

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

PRINTED: 05/27/2021
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 C 05/13/2021
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 186	<p>DIRECT CARE STAFF CFR(s): 483.430(d)(1-2)</p> <p>The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.</p> <p>This STANDARD is not met as evidenced by: Based on record reviews, observation and interviews, the facility failed to assure sufficient direct care staff were available to manage and supervise 2 of 8 clients in the home (#3 and #4) in accordance with their individual habilitation plans (IHPs). The finding is:</p> <p>Observation at the group home on 5/13/21 at 3:30 PM revealed all clients and two second shift staff at the home. Continued observations revealed a first shift staff who assists with drop offs and pick ups relative to transportation to and from the day program about to exit the home.</p> <p>Interview with staff A on 5/13/21 who was about to exit the group home revealed she assists with getting all clients on the van, ride to transport to the day program, and assist with getting clients off the van. Continued interview with staff A revealed she then reports to work at the provider's office until time to transport clients back to the group home. Once they return to the group home, she assists with getting all clients off of the van and inside, then leaves the group home. Further interview with staff B revealed she has been working alone with all clients on second shift until the clients resumed attending the day</p>	W 186	<p>W186 The facility will provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plan.</p> <p>Program manager will put in a request with staff recruiting team to hire staff in an effort to sufficiently staff the home based on clients' behavior plans/individual plans and medical needs. Program manager will participate in the daily recruiting calls to get feedback on possible new hires for clients #3 and #4. Program manager will interview potential staff and continue the hiring process if staff is suitable. This will continue until the house is fully staffed. QP will participate in recruiting calls daily to monitor the progress.</p>	7/12/21	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Sharbora Williams

TITLE

Clinical Supervisor

(X8) DATE

6/10/21

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 186	<p>Continued From page 1</p> <p>program on 3/21. Subsequent Interview with staff A and B verified staff ratio in the home is one on one staffing with clients #3 and #4 and two additional staff work with the other clients.</p> <p>Review of medical record for client #3 revealed an individual habilitation plan (IHP) dated 9/18/20 to include the need for one on one staffing due to behavioral challenges. Continued review of medical record for client #4 revealed an IHP dated 9/15/20 to include the need for one on one staffing due to behavioral and medical challenges. Further review of the facility schedule revealed four staff scheduled on first and second shifts. Additional review of the schedule revealed two openings for staff on both shifts.</p> <p>Interview with the facility qualified intellectual disabilities professional (QIDP) on 5/13/21 verified staff ratio in the group home is one to one staffing for clients #3 and #4 due to medical and behavioral challenges. Two additional staff are scheduled to work and support the other clients. Further interview with the QIDP revealed the group home is short staffed. Additional interview with the QIDP confirmed the facility schedule is current and short staffed on first and second shifts since late March. The QIDP further confirmed the facility is currently working on hiring for all open shifts but as confirmed by observations on 5/13/21, the facility has failed to provide sufficient direct care staff to manage and supervise the clients according to their needs..</p>	W 186	<p>The program manager will deploy sufficient staff to address client needs as supported by the IPP/BSP.</p> <p>The home manager will develop a staffing schedule to support a sufficient staffing pattern that is consistent with the clients' IPP/BSP support needs.</p> <p>The QP will monitor weekly in the home to ensure sufficient staff are in place to address clients' needs.</p>		
W 340	<p>NURSING SERVICES CFR(s): 483.460(c)(5)(i)</p> <p>Nursing services must include implementing with other members of the interdisciplinary team,</p>	W 340			

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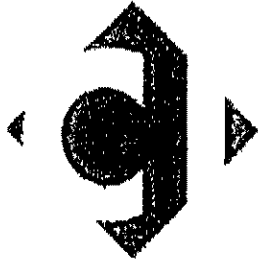
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W 340	<p>Continued From page 2</p> <p>appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods.</p> <p>This STANDARD is not met as evidenced by: Based on observation and staff interview, the interdisciplinary team failed to provide staff training of appropriate health practices to meet client #5 medical needs relative to a large rash on the back of her neck. The finding is:</p> <p>Observation at the day program on 5/13/21 at 1:00 PM revealed client #5 to return from an outing to enter the bathroom and change into another pair of pants. Client #5 then exited the bathroom headed towards her seating area when surveyor noticed a large red rash covering the entire back of client's neck below her hairline with skin peeling in four places.</p> <p>Interview with the Day Program Clinical Director on 5/12/21 revealed she had noticed the rash before but not to that extremity. Continued interview with another day program staff revealed the rash has gotten worse during the past two months. Further interview with staff B revealed staff had been informed to wash client's hair with a dandruff shampoo to help with the rash.</p> <p>Review of medical record for client #5 did not reveal a physician order, prescribed medication, psoriasis diagnosis confirmed by a medical professional, medical consult or evidence of medical attention relative to the rash on the back of client #5's neck. Continued review of client medical record revealed a medical consult on 1/4/21 for an annual exam but does not mention</p>	W 340	<p>W 340 The facility will ensure that the Nursing staff and interdisciplinary team members provide training to staff in 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.</p> <p>The nurse will schedule an appointment for client #5 for rash on her neck. Any orders received will be followed by facility staff. Staff will follow MAR orders regarding checking client #5 and completing a body check sheet. The Nurse will complete a body check twice weekly in addition to staff daily checks.</p>	7/12/21	

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W 340	<p>Continued From page 3</p> <p>a diagnosis of eczema or skin integrity checks. Further review of 4/21 MAR revealed check for any skin breakdown two times daily. Report any breakdown, cracks or abrasions to nurse. MAR did not reveal an implementation date. Additional review of MAR revealed no shampoo listed or ordered by a physician.</p> <p>Interview with the facility nurse revealed client #5 sweats and scratches the back of her neck. The staff have been informed to keep client's hair out or up off of client's neck to give it time to heal. Continued interview with the facility nurse revealed she had visited the group home two weeks ago and was not made aware of the rash on the back of client's neck. Further interview with the facility nurse revealed she had no knowledge of how it's being tracked.</p> <p>Interview with the qualified intellectual developmental professional (QIDP) revealed it may be psoriasis. Continued interview with the QIDP revealed team meetings are held every Thursday and the team decided to use an over the counter dermatitis shampoo for client's hair and neck. Further interview with the QIDP revealed she was not made aware of the severity of the rash on the back of client's neck. The QIDP further verified, based on survey observations, staff needed additional training on how to report and document to meet the medical needs of client #5.</p>	W 340	The home manager and/or QP will monitor in the home weekly to check on all clients' health status and appropriate referral to nursing as applicable.		



COMMUNITY
INNOVATIONS, INC.

Whiteville Office
80 Alliance Drive
Whiteville, NC 28472

www.communityinnovations.com

FACSIMILE TRANSMISSION FORM

To: NC Dept of Health and Human Service Date: 6/10/2021
 From: SHARBARA WILLIAMS
 Fax: 919 715 8078 Fax: (910) 642-8039
 Phone: _____ Phone: _____
 Re: POC Brookwood Residential cc: _____
 Pages (including cover): _____

- Urgent For Review Please Comment Please Reply Please Recycle

HARD COPY IN THE MAIL



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

May 28, 2021

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

Re: Complaint Investigation May 13, 2021
Brookwood
Provider Number #34G305
MHL# 076-022
E-mail Address: mbryant@communityinnovations.com
Complaint Intake #NC00176010

Dear Ms. Bryant:

Thank you for the cooperation and courtesy extended during the complaint investigation survey completed on May 13, 2021.

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 July 12, 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.

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603

MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718

www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

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.***

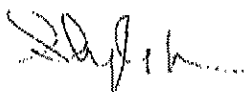
Send the original completed form to our office at the following address within 10 days of receipt of this letter.

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