

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

PRINTED: 03/24/2022
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 03/15/2022
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NAME OF PROVIDER OR SUPPLIER BROOKWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 313 EAST BROOKWOOD AVENUE LIBERTY, NC 27298
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W 249	<p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interviews, and record reviews, the facility failed to assure a continuous active treatment program was provided to support the achievement of the objectives identified in the habilitation support plans for 2 of 5 clients (#1, and #5) and behavior support plan for client (#2). The findings are:</p> <p>A. The facility failed to provide adequate active treatment to engage client #1 during large amounts of unstructured time. For example:</p> <p>Afternoon observations in the group home on 3/14/22 from 4:30 PM to 6:30 PM revealed all clients to sit in the living room area listening to sing along music on the television. Continued observation revealed client #1 to sit in a recliner with a bin filled with sensory objects sitting in her lap. Further observations at 5:20 PM to 5:45 PM revealed client #1 to participate in dinner, go to the bathroom and return to the living room. Subsequent observation revealed client #1 unengaged without activity for 90 of the 120 minutes of observations. At no point during the observation period was client #1 offered choices</p>	W 249		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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 249	<p>Continued From page 1 in leisure activities.</p> <p>Morning observations in the group home on 3/15/22 from 6:28 AM to 8:30 AM revealed 4 of 5 clients to sit at the breakfast table finishing up breakfast. Continued observations revealed client #1 in the bathroom then return to the living room to sit in a recliner. Further observations at 7:05 AM revealed staff to prompt client #1 to wipe place at the table then return to the living room. Subsequent observations at 7:30 AM revealed client #1 to participate in medication administration, then sit in the living room. Additional observations at 8:10 AM revealed staff to assist client #1 with putting on her coat and prepare for loading the van to be transported to the day program. At no point during the observation period was client #1 offered choices in leisure activities and unengaged without activity for 90 minutes.</p> <p>Review of the record for client #1 on 3/15/22 revealed a habilitation plan dated 11/2/21. Review of the habilitation plan for client #1 revealed training objectives to address rate of eating, exercise for ten minutes and set place before dinner.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 3/15/22 revealed client #1's training objectives were current. Continued interview with the QIDP verified that staff should offer leisure activities during periods of inactivity. Further interview with the QIDP revealed that staff should implement active training programs specific to client #1's program goals and ensure that the client is offered meaningful activities throughout the day.</p>	W 249			

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W 249	<p>Continued From page 2</p> <p>B. The facility failed to provide adequate active treatment to engage client #5 during large amounts of unstructured time. For example:</p> <p>Afternoon observations in the group home on 3/14/22 from 4:30 PM to 6:30 PM revealed all clients to sit in the living room area listening to sing along music playing on the television. Continued observations revealed client #5 to sit on the sofa looking around. Further observations at 5:20 PM to 5:45 PM revealed client #5 to participate in dinner and return to sit in the living room. Subsequent observation revealed client #5 unengaged without activity for 90 of the 120 minutes of observations. At no point during the observation period was client #5 offered choices in leisure activities.</p> <p>Morning observations in the group home on 3/15/22 from 6:28 AM to 8:30 AM revealed 4 of 5 clients to sit at the breakfast table finishing up breakfast. Further observations revealed client #5 to sit in the living room area unengaged without activity for 90 of the 120 minutes of observations. Additional observations at 7:50 AM revealed staff to assist client #5 with putting on her cardigan and return to the living room to sit and prepare for loading the van to be transported to the day program. At no point during the observation period was client #5 offered choices in leisure activities.</p> <p>Review of the record for client #5 on 3/15/22 revealed a habilitation plan dated 11/2/21. Review of the habilitation plan for client #5 revealed training objectives to address pureeing food with partial physical assistance, apply toothpaste, exercise for 10 minutes, set place setting before dinner and manipulate a sensory</p>	W 249			

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W 249	<p>Continued From page 3 object.</p> <p>Interview with the QIDP on 3/15/22 revealed all of client #5's training objectives were current. Continued interview with the QIDP verified that all clients should be offered leisure activities during periods of inactivity. Further interview with the QIDP revealed that staff should implement active training programs specific to each client throughout the day and offer all clients meaningful activities according to their program goals.</p> <p>C. The facility failed to follow behavior plan interventions as prescribed for client #2. For example:</p> <p>Afternoon observations in the group home on 3/14/22 from 4:30 PM to 6:30 PM revealed all clients to sit in the living room area listening to sing a long music on the television. Continued observations at 4:41 PM revealed client #2 to sit on the living room floor using inappropriate language and yelling at other clients and staff in the home. Staff C repeatedly redirected client #2 by stating "that's not nice" and "stop that cursing". Further observations at 5:20 PM to 5:35 PM revealed client #2 to participate in dinner and hit client #1 on her arm repeatedly. Staff B then stood in the middle of client #1 and #2 to stop the physical aggression from continuing. Subsequent observation at 5:33 PM revealed staff B to redirect client #2 to sit in the living room since she was finished with dinner. Additional observation revealed from 6:00 PM to 6:15 PM, client #2 to continuously use inappropriate language towards her housemates and staff. Staff C then prompted client #2 to stop and reminded her that it was not appropriate to talk in that manner. Observations</p>	W 249			

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W 249	<p>Continued From page 4</p> <p>revealed client #2 then apologized and stated "that's not nice is it".</p> <p>Morning observations in the group home on 3/15/22 from 6:28 AM to 8:30 AM revealed 4 of 5 clients to sit at the breakfast table finishing up breakfast. Further observations at 6:38 AM revealed client #2 to begin using inappropriate language towards other clients while at the dining table. Continued observations revealed while taking her dishes to the kitchen, client #2 began using inappropriate language towards other clients. Staff C was observed to redirect client #2 to wash her dishes and to "stop talking like that". Additional observations at 8:15 AM revealed while sitting on the van, client #2 to hit another client sitting next to her on the arm several times while yelling and using inappropriate language. Staff E redirected client #2 to stop and prompt to move to her assigned seat. Subsequent observations revealed client #2 refuse to move. Staff D then stated she would sit behind client #2 and intervene if needed while on the way to the day program.</p> <p>Interview with all staff on shift on 3/15/22 revealed client #2 is assigned to sit in the middle seat on the van at all times and a staff to sit next to her. Further interview revealed that the home is short one staff who normally rides on the van to the day program.</p> <p>Review of the record for client #2 on 3/15/22 revealed a habilitation plan dated 11/9/21. Review of the habilitation plan revealed a behavior support plan (BSP) for client #2 to include targeted behaviors: property destruction/misuse, physical aggression, verbal aggression/inappropriate language, SIB and</p>	W 249			

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W 249	Continued From page 5 noncompliance/resistance. Further review of the BSP revealed if client #2 engages in verbal aggression or is using inappropriate language, content of statements should be ignored. Client #2 should not be told to "stop saying that" or things such as "You know that's not nice". Continued review of the BSP for client #2 revealed when client engages in physical aggression, injuries or harm from physical aggression can usually be prevented by moving client away from targeted individuals or moving others away from client. Interview with the QIDP on 3/15/22 revealed client #2's BSP is current. Continued interview with the QIDP verified client #2's BSP preventative and interaction techniques were not followed as prescribed.	W 249			
W 382	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to assure all prescribed treatments were kept locked except when being prepared for administration. The finding is: Observation in the group home on 3/15/22 during morning observations revealed treatments with prescribed physician labels to be inside the toiletry bins located in the bedrooms of client #1 and client #5. Continued observation of the unlocked treatments revealed the items to be identified as prescribed treatment for client #1 (Nystatin 100,000 unit/GM) and prescribed	W 382			

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W 382	Continued From page 6 treatment (Monistat sooth care powder) for client #5. Continued observation in the group home throughout the observations on 3/15/22 revealed the prescribed treatments to remain in the bedrooms of client #1 and client #5. Review of the physician orders on 3/15/22 for client #1 and client #5 revealed orders dated 10/21-10/22. Review of current physician orders for client #1 and client #5 verified the prescribed treatments observed in the bedrooms of the group home on 3/15/22. Interview with the facility nurse on 3/15/22 verified that all prescribed treatments should never be left in the bedrooms of the group home. Continued interview with the facility nurse revealed all prescribed treatments should be kept in the medication room in the external bins.	W 382			
W 440	EVACUATION DRILLS CFR(s): 483.470(i)(1) at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on review of record and interview, the facility failed to show evidence quarterly fire drills were conducted with each shift of personnel relative to first and third shift. The finding is: Review of the facility fire drill reports from 3/21 through 2/22 revealed missing fire drills for 3/21, 5/21, and 6/21. Further review of the fire drill reports revealed a first shift drill conducted on 8/26/21 and a third shift drill completed on 4/30/21 and 7/26/21. There was no additional documentation available conducting first and third shift drills during the review year.	W 440			

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W 440	Continued From page 7 Interview with the qualified intellectual disabilities professional (QIDP) on 3/15/22 confirmed facility fire drills should have been conducted quarterly for each shift. Continued interview with the QIDP confirmed there was no additional documentation to reflect the missing drills were conducted during the review year.	W 440		