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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G305	A. BUILDING _____ B. WING _____	01/21/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKWOOD	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 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.	W 000		
W 130	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7) The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. 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: A. The facility failed to ensure privacy was maintained for client #5 during medication administration. For example: 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. Interview with the Home Manager (HM) on	W 130	**W130** The facility will ensure the rights of all Clients. Staff will be in serviced on privacy during medication administration. 3/22/2021 The nurse will in service all staff on privacy during all medication passes. This will be monitored by program manager weekly, Nursing monthly and QP monthly	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Shabara Williams — TITLE: Clinical Supervisor — (X6) DATE: 2/8/2021

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	Continued From page 1 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. B. The facility failed to ensure privacy was maintained for client #2 during medication administration. For example: 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. 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	W 130		

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W 130	Continued From page 2 when receiving medication administration. C. The facility failed to ensure privacy was maintained for client #3 during medication administration. For example: 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. 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. D. The facility failed to ensure privacy was maintained for client #6 during medication administration. For example: 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	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	**W189** The facility will ensure that each staff is trained initially and continuously so that they are able to perform their duties effectively, efficiently and competently.	3/22/2021

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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	The program manager will ensure that all supplies for home and individuals is readily available for staff to obtain to ensure that they have paper products for bathrooms, cleaning supplies, hygiene products, kitchen needs and any other supplies needed for the home or individuals. The Program Manager will check daily to ensure that supplies are being used and ensure that the supply closet has all materials needed for the home. QP will monitor on a monthly basis.	

www.communityinnovations.com

4214 Beechwood Drive Suite 106 – GREENSBORO, NC 27410
PHONE: (336) 370-4177 FAX: (336) 370-1023

FACSIMILE TRANSMITTAL SHEET

TO: NC Dept Health and Human Services Division of Health Service Reg. **FROM:** Community Innovations Sharbare Williams

COMPANY: **DATE:** 2/8/2021

919-715-8078

FAX NUMBER: **TOTAL NO. OF PAGES INCLUDING COVER**

8

PHONE NUMBER:

NOTES/COMMENTS:

Hard Copy has been mailed

THANK YOU.

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

February 2, 2021

Melissa Bryant, Facility Administrator
Community Innovations
80 Alliance Drive
Whiteville, NC 28472

Re: Recertification and complaint survey completed January 21, 2021
Brookwood 313 East Brookwood Avenue Liberty, NC 27298
Provider Number 34G305
MHL# 076-022
E-mail Address: mbryant@communityinnovations.com
Complaint Intake NC00162024

Dear Ms. Bryant:

Thank you for the cooperation and courtesy extended during the recertification and complaint survey completed January 21, 2021. This survey was required for continued participation in the Medicaid program.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form (CMS-2567). The purpose of the Statement of Deficiencies is to provide you with specific details of the practices that do not comply with regulations. You must develop one Plan of Correction that addresses each deficiency listed on the CMS-2567 form and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance and what to include in the Plan of Correction.

Type of Deficiencies Found

- Standard level deficiencies were cited.

Time Frames for Compliance

- Standard level deficiencies must be ***corrected*** within 60 days from the exit of the survey, which is March 22, 2021.

What to include in the Plan of Correction

- Indicate what measures will be put in place to ***correct*** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to ***prevent*** the problem from occurring again.
- Indicate ***who will monitor*** the situation to ensure it will not occur again.
- Indicate ***how often*** the monitoring will take place.

- Sign and date the bottom of the first page of the CMS-2567 Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

Please be advised that additional W tags may be cited during the Life Safety Code portion of the recertification survey.

A follow up visit will be conducted to verify all deficient practices have been corrected. If we can be of further assistance, please call me at (828) 750-2702.

Sincerely,

Shyluer Holder-Hansen
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Enclosures

Cc: DHSR@Alliancebhc.org
QM@partnersbhm.org
_DHSR_Letters@sandhillscenter.org