

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

PRINTED: 10/10/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G315	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 10/08/2024
NAME OF PROVIDER OR SUPPLIER CORBEL RESIDENTIAL			STREET ADDRESS, CITY, STATE, ZIP CODE 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)	(X5) COMPLETION DATE	
{W 000}	INITIAL COMMENTS	{W 000}			
{W 331}	<p>A revisit and was conducted on October 08, 2024 . Previous deficiencies cited on May 15, 2024 and recited on July 30, 2024 A deficiency was recited. However, no new non-compliance was found.</p> <p>NURSING SERVICES CFR(s): 483.460(c)</p> <p>The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on observations, records review and interviews, the facility failed to provide nursing services in accordance with the needs of 1 of 6 audit clients (#6) relative to assuring that physician's orders were documented. The finding is:</p> <p>Review on 5/15/24 of client #1's individual program plan dated 7/25/23 revealed a diagnosis of a history of sleep apnea. Further review of nurses note dated 9/20/23 revealed a history of sleep apnea.</p> <p>Interview on 5/15/24 with the Registered Nurse (RN) confirmed client #1 has a diagnosis of sleep apnea history. There has been no sleep study completed while client #1 has been at the current facility. RN confirmed a sleep study needed to be completed.</p> <p>Review on 7/30/24 of the facility's Plan of Correction (POC) dated 7/12/24 revealed all written physician orders are obtained. The nurse will obtain a sleep study and schedule accordingly. A checklist will be developed identifying the needs of both nursing and clinical topics to ensure and assist in identifying all</p>	{W 331}			

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 331}	<p>Continued From page 1</p> <p>medical, behavioral, etc. needs a new referral might have within the initial 30 days of admission. The development of the checklists will include input from nursing and clinical staff, along with the assistance of quality management.</p> <p>An interview on 7/30/24 with the Qualified Intellectual Disabilities Professional (QIDP) revealed that the facility had not completed the POC. Therefore, the facility remains out of compliance.</p> <p>Review on 10/8/24 of the facility's Plan of Correction (POC) dated 8/26/24 revealed the nurse will follow up with client #1's doctor to obtain a sleep study and schedule accordingly. Technology needs to be in place in order for the sleep study to occur. The nursing team will work with IT to ensure technology needed to conduct the sleep study is in place and ensure the sleep study occurs timely.</p> <p>Record review on 10/8/24 revealed an attempted to make an appointment on 10/7/24 and also purchase the technology to complete the home study however was unsuccessful in ensuring the technology was appropriate.</p> <p>An interview on 10/8/24 with the nurse revealed that the facility had not completed the POC. Therefore, the facility remains out of compliance.</p>	{W 331}			