

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

PRINTED: 02/01/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G305	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/21/2021
NAME OF PROVIDER OR SUPPLIER BROOKWOOD			STREET ADDRESS, CITY, STATE, ZIP CODE 313 EAST BROOKWOOD AVENUE LIBERTY, NC 27298		
(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 000	INITIAL COMMENTS	W 000			
W 130	<p>A complaint survey in addition to the recertification survey was completed on 1/21/2021. Deficiencies were not cited as a result of the complaint survey for Intake #NC00162024.</p> <p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interview, the facility failed to assure privacy was maintained for 4 of 6 clients (#2, #3, #5, and #6) during medication administration. The findings are:</p> <p>A. The facility failed to ensure privacy was maintained for client #5 during medication administration. For example:</p> <p>Morning observations in the group home on 1/21/21 at 7:15 AM revealed client #5 to stand in the doorway of the medication administration room with the door open. Continued observation revealed staff A to pass a cup with medication and water to client #5 which could be observed by clients and staff walking down the hallway. Further observation revealed client #5 to take the medication and drink a glass of water in front of the medication room door as directed by staff A. At no point during the observation was client #5 offered privacy during the medication administration.</p> <p>Interview with the Home Manager (HM) on</p>	W 130			

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 130	<p>Continued From page 1</p> <p>1/21/21 verified that all clients should receive medication in the medication room with the door closed to ensure privacy. Interview with the qualified intellectual disabilities professional (QIDP) on 1/21/21 confirmed that client #5 should have received her medication in the medication room with the door closed to ensure privacy during medication administration. The QIDP also confirmed that all clients have a right to privacy when receiving medication administration.</p> <p>B. The facility failed to ensure privacy was maintained for client #2 during medication administration. For example:</p> <p>Morning observations in the group home on 1/21/21 at 7:30 AM revealed client #2 to stand in front of the medication administration door with the door open. Continued observation revealed staff A to pass a cup with medication and water to client #2 which could be observed by clients and staff entering and exiting the kitchen. Further observation revealed client #2 to take the medication and drink a glass of water in front of the medication room door as directed by staff A. At no point during the observation was client #2 offered privacy during the medication administration.</p> <p>Interview with the Home Manager (HM) on 1/21/21 verified that all clients should receive medication in the medication room with the door closed to ensure privacy. Interview with the qualified intellectual disabilities professional (QIDP) confirmed that client #2 should have received her medication in the medication room with the door closed to ensure privacy during medication administration. The QIDP also confirmed that all clients have a right to privacy</p>	W 130			

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W 130	<p>Continued From page 2 when receiving medication administration.</p> <p>C. The facility failed to ensure privacy was maintained for client #3 during medication administration. For example:</p> <p>Morning observations in the group home on 1/21/21 at 7:38 AM revealed client #3 to sit in a chair inside the medication administration room with the door open. Continued observation revealed staff A to pass a cup with medication and water to client #3 which could be observed by clients and staff walking down the hallway. Further observation revealed client #3 to take the medication and drink a glass of water in front of the medication room door as directed by staff A. At no point during the observation was client #3 offered privacy during the medication administration.</p> <p>Interview with the Home Manager (HM) on 1/21/21 verified that all clients should receive medication in the medication room with the door closed to ensure privacy. Interview with the qualified intellectual disabilities professional (QIDP) on 1/21/21 confirmed that client #3 should have received her medication in the medication room with the door closed to ensure privacy during medication administration. The QIDP also confirmed that all clients have a right to privacy when receiving medication administration.</p> <p>D. The facility failed to ensure privacy was maintained for client #6 during medication administration. For example:</p> <p>Morning observations in the group home on 1/21/21 at 8:05 AM revealed client #6 to stand in the doorway of the medication administration</p>	W 130			

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W 130	Continued From page 3 room with the door remaining open. Continued observation revealed staff A to pass a cup with medication and water to client #6 which could be observed by clients and staff walking down the hallway. Further observation revealed client #6 to take the medication and drink a glass of water in front of the medication room door as directed by staff A. At no point during the observation was client #6 offered privacy during the morning medication administration. Interview with the Home Manager (HM) on 1/21/21 verified that all clients should receive medication in the medication room with the door closed to ensure privacy. Interview with the qualified intellectual disabilities professional (QIDP) on 1/21/21 confirmed that client #6 should have received her medication in the medication room with the door closed to ensure privacy during medication administration. The QIDP also confirmed that all clients have a right to privacy when receiving medication administration.	W 130			
W 189	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1) The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure staff were sufficiently trained in hygiene methods specific to ensuring paper supplies were accessible in bathrooms for 6 of 6 clients (#1, #2, #3, #4, #5, and #6). The finding is:	W 189			

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W 189	Continued From page 4 Observation in the group home on 1/20/21 - 1/21/21 revealed two bathrooms utilized by all clients in the group home. Continued observations of both bathrooms revealed no paper products to be located in either bathroom throughout observations on 1/20/21 or 1/21/21. Observations on 1/20/21 revealed clients at various times to enter into the bathrooms with no paper products, close the door and to exit the bathroom then retrieve paper towels from the kitchen in order to dry their hands. Subsequent observation in the group home on 1/21/21 revealed both bathrooms to remain with no paper supplies throughout the observation period. Interview with the Home Manager (HM) on 1/21/21 verified that there were no paper supplies in the bathroom closets and staff would need to go to the shed outdoors to retrieve supplies for both bathrooms. Interview with the HM confirmed that all bathrooms should have an ample supply of paper products. Interview with the qualified intellectual disabilities professional (QIDP) on 1/21/21 verified all bathrooms should have an ample supply of paper products available to clients when occupying the bathrooms in the group home.	W 189			