STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G093	A. BUILDING _____ B. WING _____	12/04/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKWOOD HOME	1254 BROOKHAVEN DRIVE LINCOLNTON, NC 28092

(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 007	EP Program Patient Population 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, 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.	E 007	The QP will ensure all current PCP's are added to the Emergency Plan. In the future, the QP will add PCP's to the Plan as the PCP's are updated. The IDT will ensure all PCP's are updated in the Emergency Plan during monthly environmental assessments in the home. The Administrator will monitor the Environmental assessments to ensure PCP's are kept current, on a monthly basis. In the future, the facility will maintain an emergency plan and ensure it is reviewed and updated at least annually.	02/02/2019
W 227	INDIVIDUAL PROGRAM PLAN	W 227		

DHSR NH L&C Black Mountain WRO Received DEC 17 2018 by: PRM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Michelle M. Robertson	Regional Administrator	12/13/18

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 227	Continued From page 1 CFR(s): 483.440(c)(4) The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the person centered plan (PCP) failed to include specific objectives needed relative to privacy for 1 of 3 sampled clients (#4). The finding is: Observation conducted in the group home on 12/4/18 at 7:35 AM revealed client #4 entered the bathroom of the home and toileted, leaving the door open. During the time client #4 was toileting with the bathroom door open she was visible to persons present in the hallway, including client #2 and the surveyor. Review of the record for client #4, conducted on 12/4/18, revealed a PCP dated 2/9/18 which included program objectives for client #4 to wash hands, wipe thoroughly, slow rate of eating, improve specific work behaviors and identify money combinations of thirty dollars. Further review of the record for client #4 revealed an adaptive behavior inventory (ABI) dated 1/24/18 which documented client #4 sometimes self-initiates closing the bathroom door independently. Interview conducted on 12/4/18 with the qualified intellectual disabilities professional verified client #4's PCP does not include a training objective to	W 227	The Habilitation Specialist will implement a formal program to reflect the need for privacy training when toileting. The Habilitation Specialist will also ensure the ABI is updated to reflect accurate assessment for privacy while toileting. The IDT will monitor privacy throughout the home during interaction assessments, to be completed 3 times a week for a period of one month, then on a routine basis thereafter. In the future, the team will ensure all PCP's include objectives necessary to meet the client's needs, as identified by the comprehensive assessment.	02/02/2019

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W 227	Continued From page 2 maintain privacy while in the bathroom. This interview further verified closing the bathroom door is a need for client #4.	W 227		