

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL049-121</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/09/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>711 BROOKDALE DRIVE</b> <b>BRADFORDS CROSS ROAD, NC 28677</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) COMPLETE DATE
V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on 12/9/21. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>The survey sample consisted of audits of 3 current clients, 0 former clients, 0 deceased clients.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</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		

Division of Health Service Regulation  
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 record review and interviews, the facility failed to implement treatment strategies to meet the needs of the clients affecting 1 of 3 audited clients (client #3). The findings are:</p> <p>Review on 12/8/21 of client #3's record revealed: -An admission date of 9/1/09; -Diagnoses included Asthma, Pre-diabetes, Obesity, Hypertension, Affective Disorder, and Obstructive Sleep Apnea on Continuous Positive Airway Pressure Therapy; A Treatment Plan dated 10/13/21 that included, "...will learn and use skills of daily living to enhance and maintain as much independence as possible in the Group Home setting on a daily basis by:...Using a health diary to ensure that health and nutritional needs are addressed daily."</p> <p>Interview on 12/8/21 with client #3 revealed: -Her treatment goals included trying to stay busy and completing her chores; -She was not aware of a goal that included her using a health diary and had never seen a health diary.</p> <p>Interview on 12/8/21 with the Qualified Professional revealed: -She participated in treatment team meetings for clients at the day program that they attended; -The day program completed annual Treatment Plans for clients that included goals for the day program and the facility;</p>	V 112		

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V 112	Continued From page 2  -She was aware that there was a goal for client #3 to utilize a health diary but wasn't aware that it was a facility goal; -She thought that the day program that client #3 attended were utilizing a health diary.	V 112		