

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G093</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/06/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BROOKWOOD HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1254 BROOKHAVEN DRIVE LINCOLNTON, NC 28092</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) COMPLETION DATE
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W 249	<p><b>PROGRAM IMPLEMENTATION</b> 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 observations, record review and interviews, the facility failed to assure training objectives listed in the person centered plan (PCP) were implemented as prescribed for 1 sampled client (#5) relative to eyeglasses. The finding is:</p> <p>Afternoon observations on 10/5/21 at 4:00 PM - 4:45 PM revealed client #5 to participate in puzzle activities, assist staff with unloading and putting away groceries. Continued observations at 4:45 PM revealed staff B to ask client #5 where are her glasses and client to quickly respond "I don't know" then proceeded to enter the kitchen. Further observations at 5:00 PM revealed client #5 to assist with setting the table for dinner and participate in a dinner birthday celebration for her housemate. At no point during the observation did staff encourage or offer client #5 to wear her eyeglasses.</p> <p>Morning observations on 10/6/21 at 6:00 AM - 6:30 AM revealed client #5 to participate in breakfast prep, make a cup of coffee, eat breakfast then take her dishes to the sink.</p>	W 249	<p>W249 The Interdisciplinary Team will meet to discuss programming needs for Client #1 eyeglass wear. The Habilitation Specialist will ensure all Direct Support Staff are trained on any new formal training programs related to Client #1's eyeglass wear. The team will monitor implementation of the new training programs through RHA's interaction engagement assessments to be completed at least 2 times a week for a period of one month, then on a routine basis thereafter.</p> <p>In the future, the clinical team will ensure training objectives listed in the person centered plan are implemented as prescribed for all people supported.</p> <p style="text-align: center;"><b>DHSR - Mental Health</b> <b>OCT 20 2021</b> <b>Lic. &amp; Cert. Section</b></p>	12/5/21
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <i>Michelle M. Robinson</i>	TITLE  Vice President of Operations	(X6) DATE  10/18/21
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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</p> <p>Continued observations revealed at 6:40 AM staff C to ask client #5 to go get her glasses. Staff C then prompt client #5 to clean her glasses and assisted her in doing so. Further observations revealed client #5 to put on her eyeglasses then immediately enter her room. At 6:50 AM - 8:45 AM client #5 was observed to exit her bedroom, clean her area at the table, participate in medication administration, converse with her housemates and initiate a puzzle activity. At no point during observation did staff encourage client #5 to wear her eyeglasses.</p> <p>Interview with staff A on 10/6/21 at 8:50 AM revealed client #5 should wear her eyeglasses at all times. Continued interview with staff C at 8:55 AM revealed client should wear her eyeglasses at all times but refuses to leave them on.</p> <p>Review of the records for client #5 on 10/6/21 revealed a PCP dated 1/22/21 which included a tolerate wearing glasses program. Continued review of the eyeglasses program indicated staff should offer client #5 glasses to her every morning and several times thereafter if she refuses them. Staff should encourage her and tell her how pretty she looks to help her want to wear the glasses. Further review revealed to encourage client #5 to use glasses as often, using daily attempts. Subsequent review of client record revealed a med consult dated 5/13/21 for an annual eye exam. Additional review revealed client's symptoms to include she cannot see without her eyeglasses, findings of early cataracts and restrictions to wear eyeglasses full time.</p> <p>Interview with the qualified intellectual developmental professional (QIDP) on 10/6/21 revealed all program objectives are current and</p>	W 249			

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

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OMB NO. 0938-0391

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W 249	Continued From page 2 should be followed as prescribed.	W 249		
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Monday, October 18, 2021

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

Re: Plan of Correction  
Brookwood Home 1254 Brookhaven Drive Lincolnton, NC 28092

To Whom It May Concern:

Please find the Plan of Correction for deficiencies noted during the Annual Licensure Recertification survey review for the RHA Brookwood Facility. If you have any questions or concerns regarding the Plan of Correction, please feel free to contact Leslie Burleson, Administrator at 828-428-0061

Sincerely,

A handwritten signature in cursive script that reads "Michelle M. Robertson". The signature is written in black ink and includes a horizontal line at the end.

Michelle M. Robertson  
Vice President of Operations  
RHA Health Services NC, LLC

Enclosure