

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

PRINTED: 07/09/2025
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 07/08/2025
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 111	<p>CLIENT RECORDS CFR(s): 483.410(c)(1)</p> <p>The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights. This STANDARD is not met as evidenced by: Based on observation, record reviews and interviews, the facility failed to maintain a recordkeeping system that accurately reflected an updated skill review for 1 of 4 audit clients (#3). The finding is:</p> <p>Observation in the home throughout 7/7/25 and 7/8/25 revealed staff using the blender to puree client #3's food at all meals. In addition, staff placed all his dining items on the table and spoon-fed him. He did not participate in feeding himself, meal preparation or attending to dining room chores.</p> <p>Review on 7/7/25 of client #3's Individual Program Plan (IPP), dated 2/24/25, revealed his goals were redeveloped due to a decline in his health and additional tremors.</p> <p>Review on 7/7/25 of client #3's medical evaluation, dated 2/13/25, revealed he has an unsteady, jerky gait and has increased, constant tremors.</p> <p>Review on 7/8/25 of client #3's occupational therapy (OT) evaluation, dated 3/31/25, revealed he needs maximum assistance for feeding.</p> <p>Review on 7/8/25 of client #3's Guidelines for Aspirating and Swallowing, dated 2/1/25, revealed he receives a pureed diet with pudding-thickened liquids. He receives 100%</p>	W 111			

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 111	<p>Continued From page 1</p> <p>supervision and assistance with feeding while he sits in an upright, 90 degree angle. Staff should provide teaspoon amounts and wait to allow him to swallow two times after each spoon. All feedings should be done by staff.</p> <p>Review on 7/8/25 of client #3's adaptive behavior inventory (ABI), dated 3/3/25, revealed he independently sets the table, clears the table, washes the dishes, empties garbage, and prepares food. He can use kitchen equipment with partial independence.</p> <p>Interview on 7/8/25 with Staff A revealed client #3 has regressed in his skills due to his tremors and is a choking risk. Staff prepare his food and feed him now, but he can still participate in activities some and can wipe his mouth at the table.</p> <p>Interview on 7/8/25 with the Qualified Intellectual Disabilities Professional (QIDP) revealed client #3 has regressed in his skills, but he is happy in the home. His goals have been changed and progress notes reflect this, and his adaptive skills assessment should also reflect the changes as a basis for future goals.</p>	W 111			
W 125	<p>PROTECTION OF CLIENTS RIGHTS</p> <p>CFR(s): 483.420(a)(3)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interviews, the facility failed to ensure 1 of 4 audited clients (#6)</p>	W 125			

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W 125	Continued From page 2 exercised his right to dignity. The finding is: Observation on 7/7/25 at 3:00pm in the home revealed all clients having a snack at the dining table. Client #6 drooled as he ate his snack, covering the front of his shirt in the drool and snack. At 3:30pm, client #6 remained in his dirty shirt in the dining area. Staff B then prompted him to go change his shirt. Although he refused at first, Staff B continued to prompt him until he changed into a clean shirt. At 3:35pm, he came to the table to slide his seat forward and his pants were loose to the point of falling down. As he bent over to sit down, his entire buttock was revealed. He was not prompted to pull his pants up. Interview on 7/8/25 with Staff B revealed client #6 drools due to his medication, and staff have him carry a cloth at this time to wipe his mouth. However, he does not like to attend to personal grooming skills when asked. Interview on 7/8/25 with the Qualified Intellectual Disabilities Professional (QIDP) revealed client #6 had been admitted during the prior week, on 7/2/25, and he was still trying to adjust to the new home. While evaluations have been scheduled, and they are assessing which skill needs to address, staff should prompt him to wipe his mouth, change his shirts, and ensure his pants are pulled up for his dignity.	W 125			
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.	W 460			

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W 460	<p>Continued From page 3</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure 1 or 4 audit clients (#4) received his specially prescribed diet as indicated. The finding is:</p> <p>Observations in the home on 7/7/25 at 5:45pm during dinner revealed client #4 served himself and consumed a portion of pizza casserole, peas, and a whole roll. During breakfast observations on 7/8/25 at 7:30am, client #4 served himself and consumed one whole sausage patty, one whole slice of toast, and a bowl of oatmeal. He was not prompted to cut the items into bite-sized pieces. He did not have any issues with choking while eating.</p> <p>Review on 7/7/25 of client #4's nutritional evaluation, dated 2/11/25, revealed a prescribed, regular, heart-healthy diet with bite-size consistency.</p> <p>Review on 7/8/25 of client #4's physician's orders, dated 5/14/25, revealed prescribed, regular, heart-healthy diet with bite-size consistency.</p> <p>Review on 7/8/25 of the home kitchen dietary posting revealed client #4 should receive bite-sized consistency food.</p> <p>Interview on 7/8/25 with the Qualified Intellectual Disabilities Professional (QIDP) revealed client #4 should receive his prescribed consistency.</p>	W 460			