing, which he lently. Client #4's IPP also hysical assistance to sks such as applying and toothbrushing. Additional indicates the control of the control	W 22	this plan of correction does not constitute admission or agreed by the provider or the truth of the facts alleged, or conclusions storth in the statement of deficiencies. The plan of correction is prepared and/or	t nent he et vill e o ing l pone .	9.15.23 (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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		34G006	B. WING		ı	C /25/2023	
NAME OF	PROVIDER OR SUPPLIER REEK		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 COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
W 227	since May '23 and only continued the same objectives client #4 had already been working on without implementing any new objectives. During the interview, when asked if client #4 could benefit from training in the area of self-help, the staff stated, "I think it's a lot of things he can do." Interview on 7/25/23 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #4 currently does not a have formal training objectives in the area of self-help/daily living and she was not sure if any training had been completed in the recent past. The QIDP acknowledged client #4 could benefit from training in this area.		W 2				
- स्वीके ने क्षेत्र में बेट के बेट के प्रकार के किया है। - स्वीके ने क्षेत्र में किया के किया क	Based on observatinterviews, the faciliar audit clients (#3 and active treatment prointerventions and so Individual Program adaptive equipment	ions, record reviews and ity failed to ensure 2 of 10 d+#4) received a continuous ogram consisting of needed ervices as identified in the Plan (IPP) in the areas of use and participation with tration. The findings are:	ं विद्यालय विद्यालय विद्यालय क्षेत्रकार विद्यालय क्षेत्रकार विद्यालय क्षेत्रकार विद्यालय क्षेत्रकार विद्यालय क्ष	ders vor statt untdaken som didarfärdigen hängste styrist did färfärdigen och didarfärdigen och didarfärdigen och som didarfärdigen	nad Alexandra Safetti Nasadinin (Paradinin	proton v regions successfully a number of the second successfully and second successfully regions.	

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AND PLAN OF CORRECTION IDENTIFICATION I		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION IING		(X3) DATE SURVEY COMPLETED	
		34G006	B. WING			С	
NAME OF PROVIDER OR SUPPLIER BEAR CREEK				STREET ADDRESS, CITY, STATE, ZIP COI 5840 GREENWOOD AVENUE LA GRANGE, NC 28551		7/25/2023	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		HOULD BE	(X5) COMPLETION DATE	
W 249	A. During observat throughout the surv was not observed to Interview on 7/25/23 Specialist) confirme poseys for his hand Additional interview	ge 2 ions in the Blue Bayou unit rey on 7/24 - 7/25/23, client #4 o wear poseys on his hands. 3 with Staff A (Habilitation red client #4 has bilateral s to help separate his fingers. indicated the Habilitation responsible for applying the	W 2	249			
To state the state of the state	poseys and removir on vacation. Review on 7/24/23 of 2/21/23 revealed un summary, "Bilateral separators." The plant policy by the HAM and removed in the linterview on 7/25/23 Disabilities Professionand usually an HAM for these devices in the Blue Bayou. B. During observation 7/24/23 at 5:43pr	of client #4's IPP dated der adaptive equipment Posey rolls with finger an noted they should be Mon - Frid in morning hours"		Director of Nursing will in Nursing staff on Med Administration and the nallow individuals to active participate with the mediadministration as identificindividuals ABI. Informal monitoring to be completed daily by Nurse leader, QP and administration and individuals.	eed to ely cation ed in the e Team ration staff	9.15.23	
ildellir moteupenan eight ag má stár ag	pill cup as client #3 : MT then prompted of where the client pour medication independent at the table. Client assisted to actively padministration of her	sat at a table in the area. The dient #3 to the medication cart red a drink took the dently and returned to her ent #3 was not prompted or participate with the	vahas-ameningsissan	Formal monitoring to occ Monthly upon Nurse Tea completing a Medication Administration Observati Team will then review the assessments during the meeting.	m leader on form. o monthly		

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		34G006	B. WING		07/2	5/2023		
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 5840 GREENWOOD AVENUE LA GRANGE, NC 28551	1 07/2	5/2023		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO ((EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DBE	(X5) COMPLETION DATE		
W 249	4/18/23 and Adaptive dated 4/4/23 reveals administration, clier drinking cup and be and obtain her med assistance, obtain to pushing pills throug take her medication independently. Interview on 7/24/23 revealed client #3 can administration of her events.	ve Behavior Inventory (ABI) ed during medication it #3 can obtain her pill cup, everage independently, locate ications from the cart with the correct number of pills by the pill pack with assistance, is and dispose of her trash B with the Hollywood Blvd MT an assist with the r medications by punching her	W 2	49				
W 368	pills and pouring he DRUG ADMINISTR CFR(s): 483.460(k). The system for drug that all drugs are ad the physician's order This STANDARD is Based on observati interviews, the facilit medications are adriphysician's orders. (#5 and #10) observ The findings are:	r drink. ATION (1) g administration must assure ministered in compliance with rs. ont met as evidenced by: ons, record reviews and by failed to ensure all ministered in accordance with This affected 2 of 8 clients red receiving medications.	W 36	Director of Nursing will in-service Nursing staff on Med Administration Informal monitoring to be complet daily by Nurse Team leader, QP and administration staff during rounds. Formal monitoring to occur Month upon Nurse Team leader complet a Medication Administration Observation form. Team will then review the monthly assessments during the CQI meeting.	ed and lly	9.15.23		
	at 4:14pm, client #10	ons of medication Blue Bayou unit on 7/24/23 Dingested 17 grams of ed in 5 oz of liquid.		The second of th		945		
1,001,001	Medication Technicia drinking cup was util	with the Blue Bayou an (MT) confirmed a 5 oz ized to administer client #10's cated this size cup was Miralax with liquid.	pomovania kartur (grafinia 22 r S. v a. v a.	and an angular section of the sectio	is i i videlffillio versilari et mi	arma (Buddie de verrena de 1922), en	at the state of th	

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W 368	Review on 7/24/23 of client #10's most current physician's orders identified an order for Miralax powder, "mix 17 grams in 8 oz of water or juice" and take by mouth daily at 5pm. B. During observations of medication administration in the Fox Den unit on 7/24/23 at 4:34pm, client #5 ingested 17 grams of Miralax powder mixed in 5 oz of liquid.		W 3	68		
			The state of the s			
			and a			7-7-0000
	MT confirmed a 5 o administer client #5' interview indicated a	B with the evening Fox Den z cup had been used to 's Miralax. Additional a 5 oz cup was the standard x Miralax with liquids.	n navon			
	Review on 7/24/23 of physician's orders repowder, in "8 oz of bonce daily at 5pm.	of client #5's current evealed an order for Miralax beverage" and take by mouth	manufacture and a second and a second as a			
	Administration policy noted, "Medications	the facility's Medication y (revised January 2023) are administered in tten physician's orders."	CAMPOVA			
	Nursing confirmed the med techs to adminithe 5 ounce cups. The physician's orders significant to the signifi	with the Regional Director of ne cups normally used by ister most medications are he Director confirmed the nould be followed and larger be purchased				
W 382		ND RECORDKEEPING	W 38		i konstilitation i ir van val valencer eerist bijdelijk	बहुँ विकास के किया है। यह प्रश्निक के किया है। यह
1000F A	The facility must kee locked except when	ep all drugs and biologicals being prepared for				

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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) W 382 Continued From page 5 administration. This STANDARD is not met as evidenced by: Based on observations, document review and Director of Nursing will in-service Nursing staff on Med Administration	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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BEAR CREEK 5840 GREENWOOD AVENUE				_L		07/25/2023		
CAS ID PROVIDER'S PLAN OF CORRECTION PREFIX TAG CEACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG PROVIDER'S PLAN OF CORRECTION PREFIX TAG PROVIDER'S PLAN OF CORRECTION CEACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) DEFICIENCY W 382 Continued From page 5 W 382 administration. This STANDARD is not met as evidenced by: Based on observations, document review and in the control of the provider of Nursing will in-service Nursing staff on Med Administration	NAME OF PROVIDER OR SUPPLIER			1				٦
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interviews, the facility failed to ensure all medications remained locked except when being prepared for administration. The findings are: A. During observations in the Fox Den unit on 7/24/23 at 4:26pm, the evening Medication Technician (MT) left two cups containing medications on top of the medication cart. During this time, the medications were unattended and unsecured. Additional observations at this time revealed the cart was unlocked while the MT was out of the area retrieving a client. B. During observations in the Fox Den unit on 7/25/23 at 7:29am, the morning MT left a cup containing medications were unattempted and unsecured. Interview on 7/25/23 with the morning MT revealed they would normally leave poured medications with the nurse to watch them, if they need to leave the area. Review on 7/25/23 of the facility's Medication Administration policy (revised January 2023) noted, "Medications will not be left unattended in the presence of a person." Interview on 7/25/23 with the Regional Director of Nursing confirmed the medications should not have been left unattended.	W 382	administration. This STANDARD is Based on observation interviews, the facilist medications remain prepared for adminional A. During observation 7/24/23 at 4:26pm, the Technician (MT) left medications on top of this time, the medications on top of this time, the medication revealed the cart was out of the area retries. B. During observation 7/25/23 at 7:29am, the containing medication top of the medications were unsecured. Interview on 7/25/23 revealed they would medications with the need to leave the area. Review on 7/25/23 of Administration policy noted, "Medications the presence of a performance of the presence of a performance of the service of 7/25/23. Nursing confirmed the service of the service of the presence of the	s not met as evidenced by: ions, document review and by failed to ensure all ed locked except when being stration. The findings are: ons in the Fox Den unit on the evening Medication two cups containing of the medication cart. During ations were unattended and al observations at this time is unlocked while the MT was eving a client. ons in the Fox Den unit on the morning MT left a cup ons mixed in chocolate milk ation cart. During this time, the unattempted and with the morning MT normally leave poured nurse to watch them, if they ea. of the facility's Medication of (revised January 2023) will not be left unattended in rson."	W 382	Director of Nursing will in-service Nursing staff on Med Administrat to include drug storage. Informal monitoring to be comple daily by Nurse Team leader, QP administration staff during rounds Formal monitoring to occur Montl upon Nurse Team leader comple a Medication Administration Observation form. Team will then review the monthly assessments	ion ted and s. hly ting	9.15.23	