The REGULTORY ORLESCIDENTIFYING INFORMATION) The CROSS-REPERDENCED TO THE APPROPRIATE DEFICIENCY E 007 EP Program Patient Population CFR(s): 483.475(a)(3) E 007 E 007 ((a) Emergency Plan. The facilityl must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually. The plan must do the following] E 007 (3) Address patient/client population, including, but not limited to, persons at-risk: the type of services the ffacility has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.** "Note: ["Persons at risk" does not apply to: ASC, hospice, PACE, HHA, CORF, CMCH, RHC, FCOK, or ESRF Datility Eal of Lossure the Emergency Plan (EP) contained specific current Emergency Plan tere facility failed to assure the Emergency Plan (EP) contained specific current information relative to the needs of 5 of 6 clients residing in the home (#1, #2, #3, #4 and #6). The finding is: Review of the facility's emergency plan, conducted on 12/3/18, revealed information and unabilation support required. Interviews conducted on 12/3/18, revealed information and builation support required. Interviews conducted on 12/3/18 with staff in the home, and on 12/4/18 with tag fling the facility had not updated the client specific needs which would enable persons unfamiliar with each client to provide care during an emergency. W 227	CENTER	S FOR MEDICARE &	MEDICAID SERVICES					D. 0938-0391
INAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZP CODE BROOKWOOD HOME INCOLINTON, NC 2002 PARTIN TOG ISUMMEY STATEMENT OF DEFICIENCIES INCOLINTON, NC 2002 E 007 EP Program Patient Population CFRQ: 483.475(a)(3) (a) Emergency Plan. The (facility) must develop and maintain an emergency preparedness plan that must be releved, and updated at least annually. The plan must do the following:] (3) Address patient/Client population, including, but not limited to, persons at risk' does not apply to: ASC, hospice, PACE, HAA, CORF, CMCH, RHC, FQHC, or ESRD facilities.] This STANDARD is not met as evidenced by: Based on review of facility records and interviews, the facility factors have and consistencies, adaptive equipment and antoulation support required. Interviews conducted on 122/18 with staff in the home, and on 124/18 with the qualified intellectual disabilities professional verified the facility heach client to provide careful (Tormation in the emergency plan (equing an emergency.) w W 227	STATEMENT OF DEFICIENCIES						· · · ·	
IMAGE OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STRT.2P CODE IBROOKWOOD HOME 124 BROOKWAVEN DRIVE LINCOLNTON, NC 28892 124 BROOKWAVEN DRIVE LINCOLNTON, NC 28892 (M1)D PREETX NQ IEAUIDECIDENCES CONSTRUCTION (EAUID CORRECTIVE ACTION SUDDLESS (EAUIDECIDENCIVE) MART GE RECERCED BY SLILL REGULATORY OR LSC DEXITY WAS AN ORWANTON) D PROVIDER OF NAME OF CORRECTION (EAUID CORRECTIVE ACTION SUDDLESS (EAUIDECIDENCIVE) ACTION SUDDLESS (EAUIDECIDENCIVE) C003 (EAUIDECIDENCIVE) (EAUIDECIDENCIVE) C003 (EAUIDECIDENCIVE) (EAUIDECIDENCIVE) C003 (EAUIDECIDENCIVE) (EAUIDECIDENCIVE) C003 (EAUIDECIDENCIVE) (EAUIDECIDENCIVE) C003 (EAUIDECIDENCIVE) (EAUIDECIDE			34G093	B. WING			12	/04/2018
BROCKWOOD HOME LINCOLNTON, NC 28092 (M) ID PREEK TAC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST OF PROCEEDED BY FULL RESULTIONY OR LSS. DEMINIPAND MECONALTON) In PREEK TAG PROVIDER'S ALL OCORRECTIVE ACTION SHOULD BE CROSS AREFRENCING STOTO THE APPROPRIATE 0(9) (EACH DEFICIENCY TAG E 007 EP Program Patient Population CFR(s): 483.475(a)(3) E 007 [(a) Emergency Plan. The [facility] must develop and maintain an emergency propareduced at least annually. The plan must do the following:] E 007 (3) Address patient/Client population, including, but not limited to, persons at risk, the type of services the [facility] has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans." Note: ["Persons at risk" does not apply to: ASC, hospice, PACE, HHA, CORF, CMCH, RHC, FOHC, or ESRD facilities.] This STANDARD is not meta se videnced by: Based on review of facility records and interviews, the facility faled to assure the Emergency Plan (EP) contained specific current information relative to the needs of 5 of 6 clients residing in the home (#1, #2, #3, #4 and #6). The finding is: Review of the facility is emergency plan, conducted on 123/18, revealed information specific the needs of each client residing in the home was not current relative to changes in diet consistencies, adaptive equipment and ambulation support required. Interviews conducted on 123/18 with staff in the home, and on 124/18 with the qualified infollectual disabilities professional verified the facility had not updated the client specific information in the emergency plan regarding ident specific needs which would enable persons unfamiliar with each client to provide	NAME OF PROVIDER OR SUPPLIER				S	STREET ADDRESS, CITY, STATE, ZIP CODE	=	
Own D Premix Trig SUMMARY STATEMENT OF DEFICIENCIES (EACH OFFICIENCY MUST BE PRECIDED BY FULL RECULICIONY ON LSCIENTIFYING INFORMATION) D PREDIX TAG PROVIDER'S FLAN OF CORRECTION (EACH OFFICIENCY MUST BE PRECIDED BY FULL RECULICIONY ON LSCIENTIFYING INFORMATION) D PREDIX TAG D PROVIDER'S FLAN OF CORRECTION (EACH OFFICE/TURE ACTION SHOULD BE CROSS-REFERENCE) TO THE APPROPRIATE DEFICIENCY) Open (EACH OFFICE/TURE THE APPROPRIATE DEFICIENCY) Open (EACH OFFICE/TURE THE APPROPRIATE ACTION SHOULD AND ADD ADD THE APPROPRIATE DEFICIENCY) Open (EACH OFFICE/TURE THE APPROPRIATE DEFICIENCY) Open (EACH OFFICE/TURE THE APPROPRIATE THE STANDARD TO INTO THE APPROPRIATE ACTION SHOULD ALL OFFICE/TURE THE APPROPRIATE THE APPROPRIATE AT A THE APPROPR	5500/04/				1	1254 BROOKHAVEN DRIVE		
PREFIX TAG IEACH DEPICIENCY MUST BE PRECEDED BY FULL REGULTORY OR LSC (DENTIFYING MORMATION) PREFX TAG IEACH CORRECTIVE ACTION SHOULD BE CROSS-HEPERENCED TO THE APPROPRIATE DEFICIENCY) COMMINITY INFORMATION CREASE COMMINITY INFORMATION DEFICIENCY) COMMINITY INFORMATION DEFICIENCY) COMMINITY INFORMATION CREASE COMMINITY INFORMATION DEFICIENCY) COMMINITY INFORMATION DEFICIENCY) COMMINITY INFORMATION DEFICIENCY INFORMATION INFORMATION INFORMATION INFORMATION INFORMATION INFORMATION INFORMATION INFORMATION INFORMATION INFORMA	BROOKW	OOD HOME			L	LINCOLNTON, NC 28092		
CFR(s): 483.475(a)(3) [(a) Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually. The plan must do the following:] (3) Address patient/client population, including, but not limited to, persons at-risk; the type of services the [facility] has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.** *Note: ['Persons at risk' does not apply to: ASC, hospice, PACE, HHA, CORF, CMCH, RHC, FOHC, or ESRD facilities] This STANDARD is not met as evidenced by: Based on review of facility performs and interviews, the facility face does and interviews, the facility records and interviews, the facility records and information relative to the needs of 5 of 6 clients residing in the home (#1, #2, #3, #4 and #6). The finding is: Review of the facility's emergency plan, conducted on 12/3/18, revealed information specific to the needs of each client residing in the home was not current relative to changes in diet consistencies, adaptive equipment and ambulation support required. Interviews conducted on 12/3/18 with staff in the home, and on 12/4/18 with the qualified intellectual disabilities professional verified the facility had not updated the client specific information reading in the client specific information in the emergency plan regarding client specific needs which would enable persons unfamiliar with each client to provide care during an emergency. W 227	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE	(X5) COMPLETION DATE
and maintain an emergency preparedness plan that must be reviewed, and updated at least annually. The plan must do the following:](3) Address patient/client population, including, but not limited to, persons at-risk; the type of services the [facility] has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.**"Note: ["Persons at risk" does not apply to: ASC, hospice, PACE, HHA, CORF, CMCH, RHC, FQHC, or ESRD facilities]This STANDARD is not met as evidenced by: Based on review of facility records and interviews, the facility failed to assure the Emergency Plan (EP) contained specific current information relative to the needs of 5 of 6 clients residing in the home (#1, #2, #3, #4 and #6). The finding is:Review of the facility's emergency plan, conducted on 12/3/18, revealed information specific to the needs of each client residing in the home was not current relative to changes in diet consistencies, adaptive equipment and ambulation support required. Interviews conducted on 12/3/18, revealed information a specific to the needs of each client residing in the home was not current relative to changes in diet consistencies, adaptive equipment and ambulation support required. Interviews conducted on 12/3/18 with staff in the home, and on 12/4/18 with staff in the home, and on 12/4/18 with the qualified intellectual disabilities professional verified the facility had not updated the client specific information in the emergency plan regarding client specific needs which would enable persons unfamiliar with each client to provide care during an emergency.W 227	E 007			E	007	,		
but not limited to, persons at-risk; the type of services the [facility] has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.***Note: ["Persons at risk" does not apply to: ASC, hospice, PACE, HHA, CORF, CMCH, RHC, FCOHC, or ESRD facilities.] This STANDARD is not met as evidenced by: Based on review of facility records and interviews, the facility failed to assure the Emergency Plan (EP) contained specific current information relative to the needs of 5 of 6 clients residing in the home (#1, #2, #3, #4 and #6). The finding is:Review of the facility's emergency plan, conducted on 12/3/18, revealed information specific to the needs of each client residing in the home was not current relative to changes in diet consistencies, adaptive equipment and ambulation support required. Interviews conducted on 12/3/18 with staff in the home, and on 12/4/18 with the qualified intellectual disabilities professional verified the facility had not updated the client specific information in the emergency plan regarding client specific needs which would enable persons unfamiliar with each client to provide care during an emergency.W 227		and maintain an emergency preparedness plan that must be reviewed, and updated at least						
hospice, PACE, HHA, CORF, CMCH, RHC, FQHC, or ESRD facilities.]This STANDARD is not met as evidenced by: Based on review of facility records and interviews, the facility failed to assure the Emergency Plan (EP) contained specific current information relative to the needs of 5 of 6 clients residing in the home (#1, #2, #3, #4 and #6). The finding is:Review of the facility's emergency plan, conducted on 12/3/18, revealed information specific to the needs of each client residing in the home was not current relative to changes in diet consistencies, adaptive equipment and ambulation support required. Interviews conducted on 12/3/18 with staff in the home, and on 12/4/18 with the qualified intellectual disabilities professional verified the facility had not updated the client specific information in the emergency plan regarding client specific needs which would enable persons unfamiliar with each client to provide care during an emergency.W 227		but not limited to, persons at-risk; the type of services the [facility] has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession						
Conducted on 12/3/18, revealed information specific to the needs of each client residing in the home was not current relative to changes in diet consistencies, adaptive equipment and ambulation support required. Interviews conducted on 12/3/18 with staff in the home, and on 12/4/18 with the qualified intellectual disabilities professional verified the facility had not updated the client specific information in the emergency plan regarding client specific needs which would enable persons unfamiliar with each client to provide care during an emergency.W 227W 227INDIVIDUAL PROGRAM PLANW 227		hospice, PACE, HHA FQHC, or ESRD facil This STANDARD is r Based on review of f interviews, the facility Emergency Plan (EP information relative to residing in the home	, CORF, CMCH, RHC, ities.] not met as evidenced by: acility records and failed to assure the) contained specific current o the needs of 5 of 6 clients					
		conducted on 12/3/18 specific to the needs home was not curren consistencies, adaptir ambulation support re conducted on 12/3/18 on 12/4/18 with the qu disabilities profession updated the client spe emergency plan rega which would enable p client to provide care	8, revealed information of each client residing in the t relative to changes in diet ve equipment and equired. Interviews 8 with staff in the home, and ualified intellectual al verified the facility had not ecific information in the rding client specific needs persons unfamiliar with each during an emergency.					
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE					227			(X6) DATE

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES.

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.

PRINTED: 12/05/2018

(X6) DATE

	-	D HUMAN SERVICES MEDICAID SERVICES					FORM): 12/05/2018 1 APPROVED 0 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED		
		34G093	B. WING				12/04/2018	
NAME OF PI	ROVIDER OR SUPPLIER		•		STREET ADDRESS, CITY, STATE, ZIP CODE		_	
BROOKWOOD HOME					1254 BROOKHAVEN DRIVE LINCOLNTON, NC 28092			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AL DEFICIENCY)	SHOULD BE		(X5) COMPLETION DATE
W 227	objectives necessary) n plan states the specific to meet the client's needs, mprehensive assessment	w	227	7			
	Based on observation interview, the person	centered plan (PCP) failed ectives needed relative to						
	12/4/18 at 7:35 AM rebathroom of the home door open. During the with the bathroom door	ed in the group home on vealed client #4 entered the e and toileted, leaving the e time client #4 was toileting or open she was visible to e hallway, including client #2						
	12/4/18, revealed a P included program obje hands, wipe thorough improve specific work money combinations review of the record for adaptive behavior inve which documented cli self-initiates closing the independently.	ne bathroom door						
	intellectual disabilities	on 12/4/18 with the qualified professional verified client clude a training objective to						

FORM CMS-2567(02-99) Previous Versions Obsolete

Facility ID: 921534

If continuation sheet Page 2 of 3

		ID HUMAN SERVICES MEDICAID SERVICES				FORM	D: 12/05/2018 MAPPROVED D. 0938-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
34G093			B. WING	B. WING			12/04/2018	
NAME OF P	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE			
BROOKW	OOD HOME				254 BROOKHAVEN DRIVE INCOLNTON, NC 28092			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAC	IX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
W 227	maintain privacy while	e in the bathroom. This ied closing the bathroom	W	227				

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: TELN11

Facility ID: 921534

If continuation sheet Page 3 of 3