

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL079-110</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/12/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BRENTWOOD MANOR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>185 BRENTWOOD DRIVE REIDSVILLE, NC 27320</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on 8/12/21. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 112	<p><b>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</b></p> <p><b>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</b></p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p>	V 112		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to document the treatment needs and the strategies implemented to address those needs for 2 of 4 audited clients (#1 and #4). The findings are:</p> <p>Observation on 8/10/21 of client #1's bedroom at approximately 11:48 am revealed:</p> <ul style="list-style-type: none"> <li>- A mattress on the floor with linens and pillow</li> </ul> <p>Observation on 8/10/21 of client #4's bedroom at approximately 11:48 am revealed:</p> <ul style="list-style-type: none"> <li>- A mattress on the floor with headboard, linens and a pillow</li> </ul> <p>Review on 8/10/21 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- An admission date of February or May of 2019</li> <li>- Diagnoses of Mild Intellectual Disability (IDD) Disorder (D/O); Attention Deficit Hyperactivity D/O - Combined Type; Oppositional Defiant D/O; Other Specified Depressive D/O and Recurring Ear Infections</li> <li>- A letter dated 4/1/20 from client #1's mother/legal guardian with a request that client #1 be allowed to sleep on on a mattress on the floor of his bedroom</li> <li>- A document dated 8/6/21 and signed by a Human Rights Committee member responding to the mother's request</li> <li>- A treatment plan dated 9/1/20 with no documentation that reflected which of client #1's treatment needs and/or behaviors were being addressed by having him sleep on his bedroom floor on a mattress instead of in a bed</li> </ul>	V 112		

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V 112	<p>Continued From page 2</p> <p>Review on 8/12/21 of client #4's record revealed:</p> <ul style="list-style-type: none"> <li>- An admission date of 11/12/13</li> <li>- Diagnoses of Autism Spectrum D/O, Moderate IDD, Ataxia and Epilepsy</li> <li>- A treatment plan dated 10/1/20 with no documentation that reflected which of client #4's treatment needs and/or behaviors were being addressed by having client #4 sleep on his bedroom floor on a mattress and box spring instead of in a bed</li> </ul> <p>Interviews on 8/10/21 with the House Manager (HM) revealed:</p> <ul style="list-style-type: none"> <li>- Confirmation of client #1's mother's written request for client #1 to be allowed to sleep on a mattress on his bedroom floor</li> <li>- Client #1's mother was concerned about his having destroyed his beds in the past and she did not want to have to continue to replace his bed</li> <li>- A Human Rights Committee member had signed off on allowing client #1 to sleep on the floor on a mattress</li> <li>- She was surprised this information was not listed in client #1's treatment plan as all those involved in his care, including client #1's care coordinator were aware of his sleeping arrangement</li> <li>- Client #4 had slept on the floor on a mattress and a box spring since his admission to the facility due to his history of having seizures</li> <li>- A "seizure mat" was placed beside client #4's bed to ensure that if he were to have a seizure and fall out of bed, he would not be injured</li> <li>- The HM reported that client #4 had not had a seizure in the past four years, although she could not provide a seizure log for review</li> <li>- The HM stated she believed client #4 had stopped having seizures because he was being seen by a neurologist and he took a prescription medication to decrease and/or stop possible</li> </ul>	V 112		

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V 112	Continued From page 3  seizure activity - There had always been documentation in client #4's treatment plan and/or his record which reflected why client #4 should not sleep in a traditional bed, including documentation which reflected client #4's sleeping arrangements had been reviewed and approved by a Human Rights Committee - She was surprised the documentation was not in client #4's record.	V 112		
V 114	27G .0207 Emergency Plans and Supplies  10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use.  This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure fire and disaster drills were held at least quarterly and repeated for each shift. The findings are:  Interview on 8/11/21 with the House Manager	V 114		

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V 114	<p>Continued From page 4</p> <p>(HM) revealed:</p> <ul style="list-style-type: none"> <li>- The facility's shifts were as follows: 8 am - 2 pm (first shift); 2 pm - 9:30 pm (second shift) and 9:30 pm - 8 am (third shift)</li> </ul> <p>Review on 8/11/21 of the facility's fire drill log from 9/8/20-8/5/21 revealed:</p> <ul style="list-style-type: none"> <li>- Staff documented fire drills had been held on third shift; however, based on a review of the times listed for the drills, it was determined the drills had been held on second shift instead of third shift</li> <li>- No documentation a fire drill had been held on third shift between the hours of 9:30 pm and 8 am from 9/8/20 until 8/5/21</li> </ul> <p>Review on 8/11/21 of the facility's disaster drill log from 8/15/20-8/2/21 revealed:</p> <ul style="list-style-type: none"> <li>- Staff documented disaster drills had been held on third shift; however, based on a review of the times listed for the drills, it was determined the drills had been held on second shift instead of third shift</li> <li>- No documentation a disaster drill had been held on third shift between the hours of 9:30 pm and 8 am from 8/15/20 until 8/2/21</li> </ul> <p>Continued interview on 8/11/21 and on 8/12/21 with the HM revealed:</p> <ul style="list-style-type: none"> <li>- Fire and disaster drills were held monthly</li> <li>- Staff did not want to wake the clients after 9:30 pm to conduct a fire or disaster drill as this would cause a disruption to their sleep schedule and could trigger behaviors</li> <li>- Staff were also concerned about having a client who had a history of elopement using being outside at night as an opportunity to leave the facility without staff supervision</li> <li>- She planned to have an "in-service training" with third shift staff on how to hold a fire or</li> </ul>	V 114		

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V 114	Continued From page 5  disaster drill on third shift while still keeping the clients' safe and minimizing the risk for a behavior occurring - While there were always two staff on duty during third shift, if a fire or disaster drill were held during third shift while she was present in the facility, she would get up to assist the two other staff as needed.	V 114		
V 752	27G .0304(b)(4) Hot Water Temperatures  10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.  This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure the temperature of the water in the areas of the home where the clients were exposed to hot water was maintained between 100-116 degrees. The findings are:  Observation on 8/10/21 at approximately 11:55 am revealed: - The temperature of the hot water at the kitchen sink was 132 degrees  Observation on 8/10/21 at approximately 11:58 am revealed: - The temperature of the hot water at the kitchen sink was 135 degrees	V 752		

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V 752	<p>Continued From page 6</p> <p>Interviews on 8/10/21 with the House Manager revealed:</p> <ul style="list-style-type: none"> <li>- She was not aware the temperature of the water at the kitchen sink was over 130 degrees</li> <li>- The facility had recently changed over from well water to "city water" and this may have contributed to there being a change in the temperature of the water</li> <li>- Because the clients did not have the ability to regulate the temperature of the water, staff always assisted the clients when they needed access to the water in any area of the home and as a result none of the clients had been injured due to the higher temperature of the water at the sink</li> <li>- She had contacted the facility's maintenance worker to address the issue immediately.</li> </ul>	V 752		