

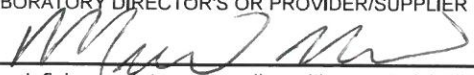
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G093</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/18/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BROOKWOOD HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1254 BROOKHAVEN DRIVE LINCOLNTON, NC 28092</b>
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(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
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W 249	<p><b>PROGRAM IMPLEMENTATION</b> CFR(s): 483.440(d)(1)</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to implement sufficient interventions to support the achievement of a hand washing program for 1 of 4 sampled clients (#5). The finding is:</p> <p>Observations in the group home on 12/17/19 at 6:30 PM revealed client #5 leaving her bedroom and entering the kitchen area intermittently touching her mouth and nose area with her hands. Further observations revealed staff C prompting the client to place napkins on the table for all clients. Continued observations at 6:35 PM revealed staff B prompting client #5 to the laundry room to gather laundry items. After completing laundry tasks, the client was observed to place silverware, cups and plates on the dining table for all clients. Further observations at 6:45 PM revealed client #5 to sit at the dining table for the dinner meal. At no time from 6:30 PM through 6:45 PM was the client observed washing her hands or using hand sanitizer, nor were staff observed prompting the client to do so.</p> <p>Review of the record for client #5 on 12/18/19</p>	W 249	<p>Habilitation Specialists and Residential Team Leader will train/in-service staff on ensuring proper handwashing prior to meal preparation. Habilitation Specialist/Residential Team Leader will train/in-service staff on family style dining and hygiene.</p> <p>This will be monitored through quality assurance assessments completed two times a week for a period of four weeks.</p> <p>In the future, the IDT will ensure all goals are implemented as prescribed through monthly quality assurance assessments.</p>	2/18/2020
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DHSR - Mental Health  
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Lic. & Cert. Section

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <i>Administrator</i>	(X6) DATE <i>1/3/20</i>
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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.

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

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W 249	Continued From page 1 revealed a person centered plan (PCP) dated 1/16/19. Review of the PCP revealed a current program for client #5 to independently wash her hands with 95 percent accuracy for two months. The program instructions for staff revealed prompting for the client to turn on the water, lather and wash with soap, rinse, and turn the water off. The program indicated opportunities before meals and at snack time.  Interview with the qualified intellectual disabilities professional on 12/18/19 confirmed the hand washing program was current and confirmed staff should have implemented the program at every opportunity including before handling place setting items and before eating, to assure sufficient interventions to support the achievement of the program.	W 249			
W 340	<b>NURSING SERVICES</b> CFR(s): 483.460(c)(5)(i)  Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods.  This STANDARD is not met as evidenced by: Based on observation, interview and record review, nursing services and the interdisciplinary team failed to ensure staff were trained to assure adequate hygiene relative to hand washing for 2 of 4 sampled clients (#4 and #6). The finding is:  Observations in the group home on 12/17/19 at 6:30 PM revealed client #4 leaving her bedroom	W 340	Nursing will train/in-service staff on appropriate protective and preventative health and hygiene methods.  This will be monitored through quality assurance assessments two times a week for a period of four weeks.  In the future, nursing and the IDT will ensure appropriate protective and preventive health and hygiene methods are being utilized through monthly quality assurance assessments.	2/18/2020	

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W 340	<p>Continued From page 2</p> <p>and entering the living room. The client was observed to have her hands in her coat pocket. Continued observations revealed staff B to prompt client #4 to the dining table for the dinner meal. The client was not observed to wash or sanitize her hands, nor were any staff observed prompting the client to wash or use hand sanitizer prior to eating the dinner meal. Further observations at 6:27 PM revealed staff A assisting client #6 with ambulation from her bedroom to the kitchen area to assist with processing her food items. The client was then observed going back to her bedroom and then again being assisted at 6:44 PM back to the dining area for the evening meal. No staff were observed prompting the client to wash or use hand sanitizer prior to entering the kitchen area or prior to eating the dinner meal.</p> <p>Review of the record for client #4 on 12/18/19 revealed a person centered plan (PCP) dated 5/2/19. The PCP included an adaptive behavior inventory (ABI) dated 4/19/19 which indicated the client is totally independent relative to handwashing skills.</p> <p>Review of the record for client #6 on 12/18/19 revealed a PCP dated 8/8/19. The PCP included an ABI dated 8/2/19 which indicated the client is totally independent relative to handwashing skills.</p> <p>Interview with the qualified intellectual disabilities professional on 12/18/19 confirmed that client's #4 and #6 were capable of washing their hands with a minimum of verbal cueing and indicated all staff in the home should have prompted the clients to wash hands or use hand sanitizer prior to eating the dinner meal.</p>	W 340			

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W 436 W 436	Continued From page 3 <b>SPACE AND EQUIPMENT</b> CFR(s): 483.470(g)(2)  The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.  This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to teach a client to use and make informed choices relative to eye glasses for 1 of 4 sampled clients (#5).  Observations at the vocational center on 12/17/19 at 12:15 PM revealed client #5 in a classroom preparing to eat lunch. Client #5 was not wearing eye glasses at that time. Further observations in the group home from 3:35 PM to 4:25 PM did not reveal the client wearing eye glasses or being prompted to wear eye glasses. At 4:30 PM, the client was observed getting on the facility van to travel to get a hair cut. Continued observations after the client returned to the home, from 6:00 PM through 7:00 PM, did not reveal client #5 wearing eye glasses or being prompted to wear eye glasses. Further observations in the group home on 12/18/19 from 6:30 AM through 8:00 AM did not reveal the client wearing eye glasses or being prompted to wear eye glasses.  Review of the record for client #5 on 12/18/19 revealed a person centered plan (PCP) dated 1/16/19. The PCP included documentation indicating eye glasses had been purchased for	W 436 W 436	Habilitation Specialist will implement a toleration program for wearing glasses. Habilitation Specialists will train/in-service staff on this goal. Staff will be inserviced to prompt and encourage use of adaptive equipment and to report any issues to the IDT.  This will be monitored through quality assurance assessments completed two times a week for a period of four weeks.  In the future, this will be monitored through monthly quality assurance assessments.	2/18/2020	



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W 436	<p>Continued From page 4</p> <p>the client to wear full time, but the client often reused to wear them or would throw them away. Continued review of the PCP revealed an eye exam completed on 5/30/19 which included recommendations for client #5 to wear eye glasses full time, and "full time" was underlined.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 12/18/19 confirmed the client had eye glasses and they were located in her bedroom. The QIDP confirmed the client was supposed to wear the eye glasses full time and indicated the client frequently refused to wear them. The QIDP confirmed there was no current programming to help the client use the eye glasses as prescribed and confirmed there was no previous programming relative to the use and care of client #5's eye glasses.</p>	W 436		
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**RHA**  
HEALTH SERVICES, INC.

To Whom it May Concern,

Please find attached the form CMS-2567 with corrections for each citation noted. If there are any questions, feel free to contact me at 828-428-0061, or email, [mmarshall@rhanet.org](mailto:mmarshall@rhanet.org).

Michael Marshall

Facility Administrator

DHSR - Mental Health

JAN 8 2020

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