FORM APPROVED OMB NO. 0938-0391

AND PLAN O	OF DEFICIENCES OF CORRECTION	(XI) PROVIDER/SUPPLIER/GLIA IGENTIFICATION NUMBER	A. BUILDING	CONSTRUCTION	(X3) DATE S COMPL	
		34G315	B. WING		128	7/2023
	PROVIDER OR SUPPLIER RESIDENTIAL		4	TREET ADDRESS, CITY, STATE, ZP CO 63 GREEK ROAD PRRUM, NO. 28369		112000
(X4) ID PREFIX TAG	SEACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LISC IDENTIFYING BYPOAMATION)	PREFIX TAG	PROVIDERS PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	DOMPLETION DATE
W 122	7, 2023 for Intakes #NC00210354. The substantiated and it on site that an immust the clients. The into develop a compreh jeopardy to the clie survey team before CLIENT PROTECT CFR(s): 483.420(a). The facility must or Therefore the facility failed to and failed to compliance the facility failed to and failed to compliance (W154). The cumulative efferesulted in the facility mandate to its clients. STAFF TREATMEN CFR(s): 483.420(d). The facility must depolicles and procedures the facility must depolicles and procedures the facility must depolicles and procedures the facility must depolicle and procedures the facility must	was completed on December #NC00210323 and Intake a complaint allegations were to was determined by the team ediate jeopardy was present to endisciplinary team was able to remove the interest from the facility.  TIONS  Insure the rights of all clients to must as evidenced by: implement written policies at prohibited neglect (W149) ete a thorough internal considered all sources of ect of these systemic practices ity's failure to provide diservices of client protections.  IT OF CLIENTS  (1)  Evelop and implement written fures that prohibit ect or abuse of the client. It is not met as evidenced by the client of the client. It is not met as evidenced by the client of the client. It is not met as evidenced by the client of the client. It is not met as evidenced by the client of the	W 122	The facility has taken the in through policy review, policy paraprofessional staff train Specialist training, reportin thoroughness of investigat statutory mandates for clied.  1. See the plan of protection and approved by state survice 12/7/23 as follows:  Cl Corbell Plan of Protection of Protection 12/7/23 as follows:  On November 21, 2023, who DSP/Staff traveling back to from taking a client home in a single vehicle accident at 15 miles from the group hot that the tire went on the group hot the g	ey update, ning, QA g requirements, ions to ensure ent protections.  In, implemented ey agency on ction 120723  Ille the group home in Goldsboro had approximately 10-ome. Staff stated ass and the vanicausing the vanicausing the vanical called the group home.  Ithat it did not was iduals in the vanical called in the vanical calle	1/20/2024

Any deficiency statement ending with an autorisk (f) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards previde 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 sum of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days to lowing 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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STATEMENT AND PLAN O	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	39
		34G315	B. WING		C	
	PROVIDER OR SUPPLIER RESIDENTIAL			STREET ADDRESS, CITY, STATE, ZIP CODE 483 CREEK ROAD ORRUM, NC 28369	12/07/2023	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		)N
W 000			W 000	The facility has taken the necessary s	1/20/20	24
W 122	7, 2023 for Intakes a #NC00210354. The substantiated and it on site that an imme the clients. The inter develop a comprehe jeopardy to the clien survey team before CLIENT PROTECTI CFR(s): 483.420(a)	was completed on December #NC00210323 and Intake complaint allegations were was determined by the team ediate jeopardy was present to rdisciplinary team was able to ensive plan to remove the ts which was accepted by the their exit from the facility.  ONS  sure the rights of all clients.	W 122	through policy review, policy update, paraprofessional staff training, QA Specialist training, reporting requirem thoroughness of investigations to ensistatutory mandates for client protection. See the plan of protection, implement and approved by state survey agency 12/7/23 as follows-  CI Corbell Plan of Protection 12072  On November 21, 2023, while	ented on	The second secon
	The facility failed to: and procedures that and failed to complet investigation that corevidence (W154).  The cumulative effect resulted in the facility statutorily mandated to its clients.	not met as evidenced by: implement written policies prohibited neglect (W149) te a thorough internal nsidered all sources of t of these systemic practices t's failure to provide services of client protections		DSP/Staff traveling back to the group from taking a client home in Goldsbor a single vehicle accident approximate 15 miles from the group home. Staff sthat the tire went on the grass and the began to pull off the road causing the to flip over. The two clients, and were take the emergency department by ambula Staff chose not to receive medical treatment. "DSP called the assistant manager of the group home."	o had ly 10- tated van van en to nce.	
	policies and procedur mistreatment, neglect This STANDARD is a Based on record obstinterview, the facility of safety of 6 of 6 clients	l) elop and implement written		Initial investigation found that it did no appear that Staff we neglectful of the two individuals in the on November 21 when returning from Goldsboro. There were discrepancies the police report and the CBC Global Positioning System at the time of the accident.	as van	
DE ATORY DI	DECTADE AD DOCUMERA	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.

OTATELATAIT	OF DEFICIENCIES	THE SERVICES			OMB NO. 0938-039
AND PLAN O	F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		34G315	B. WING_		C
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	12/07/2023
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W 149	Continued From page	1	W 14		
	Review on 12/7/23 of investigation and an al- Highway Patrol indicated 11/21/23, staff A was to transporting clients #1 in the rain after transporting clients #1 was staff. Client #1 was staff. Client #4 was sitting in rolled back onto 4 when guide wire in the opposite highway. A bystander of the NC Highway Patrol #1 and #4 were taken to the hospital. Staff A refused was picked up by anoth facility. Both clients were client #1 was not injure gash above his right ey with a liquid bandage a Both clients were dischand returned to the hone another staff picked the afacility van. Staff A cloek 130pm. The acting hone qualified intellectual discipled int	the facility's internal coident report by the NC feed at around 3:00pm on raveling in a facility van and #4 back to the facility orting client #2 for a home the internal investigation and staff A lost control of the about 10 miles from the sitting in the front seat and the back seat. The van els in the median near the site direction of the called for assistance and responded quickly. Clients by ambulance to the local of the back seat to the local of the treated at the hospital. The properties are treated at the hospital of the did not require sutures. The around 5:30pm after am up from the hospital in backed out of work around the supervisor, the abilities professional corporate Vice President accident. Staff A returned of it was decided by the pain internal investigation review revealed staff A		DHSR facility surveyor arrived onsite 12/7/23 to conduct an investigation discovered additional findings. Bas these findings, the following measure be enacted immediately.  Training needs: Mandatory training for all Corbell state be provided on driving policy, incider reporting policy, cell phone policy, arrivalues of integrity by Clinical Supervisor on the afternoon 12/7/23. Training will specify that domust obtain manager approval for all unassigned individuals. All Corbell swill be required to retake defensive oby January 15th, 2024.  Safeguards regarding the individuals in light of discovery of additional find the investigation has been re-opened the staff has been suspended again. Corbell members and staff members be re-interviewed regarding circumst of the event. A comparison of discrepancies between the police repand the CBC GPS system will be reevaluated.  Investigation process The following investigation elements retrained to all QA Specialists certific conduct investigations by January 15 2024: Organizing the Investigation	and ed on res will  aff will nt nd core of rivers ny taff riving : lings, and will ances oort  will be d to
i	information could be invaccident.  Additional review on 12/			Observe, review the scene at the time arrival Interview the person making the repo Collect physical evidence	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	12/07/2023
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CORBEL	RESIDENTIAL			483 CREEK ROAD	
				ORRUM, NC 28369	
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W 149	Continued From page	2	W 149	(Continued W122)	
	revealed the facility diby staff A involving the occurred on 11/21/23. recommendations were lit is recommended their HRBP (human restaff A in regards to abult is recommended the allegations to follow promotification by email.  It is recommended the agency policy of reportensure the van is alward it is recommended the policy and consider redriving infractions to in speed limits as identificationing system.	The following re made:  nat leadership consult with sources) for a coaching for siding to state driving laws. The action of the coaching for siding to state driving laws at when reporting rotocol and call the Quality and not send the coaching to the coaching posted at leadership ensure the coaching to the coaching to the coaching posted at leadership ensure the coaching to the co		Create demonstrative evidence if una preserve the physical evidence (e.g., diagrams, photos) Interview the victim Interview the other direct evidence (eyewitnesses) Interview the circumstantial evidence witnesses Interview the alleged target of the investigation Collect documentary evidence for revilater  The QA Specialists will be provided di oversight to ensure we are meeting the investigation elements by QM Director regarding any investigations conducte from present to time of training.  Reviewed and approved by  Authorized signature:	iew rect e
	by QM in order to conc-It is recommended that (employee assistance he experience a need.—It is recommended that options for the individual as it relates to this accordance of the individual as it relates to this accordance of the individual as it relates to the saccordance of the individual as it relates to the saccordance of the individual as it relates to the saccordance of the individual as it relates to the saccordance of the individual as it relates to the saccordance of the individual as it relates to the saccordance of the individual as it relates to the saccordance of the individual as it relates to the saccordance of the individual as it relates to the saccordance of the individual as it relates to the saccordance of the individual as it relates to this accordance of the individual as it relates to this accordance of the individual as it relates to this accordance of the individual as it relates to this accordance of the individual as it relates to this accordance of the individual as it relates to this accordance of the individual as it relates to this accordance of the individual as it relates to this accordance of the individual as it relates to this accordance of the individual as it relates to this accordance of the individual as it relates to this accordance of the individual as it relates to this accordance of the individual as it relates to this accordance of the individual as it relates to this accordance of the individual as it relates to this accordance of the individual as it relates to the individual as it relates to this accordance of the individual as it relates to the individual	als to participate in therapy ident should it be needed.  the facility's policy updated ect revealed, "Any situation does not provide care or affect mental or physical being of a person. Neglect ure of the caretaker to act		Clinical Supervisor / D  2. Staff A was suspended on 12/7/23 the internal investigation into the even 11/21/23 was re-opened. At the conclusion of this investigation, negler was substantiated. 3. All staff assigned will be in-service of safe driving techniques, and abuse. ne prevention per facility policy. All staff of additionally be in-service on the facility policy and protocol for reporting significant.	and t of ct on eglect will

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		ECONSTRUCTION		E SURVEY
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		34G315	B. WING			1:	2/07/2023
Section Control Section Sectio	PROVIDER OR SUPPLIER RESIDENTIAL			4	TREET ADDRESS, CITY, STATE, ZIP CODE 83 CREEK ROAD DRRUM, NC 28369		0112020
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES					
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI TAG	202	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	E (TE	(X5) COMPLETION DATE
	dated June 2023 reversity examples of violations provider or applicant to vehicle on behalf of C - 10+ mph over the spream."  Review on 12/7/23 of the NC Highway Patrol darevealed staff A was list in the accident. The local fire departs are listed on the accident are listed on the accident are listed on the accident, overturned and strafter impact, vehicle 1 left, overturned and strafter impact, vehicle 1 facing south." Further report revealed the offit was driving 60 miles at is marked as 55 miles at under charges listed: "conditions." Additional report revealed the fact after leaving the road strafter leavi	the facility's driving policy aled, "the following amay result in the staff, being ineligible to drive a BC: eed limit in the past 5  the accident report by the sted 11/21/23 at 3:05pm ated as the driver of the van ocal emergency services artment was listed as dent. Both clients #1 and cident report. The narrative as traveling west on ran off the roadway to the ruck median cable barrier came to rest roadside review of the accident cer estimated the driver in hour in a work zone that an hour. Additional review Exceeding safe speed for review of the accident dility van traveled 56 feet surface.  The discharge summary dated 11/21/23 for client #4 were completed which sted tomography scan) inch resulted in the or plan: int eyebrow)	W	149	events to include but not limited to via accidents that impact the health, safe and well-being of clients.  4. QA Specialists will be in-service on strategies, investigative protocols rel to a thorough and complete investigate to include but not limited to securing appropriate evidence, documents, interviews; review of information, result and discrepancies to ensure client protections and appropriate determine of findings and outcomes.  5. The QIDP and Program Managers we provide oversight of vehicle monitoring devices to ensure safe operation of vehicles and that staff drive in complimite traffic laws.  6. The QM Directors and QA Consultated will review any such incidents immediate ensure continued compliance and the necessary mandates for ongoing client protection.	ety n lative ation olving nation vill ng iance nt iately the	

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	(X2) MULTIPLE CONSTRUCTION (X3) DATE A. BUILDING (X3) DATE		
				The state of the s	C	
		34G315	B. WING		12/07/	/2023
	PROVIDER OR SUPPLIER RESIDENTIAL		4	TREET ADDRESS, CITY STATE, ZIP CODE 83 CREEK ROAD DRRUM, NC 28369		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE C	(X5) COMPLETION DATE
W 149	-Cephalexin 500 mg for 5 days - Follow up with prindays.  Observation on 12/7 where the accident revealed there is on highway 74 East and Department of Transareas clearly marked vehicles traveling in hour because these This reduced speed report.  Interview on 12/7/23 was riding in the from at the time of the accident was talking on his driving the van, it was driving the van, it was driving fast.  Interview on 12/7/23 was sitting in the backnow what happenenthat the radio was on eye. Client #4 pointed eye, which was still Interview on 12/7/23 disabilities profession told about the accident scene and staff and clients. The raining hard that after the radio was the radio was the radio was still and the radio was still staff and clients. The raining hard that after the radio was the radio was the radio was still staff and clients. The raining hard that after the radio was th	range of capsule, oral every 12 hours of capsule, oral every 12 hours of capsule, oral every 12 hours of the area at 4:15pm occurred on 11/21/23 going road construction along of West and that the sportation (DOT) has these of reducing the speed of these areas to 55 miles an are designated work zones. It is also noted on the accident of the ward of the van on 11/21/23 cident. He confirmed he was accident. He confirmed he was as raining and staff A was also of the ward of the van and did not do no 11/21/23. He indicated in and that he fell and hit his of to the gash over his right.	W 149	W149 The facility will implement policies procedures to ensure the safety of during transport by staff such that are not neglected as a result of unsuriving.  1. Staff A was suspended on 12/7/the investigation was re-opened. The police report was secured which contained pertinent details of the accident. Staff A received a citation excessive speeding. As a result of the investigation neglect was substantice. All staff assigned will be in-service affectiving techniques, and abuse, neglect prevention per facility policy staff will additionally be in-service affectiving techniques, and abuse, neglect prevention per facility policy staff will additionally be in-service affectiving techniques, and abuse, neglect prevention per facility policy staff will receive updated train significant events to include but not limited to vehicle accidents that impact the health, safety and well-being of clients.  3. All staff will receive updated train safe vehicle operations in accordant with facility policy.  4. Staff training will be provided on the reporting protocol for events that repotential acts that impact the health safety and well-being of clients to inbut not limited to vehicle accidents.  5. The QIDP and Program Managers provide oversight to ensure the safe operation of vehicles and direct stat transport clients to drive in complia with traffic laws.	and clients they afe  23 and lee  23 and lee  afor he ated. lee on /. All in the ting le leact ling on lee  he sult in lee le lee lee lee lee lee lee lee lee	/20/2024

Event ID: QW4D11

AND PLAN OF CORRECTION   IDENTIFICATION NI IMPED-		The second second	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		34G315	B. WING _		1	C (07/2023
	ROVIDER OR SUPPLIER RESIDENTIAL			STREET ADDRESS, CITY, STATE, ZIP CODE 483 CREEK ROAD ORRUM, NC 28369	123	0112020
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	#1 were in the van, The not cleared taking 2 accilent #2 for a home vifinished his shift, picked and clocked out at 4:3 Additional interview remanagement team mainternal investigation in 11/22/23 and the decisional intervaled about the circular accident. Additional intervealed corporate per staff A, reviewed the active decision to return a December 1, 2023. With made decisions regard clients, the QIDP states be transporting the cliemanagement was goin driving, she stated," I a make certain he is not interview on 12/7/23 wisupervisor A revealed a facility on 12/7/23 transporting clients appointments in the areable to interview him unwhen asked if there we A transporting clients a maware of."  Interview on 12/7/23 wirevealed she was actin because supervisor A was a stated that staff A main 11/21/23 without consultations.	ene that both clients #4 and be QIDP stated staff A had additional clients to transport sit. The QIDP stated staff A and up his car at the facility opm on 11/21/23. It wealed the corporate and a decision to start an anoto the accident on a did to the accident and the accident report and made a did to the accident report and made a did to the accident report and a did to the accident report and a did to the accident a did to the acc	W 14	49		

	STATEMENT	OF DEFICIENCIES					OMB	NO. 0938-0391
	AND PLAN O	F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			ONSTRUCTION		ATE SURVEY DMPLETED
-	NAME OF T		34G315	B. WING				C 12/07/2023
-	NAME OF P	PROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP CODE		12/07/2023
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<b>COMMENSATION</b>	CORBEL	RESIDENTIAL						
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		transport client #2 for a Direct care supervisor aware at the time of the #1 and #4 were in the revealed she had reporthe QM Specialist.  Interview on 12/7/23 w (QM) specialist revealed staff A and asked him a received a traffic citation accident. The QM state had not received a traffic accident. Further intervity Management had made global positioning deviction. She stated she with data for the facility van surrounding the vehicle The GPS data revealed 11/21/23 at 2:52pm: 80 11/21/23 at 2:55pm: 0 m. Additional interview on Specialist revealed this	a home visit in Goldsboro. B stated she was made e accident that both clients van. Additional interview red this to the QIDP and  ith the quality management ed she had interviewed after the accident if he had on as a result of the ed that staff A told her he fic citation as a result of the riew revealed Corporate e the decision to install ces (GPS) on the facility ras asked to pull the GPS on 11/21/23 for the times e accident on 11/21/23. I the following:  miles an hour miles an hour miles per hour  12/7/23 with the QM GPS data was not shared	W	149	DETOLICITY.		
	n	with the NC Highway Patrol and that corporate management had not reviewed this information before making a decision to bring staff A back to						
		vork because the GPS						
		elatively new technolog lid not trust the accurac	y and ultimately, "They					
	200		that staff A had received					
	300	traffic citation on 11/21						
		ccident, she stated she						
	a	ccident report but did n	ot see the notation that					
	h	e had received a traffic	citation for exceeding					

A. BUILDING COMPLET	(X3) DATE SURVEY COMPLETED	
34G315 R WING		
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE	7/2023	
CORBEL RESIDENTIAL  483 CREEK ROAD  ORRUM, NC 28369		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 149  Safe speed. When the QM specialist was asked when the decision was made to return staff A to work, she stated corporate staff had not considered the GPS information, missed the information about the traffic citation and had returned staff A to work without any restrictions on December 1, 2023.  During interview on 12/7/23 with the QIDP she stated she was aware that it was raining on 11/21/23 when the accident occurred and had expressed concerns that staff A was exceeding safe speeds going through a marked Department of Transportation work zone. Further interview revealed she was also aware that staff A had received a traffic citation for exceeding safe speed for road conditions. Additional interview confirmed staff A had returned to work after his suspension on December 1, 2023 without driving restrictions and was transporting cilents on 12/7/23 to physician appointments.  A situation of Immediate Jeopardy was identified by the team on site as the facility failed to identify neglect in that staff A exceeded safe speed in the operation of the facility van in adverse weather conditions, failed to communicate with his supervisor regarding clients *1 and *4 accompanying him on the outing and failed to truthfully identify the circumstances around the accident. The facility made the decision to return staff A to work without any review of his driving record and without restrictions transporting clients. The facility vans defined to flow its own policies and procedures for identifying neglect and for transporting consumers in facility vans. Management of the facility was made aware of the situation of immediate jeopardy on 12/7/2		

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		34G315	B. WNG_				07/2023
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W 154	Health Service Regular Review of a Plan of Pri 12/7/23 developed by management of the faimmediate jeopardy to following:  - Mandatory immediate will be provided on driver reporting policy, cell play values.  - Staff A was suspende investigation for the values has been re opened.  - All elements of condure-evaluated which inclinates tigation, Observe of arrival, interview the create demonstrative of preserve the physical evictim, interview circum witnesses, interview the and collect documenta.  - The QA specialists will oversight to ensure we investigation elements any investigations conducted training. The POP we QIDP dated 12/7/23.	rotection (POP) dated corporate and facility cility to remove the the clients included the e training for all facility staff ving policy, incident hone policy and core diagain on 12/7/23 and the en accident that occurred cting investigations will be dudes: organizing the review the scene and time experson making the report, evidence if unable to evidence, interview the estantial evidence e target of the investigation rry evidence for review later. If be provided direct are meeting the by QM Directors regarding ducted from present to time as signed by the facility.  It is provided direct are meeting the by QM Directors regarding ducted from present to time as signed by the facility.	W 15	49			

Facility ID: 945333

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	LE CONSTRUCTION		TE SURVEY
					С
	34G315	B. WING		4	
	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL		STREET ADDRESS, CITY, STATE, ZIP CODE  483 CREEK ROAD  ORRUM, NC 28369  PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO	CTION	(X5) COMPLETION
	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPI DEFICIENCY)		DATE
violations are thorough This STANDARD is in Based on record reviet facility failed to ensure thoroughly investigate evidence were considered clients (#1 and #4). The Review on 12/7/23 of this investigation and an attempt and the rain after dropping visit. Additional review dated 11/22/23 reveals van and it overturned attempt after dropping visit. Additional review dated 11/22/23 reveals van and it overturned after dropping visit. Client #1 was sometime to the guide wire in the ophighway. A bystander of the NC Highway Patrol #1 and #4 were taken thospital. Staff A refused was picked up by anoth facility. Both clients were client #1 was not injured gash above his right ey with a liquid bandage at Both clients were disch and returned to the horough after the properties of the total facility van. Staff A ckd 4:30pm. The acting horough filed intellectual dis (QIDP), as well as the Council facility of the latest and returned to the horough facility van. Staff A ckd 4:30pm. The acting horough facility van. Staff A ckd 4:30pm. The acting horough facility van. Staff A ckd 4:30pm. The acting horough facility van. Staff A ckd 4:30pm. The acting horough facility van. Staff A ckd 4:30pm. The acting horough facility van. Staff A ckd 4:30pm. The acting horough facility van. Staff A ckd 4:30pm. The acting horough facility van. Staff A ckd 4:30pm. The acting horough facility van. Staff A ckd 4:30pm. The acting horough facility van. Staff A ckd 4:30pm. The acting horough facility van. Staff A ckd 4:30pm. The acting horough facility van. Staff A ckd 4:30pm. The acting horough facility van. Staff A ckd 4:30pm. The acting horough facility van.	evidence that all alleged hly investigated. The sevidenced by: ew and interviews, the examination and all sources of ered. This affected 2 of 6 he finding is:  the facility's internal ecident report by the NC red at around 3:00pm on raveling in a facility van and #4 back to the facility and off client #2 for a home of the internal investigation and the back seat. The van elsi in the median neat to exposite direction of the called for assistance and a responded quickly. Clients by ambulance to the local dot be transported and her staff working at the re treated at the hospital. The dot of the called for a sistence and the staff working at the re treated at the hospital. The dot of the retreated at the hospital are around 5:30pm after em up from the hospital in ocked out of work around me supervisor, the	W 154	The facility will ensure that all ir of abuse, neglect, or potential or protection violations are thoroughly investing the investigation was re-open effective 12/3/23. Staff A was immediately suspended indefinity pending the outcome of the investigation was conducted QM Director and the QA Consult 2. As a result of the investigation completed 12/15/23, neglect was substantiated as Staff #A receive traffic violation and was traveline excessive speeds that resulted in harm to client's #1 and #4.  3. The QM Directors and QA Conwill provide training on investigation planning collection of evidence to ensure thorough investigation.  4 QA Specialist will be in-service techniques to ensure a thorough complete investigation to including the investigation to including and resolving discrepance of the investigation of findings and resolving discrepance comprehensive interviews, review findings and resolving discrepance of the consult with management weekled monitor all investigations to ensure the findings.	gated.  ed  tely estigation. d by the ant. n as ed a g at  sultant tive g, a e on and e but not vidence, w of cies to ed dings and nt will y, ure client	1/20/2024

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		34G315	B. WING _			C 12/07/2023
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 483 CREEK ROAD ORRUM, NC 28369		12/0/12023
(X4) ID PREFIX TAG	(EACH DEFICIENC	FATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 154	management team to on 11/22/23 and staff 1:30pm on 11/22/23 be investigated about Additional review on internal investigation 11/30/23 revealed the neglect by staff A investigation occurred on 11/21/23 recommendations we like it is recommended to allegations to follow pure Management Director notification by email. It is recommended to allegations to follow pure the van is alworded in the important of the individual as it relates to this accommended the important of the individual as it relates to this accommended the important of the individual in the important of the individual as it relates to this accommended the important of the individual in the important of the individual in the individual internal intern	and it was decided by the odo an internal investigation if A was suspended at until more information could it the accident.  12/7/23 of the facility's that was concluded on a facility did not substantiate olving the traffic accident that it. The following are made:  that leadership consult with resources) for a coaching for biding to state driving laws. The following are made:  that claim to state driving laws. The following are well as the firm of requested information duct investigations timely, at leadership to offer ance program) assistance	W1	54		

AND PLAN	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(VG) MIN TIPLE CONCERNIATION		(X3) DATE SURVEY COMPLETED		
		34G315	B. WING		С		
NAME OF	PROVIDER OR SUPPLIER	0.0010	B. WING	CTDEET ADDRE		12	2/07/2023
	RESIDENTIAL			483 CREEK RO ORRUM, NC			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFII TAG	( E	PROVIDER'S PLAN OF CORRECTION ACH CORRECTIVE ACTION SHOULD B DSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
	Neglect updated 9/23 in which the caretaker services which in turn health, safety, or well-further refers to the fa spontaneously in any adversely affect the heap a person."  Review on 12/7/23 of dated June 2023 reversamples of violations provider or applicant by vehicle on behalf of CI - 10+ mph over the spreams."  Review on 12/7/23 of the NC Highway Patrol dar revealed staff A was list in the accident. The log from the local fire deparesponding to the accident are listed on the accident, are listed on the accident, overturned and strafter impact, vehicle 1 left, overturned and strafter impact, vehicle 1 facing south." Further report revealed the office was driving 60 miles are is marked as 55 miles are under charges listed: "conditions." Additional report revealed the facing after leaving the road services on 12/7/23 of the services of the services on 12/7/23 of the services of the ser	/20 revealed, "Any situation of does not provide care or affect mental or physical being of a person. Neglect illure of the caretaker to act situation which might ealth, safety or well being of the facility's driving policy aled, "the following may result in the staff, being ineligible to drive a BC: eed limit in the past 5  the accident report by the sted 11/21/23 at 3:05pm sted as the driver of the van local emergency services artment was listed as dent. Both clients #1 and cident report. The narrative as traveling west on ran off the roadway to the luck median cable barrier came to rest roadside review of the accident cer estimated the driver in hour in a work zone that an hour. Additional review Exceeding safe speed for review of the accident lility van traveled 56 feet lurface.	W	54			

AND PLAN OF CORRECTION    DENTIFICATION NUMBER:   34G315	STATE	MENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	T 0/01 1 1 1 1			OIVID	NO. 0936-0391	
AMALE OF PROVIDER OR SUPPLIER  CORBEL RESIDENTIAL  (P4) ID PRETIX TAG  (P4) ID PRETIX TAG  CONTINUE CO	AND PL	AN OF CORRECTION							
CORBEL RESIDENTIAL  O(A) ID SUMMARY STATEMENT OF DEFICIENCIES (RACH DEFICIENCY MUST BE PRECEDED BY FULL RESULATION OR LSC (DENTIFYING INFORMATION)  W 154  Continued From page 12 revealed several scans were completed which included a CAT scan was completed which resulted in the following assessment or plan: -Laceration of face (right eyebrow) -CHI (dosed head injury) -orders: Cephalexin 500 mg capsule, oral every 12 hours for 5 days - Follow up with primary Physician within 2-4 days.  Observation on 1277/23 of the area at 4:15pm where the accident occurred on 11/21/23 revealed there is ongoing road construction along highway 74 East and West and that the Department of Transportation (DOT) has these areas clearly marked reducing the speed of vehicles traveling in these areas to 55 miles an hour because these are designated work zones. This reduced speed is also noted on the accident report.  Interview on 1277/23 with client #1 revealed, he was riding in the front seet of the van on 11/21/23 at the time of the accident. He confirmed he was wearing his seatbelt. Client #1 also revealed staff A was also driving fast.  Interview on 1277/23 with client #4 revealed he was in the van and did not know what happened on 11/21/23. He indicated that the radio was on and that the fell and this lies yee. Client #4 pointed			34G315	B. WING					
CORBEL RESIDENTIAL    ASJ CREEK ROAD   ORRUM, NC 28389	NAME	OF PROVIDER OR SUPPLIER		the same of the sa	STR	EET ADDRESS CITY STATE ZID CODE	1 1	2/07/2023	
ORIUM, NC 28399  SUMMARY STATEMENT OF DEFICIENCIES (RACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  W 154  Continued From page 12 revealed several scans were completed which included a CAT scan was completed which resulted in the following assessment or plan: -Laceration of face (right eyebrow) -CHI (closed head injury) -orders: Cephalexin 500 mg capsule, oral every 12 hours for 5 days - Follow up with primary Physician within 2-4 days.  Observation on 12/7/23 of the area at 4:15pm where the accident occurred on 11/21/23 revealed there is ongoing road construction along highway 74 East and West and that the Department of Transportation (ODT) has these areas clearly marked reducing the speed of vehicles traveling in these area designated work zones. This reduced speed is also noted on the accident report.  Interview on 12/7/23 with client #1 revealed, he was riding in the front seat of the van on 11/21/23 at the time of the accident, Lient #1 also revealed staff A was talking on his cell phone while he was driving the van, it was raining and staff A was also driving fast.  Interview on 12/7/23 with client #4 prevealed he was in the van and did not know what happened on 11/21/23. He indicated that the radio was on and that the fell and this liey evel client #4 pointed									
SUMMARY STATEMENT OF DEFICIENCIES RECALD EFFICIENCY WIST BE RECEDIBLE OF PRECEDIBLE OF	COR	BEL RESIDENTIAL			120000000				
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  W 154  Continued From page 12 revealed several scans were completed which included a CAT scan was completed which resulted in the following assessment or plan: -Laceration of face (right eyebrow) -CHI (closed head injury) -orders: Cephalexin 500 mg capsule, oral every 12 hours for 5 days - Follow up with primary Physician within 2-4 days.  Observation on 12/7/23 of the area at 4:15pm where the accident occurred on 11/21/23 revealed there is ongoing road construction along highway 74 East and West and that the Department of Transportation (DOT) has these areas clearly marked reducing the speed of vehicles traveling in these area to 55 miles an hour because these are designated work zones. This reduced speed is also noted on the accident report.  Interview on 12/7/23 with client #1 revealed, he was riding in the front seat of the van on 11/21/23 at the time of the accident. He confirmed he was wearing his seatible. Client #1 also revealed staff A was talking on his cell phone while he was driving the van, it was raining and staff A was also driving fast.  Interview on 12/7/23 with client #4 revealed he was in the van and did not know what happened on 11/21/23. He indicated that the radio was on and that he fell and hit his eye. Client #4 pointed					ORI	RUM, NG 28369			
revealed several scans were completed which included a CAT scan was completed which resulted in the following assessment or plan: -Laceration of face (right eyebrow) -CHI (closed head injury) -orders: Cephalexin 500 mg capsule, oral every 12 hours for 5 days - Follow up with primary Physician within 2-4 days.  Observation on 12/7/23 of the area at 4:15pm where the accident occurred on 11/21/23 revealed there is ongoing road construction along highway 74 East and West and that the Department of Transportation (DOT) has these areas clearly marked reducing the speed of vehicles traveling in these areas to 55 miles an hour because these are designated work zones. This reduced speed is also noted on the accident report.  Interview on 12/7/23 with client #1 revealed, he was riding in the front seat of the van on 11/21/23 at the time of the accident. He confirmed he was wearing his seatbelt. Client #1 also revealed staff A was talking on his cell phone while he was driving the van, it was raining and staff A was also driving the van, it was raining and staff A was also driving the van and did not know what happened on 11/21/23. He indicated that the radio was on and that he fell and hit his eye. Client #4 pointed	PRE	FIX (EACH DEFICIEN	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		X (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF			(X5) COMPLETION DATE	
to the gash over his right eye which was still healing.  Interview on 12/7/23 with the qualified intellectual disabilities professional (QIDP) revealed she was	W	revealed several scalincluded a CAT scalincluded a CAT scalincluded in the follow-Laceration of face (-CHI (closed head in-orders: Cephalexin 500 mg for 5 days - Follow up with primal days.  Observation on 12/7 where the accident of revealed there is one highway 74 East and Department of Trans areas clearly marked vehicles traveling in thour because these This reduced speed in report.  Interview on 12/7/23 was riding in the from at the time of the accident o	ans were completed which was completed which wing assessment or plan: fright eyebrow) hjury) capsule, oral every 12 hours mary Physician within 2-4  //23 of the area at 4:15pm occurred on 11/21/23 going road construction along west and that the portation (DOT) has these if reducing the speed of these areas to 55 miles an are designated work zones, is also noted on the accident with client #1 revealed, he to seat of the van on 11/21/23 ident. He confirmed he was client #1 also revealed stafficell phone while he was a raining and staff A was also with client #4 revealed he do not know what happened atted that the radio was on it his eye. Client #4 pointed ight eye which was still with the qualified intellectual	W	154				

CTATEMENT	OF DEFINITION	T STATE OF THE STA		-		OMRIV	<u>10. 0938-0391</u>
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD		ONSTRUCTION		TE SURVEY MPLETED
		34G315	B. WNG				C
NAME OF F	PROVIDER OR SUPPLIER					1 12	2/07/2023
				STR	EET ADDRESS, CITY, STATE, ZIP CODE		
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				ORF	RUM, NC 28369		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		T
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W 154	Continued From page	13	W	154			
	told about the acciden	t on 11/21/23 involving staff	- 1				
	A and clients #1 and #	4 and that she went to the		ĺ			
		the hospital to check on					
	stoff A client #1 and a	lient #4. The QIDP stated it					
	had been raining hard	that ofference in the		1			
	leastice around the fe	that afternoon in the					
	rocation around the rac	cility. Further interview					
		t at the accident scene that		- [			
		were in the van. The QIDP					
		cleared with acting direct					
		ng 2 additional clients to					
		a home visit. The QIDP					
		nis shift, picked up his car					
	at the facility and clock						
	11/21/23. Additional in	terview revealed the					
	corporate managemen	t team made a decision to					
		gation into the accident on					
	11/22/23 and the decis	ion was made to suspend					
- 1	staff A at 1:30pm until I	more information could be					
	obtained about the circ	umstances involving the					
	accident. Additional int	erview with the QIDP					
	revealed corporate per	sonnel had interviewed					
		cident report and made					
	the decision to return s						
		en asked if the facility had					
		ing staff A transporting the					
		d, "He will absolutely not					
	be transporting the clie	"	İ				
	management was going						
	driving, she stated," I a						-
	2012 ON CONTROL OF THE PROPERTY OF THE PROPERT						
	make certain he is not	anving.					
	Interview 40 PMO	th diseat some summer land					
		th direct care supervisor B					
		g supervisor on 11/21/23					
1		as out of work. Supervisor					
	B stated that staff A ma						
	11/21/23, without consu	ilting her, to take 2					
	additional clients (#1 a	nd #4) in the facility van to					
		home visit. Direct care					
	supervisor B stated she	was made aware at the					

	STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA				OIVID	NO. 0938-0391
	AND PLAN O	F CORRECTION	IDENTIFICATION NUMBER:	(X2) MU	LTIPLE	CONSTRUCTION	(X3) [	DATE SURVEY
			TO THE TOTAL CONTROL OF THE TO	A. BUILE	DING_		C	OMPLETED
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I			34G315	B. WING				Was the profit for the control of th
-	NAME OF F	PROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE		12/07/2023
<b>CONTRACTOR</b>					1			
<b>MANAGEMENT</b>	CORBEL	RESIDENTIAL			1	3 CREEK ROAD		
ŀ	240.00				OF	RRUM, NC 28369		
	(X4) ID PREFIX	SUMMARY STA	ATEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL	ID		PROVIDER'S PLAN OF CORRECTIO	N	(X5)
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			or in the first of the first	TAG		CROSS-REFERENCED TO THE APPROPED DEFICIENCY)	RIATE	DATE
					-	DEFIGIENCY)		
	W 154	Continued From page	4.4					
		Continuou i form page		W	154			
		time of the accident th	at both clients #1 and #4					
		were in the van. Additi	onal interview revealed she					
		nad reported this to the	e QIDP and the Quality					
		management (QM) Sp	ecialist.		ĺ			
		Interview on 12/7/23 w	ith the OM specialist					
		revealed she had cond	fucted the internal					
			an accident on 11/21/23.					
		The OM specialist state	ed she interviewed staff A					
		and asked him after the	e accident if he had					
		received a traffic citatio						
			ed that staff A told her he					
		had not received a traff	ic citation Further					
			orate management had					
		made the decision seve	eral weeks ago to install					
		global positioning device	es (GPS) on the facility					
			as asked to pull the GPS					
			on 11/21/23 for the times					
	- 1	surrounding the vehicle	accident on 11/21/23.					
		The GPS data revealed	I the following:					
		11/21/23 at 2:52pm: 80						
		11/21/23 at 2:52pm: 84						
	1	11/21/23 at 2:54pm: 71	ACCUPATION OF CONTRACT OF CONT					
	-	11/21/23 at 2:55pm: 0 n	niles per hour					
		A dalkion of the form	40.7700					
		Additional interview on						
		Specialist revealed this						
		shared with the NC High						
		corporate management						
		nformation before making staff A back to work because						
		devices were relatively r	new technology and trust the accuracy of the					
	1		e was aware that staff A					
		ad received a traffic cita						
		esult of the accident, sh						
			eport but did not see the					
			eived a traffic citation for					
	1 8 8	WOWELDER HIGH HIGH HOLE	JIYOU A HAIHO GRAHOH IOH		1			1

A. BUILDING  A. BUILDING  NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  483 CREEK ROAD  ORRUM, NC 28369  (X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG  PROVIDER'S PLAN OF CORRECTION PREFIX TAG  PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	MPLETED C 2/07/2023
NAME OF PROVIDER OR SUPPLIER  CORBEL RESIDENTIAL  STREET ADDRESS, CITY, STATE, ZIP CODE  483 CREEK ROAD  ORUM, NC 28369  (X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG  PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
CORBEL RESIDENTIAL  STREET ADDRESS, CITY, STATE, ZIP CODE  483 CREEK ROAD  ORUM, NC 28369  (X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  STREET ADDRESS, CITY, STATE, ZIP CODE  483 CREEK ROAD  ORUM, NC 28369  PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	210712023
CORBEL RESIDENTIAL  483 CREEK ROAD ORUM, NC 28369  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  483 CREEK ROAD ORUM, NC 28369  PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
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PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
	(X5) COMPLETION DATE
Continued From page 15 exceeding safe speed.  Continued interview on 12/7/23 with the QM Specialist confirmed management had ignored the GPS information, missed the information about the traffic citation and had returned staff A to work without any restrictions on December 1, 2023. The QM specialist stated she was unaware staff A had violated facility driving policy for company vehicles by exceeding the posted speed limit by over 10 miles per hour and that the facility had failed to identify neglect as defined by their own policy and procedures. The QM specialist also acknowledged she had failed to include in the investigation that client #4 had received medical treatment for a closed head injury although she had read the hospital discharge report. The QM specialist acknowledged when client #1 was initially interviewed he dld not include any information alleging that staff A was talking on his personal celliphone prior to the accident, which also was a violation of facility policy.  In that the facility failed to conduct a thorough investigation, this resulted in the facility's failure to assure the clients in the home were not neglected and subjected to further harm.	