

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

PRINTED: 05/13/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345333	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/06/2022
NAME OF PROVIDER OR SUPPLIER ABBOTTS CREEK CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 877 HILL EVERHART ROAD LEXINGTON, NC 27295		
(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	
E 000	Initial Comments	E 000			
	An unannounced COVID-19 Focused Emergency Preparedness Survey was conducted on April 5-6, 2022. The facility was found to be in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# 63XC11				
F 000	INITIAL COMMENTS	F 000			
	An unannounced COVID-19 Focused Infection Control Survey and complaint investigation were conducted on April 5-6, 2022. The facility was found to be in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Event ID# 63XC11				
	1 of the 15 complaint allegations was substantiated, resulting in a deficiency.				
	The following intakes were investigated: NC00187490, NC00183870, NC00185185, NC00186627, NC00179120.				
F 680 SS=C	Qualifications of Activity Professional CFR(s): 483.24(c)(2)(i)(ii)(A)-(D)	F 680		4/21/22	
	§483.24(c)(2) The activities program must be directed by a qualified professional who is a qualified therapeutic recreation specialist or an activities professional who-				
	(i) Is licensed or registered, if applicable, by the State in which practicing; and				
	(ii) Is:				
	(A) Eligible for certification as a therapeutic recreation specialist or as an activities professional by a recognized accrediting body on or after October 1, 1990; or				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

04/21/2022

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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F 680	<p>Continued From page 1</p> <p>(B) Has 2 years of experience in a social or recreational program within the last 5 years, one of which was full-time in a therapeutic activities program; or</p> <p>(C) Is a qualified occupational therapist or occupational therapy assistant; or</p> <p>(D) Has completed a training course approved by the State.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interviews, the facility failed to ensure the Activity Director was certified by an approved accrediting body.</p> <p>Findings included:</p> <p>The Activity Director job description revised date 4/25/2017 was reviewed, and it read, in part: education/vocational requirements: "Certification in accordance with regulatory agencies governing the center or Bachelor degree in therapeutic recreation preferred or has 2 years of experience in social recreational program within the last 5 years".</p> <p>An interview was conducted with the Activity Director (AD) on 4/6/2022 at 9:00 AM and she reported she had worked at the facility for almost 8 years and moved into the role of the AD in July 2021. The AD reported she did not have a certification or license in therapeutic recreation. She stated that she thought there was a 2 year grace period in which she needed to obtain the certification.</p> <p>The Administrator was interviewed on 4/6/2022 at 9:49 AM and she reported she was aware the current Activity Director was not certified but she was not aware that, based on the company job</p>	F 680	<p>F680 CFR(s): 483.24(c)(2)</p> <p>(1) No residents were found to be affected.</p> <p>(2) All residents have had the potential to be affected.</p> <p>(3) On 4/6/22 the current Activity Director officially enrolled in the necessary class at Rowan Cabarrus Community College, to obtain her certification beginning May 9th, 2022. The course end date is July 14, 2022. The facility will have a Genesis employee that has a certification in activities, assist in the department 2-3 days per week until the Activity director obtains her certification.</p> <p>(4) The Administrator will check in with the Activity Director monthly until the course is completed. An update will be brought to the Quality Assurance Performance Improvement Committee on a monthly basis for ongoing compliance. The Administrator is responsible for implementing the acceptable plan of correction. The Quality Assurance Performance Improvement Committee is</p>		

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F 680	Continued From page 2 description, she had to be either certified or licensed based on state regulations. She had the understanding that she could use her 2+ years as qualification for the job. On 4/6/2022 at 11:30 AM, the Administrator reported that the AD was officially enrolled in the necessary class(es) to obtain her certification or license.	F 680	responsible for ongoing compliance. Date of compliance 4/21/2022	