

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

PRINTED: 10/29/2021  
FORM APPROVED  
OMB NO. 0938-0381

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 10/18/2021
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 000	INITIAL COMMENTS	W 000		
W 186	<p>Complaint Intake #: NC00181844, NC00182102 and NC00182143.</p> <p><b>DIRECT CARE STAFF</b> 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. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to assure sufficient staff were available to manage and supervise 6 of 6 clients (#1, #2, #3, #4, #5, and #6) in accordance with their individual habilitation plans (IHPs). The finding is:</p> <p>Observations at the day program on 10/18/21 at 11:45 AM revealed client #4 to sit at her work station engaged in a coloring activity. Continued observations revealed client #4 to have bruises on her thighs and a swollen and slightly bruised left hand.</p> <p>Review of incident reports from 7/2021 through 10/2021 revealed the following; on 7/19/21 a bruise of unknown origin involving client #4, 7/20/21 a red scrape/bruise of unknown origin, 7/24/21 a client picking her fingers, 7/26/21 a client had a fall at the day program, 7/27/21 a bruise of unknown origin was discovered on client's right back shoulder, 8/2/21 a medication error, 8/8/21 a medication error and 9/17/21 involving client #4 to fall and awaken with a</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 request with staff recruiting team to hire staff to</p>	12/17/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Shobana Williams Clinical Supervisor TITLE: \_\_\_\_\_ (X6) DATE: 11/5/2021

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 swollen foot.</p> <p>Review of records for client #3 on 10/18/21 revealed an individual habilitation plan (IHP) dated 9/16/20. Review of records for client #4 revealed an IHP dated 9/15/20. Continued review of records for client #3 and #4 revealed the need for one on one staffing due to behavioral and medical challenges.</p> <p>Review of the facility schedule for July 2021 through October 2021 revealed four staff scheduled on first and second shifts. Continued review of the schedule revealed openings for staff on first and second shifts. Subsequent review of facility schedules could not verify a time of one staff working on shift from July 2021 through October 2021.</p> <p>Interview with staff A revealed she had worked alone in the group home on first shift. Continued interview revealed staff ratio in the group home is 4:6 with one on one staffing with clients #3 and #4 and two additional staff work with client #1, #2, #5 and #6.</p> <p>Interview with the facility qualified intellectual disabilities professional (QIDP) on 10/18/21 could not verify that staff A had worked alone in the home. Continued interview with the QIDP verified staff ratio in the group home is one to one staffing for clients #3 and #4 due to medical and behavioral challenges and two additional staff are scheduled to support client #1, #2, #5 and #6. Further interview with the QIDP revealed during the incidents involving client #4, one on one staffing was available. The QIDP also verified the facility schedule was current and the group home was short staffed on first and second shifts.</p>	W 186	<p>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. The PM will provide coverage or ensure that sufficient staff is deployed to address client needs. The QP will be contacted if there is a staff shortage on any shift in the home. The QP and PM will arrange coverage and ensure that sufficient staff are in place to address client needs.</p>	

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W 186	Continued From page 2	W 186			
W 340	<p>Subsequent interview with the QIDP revealed the group home is utilizing a newly assigned home manager and staff from other group homes to support staff shortage. The QIDP also verified the facility has currently hired three new employees who are scheduled for trainings. Additional interview with the QIDP confirmed three staff were scheduled to work on second shift on the current survey date (10/18/21) and the facility had failed to provide sufficient direct care staff consistently to manage and supervise clients according to their needs.</p> <p><b>NURSING SERVICES</b> CFR(e): 483.460(c)(5)(i)</p> <p>Nursing services must include implementing with other members of the interdisciplinary team, 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 observations, record reviews and interviews, nursing services failed to follow up and monitor for documentation of body checks by staff. The finding is:</p> <p>Observations at the day program on 10/18/21 at 11:45 AM revealed client #4 to sit at her work station engaged in a coloring activity. Continued observations revealed client #4 to have bruises on her thighs and a swollen and slightly bruised left hand.</p> <p>Review of incident reports from 7/2021 through 10/2021 revealed the following; on 7/19/21 a bruise of unknown origin involving client #4,</p>	W 340	<p>W 340 The facility will ensure that the Nursing staff and interdisciplinary team members ensure that 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>	12/17/21	

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W 340	<p>Continued From page 3</p> <p>7/20/21 a red scrape/bruise of unknown origin, 7/24/21 a client picking her fingers, 7/26/21 a client had a fall at the day program, 7/27/21 a bruise of unknown origin was discovered on client's right back shoulder, 8/2/21 a medication error, 8/6/21 a medication error and 9/17/21 involving client #4 to fall and awaken with a swollen foot.</p> <p>Interview with staff A on 10/18/21 at the day program revealed she had noticed the bruising on client #4 on the current day (10/18/21) and had left a message on the facility nurse's answering service to call her back. Subsequent interview with the day program staff revealed she was not aware of client #4's swollen hand.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 10/18/21 revealed she was not made aware of client #4's swollen hand or bruises on her thighs. Continued interview with the QIDP revealed staff had been recently trained on 9/13/21 on how to complete body checks when finding a bruise, scratch or mark on an individual and following instructions given by the nurse and/or doctor's order. The QIDP also verified there were no body checks completed after 7/19/21 for this surveyor to review.</p> <p>Interview with the facility nurse on 10/18/21 revealed she retrieved a voice message left on her voicemail at 10:30 AM with staff requesting to return her call. The facility nurse further confirmed she was not made aware of client #4's swollen hand and bruises until the QIDP informed her of the bruising on the current day (10/18/21). Subsequent interview with the facility nurse revealed she went over to the day program to assess client #4, then instructed staff to take her</p>	W 340	<p>The Facility Nurse will inservice all staff on conducting body checks and how to document on body check sheets for all individuals at exchange of all shifts. The Facility Nurse will instruct staff on contacting nurse when any bruises, scrapes, scratches or other medical concerns are noted. Notebooks for each individual will be created for staff to document on each shift. Managers will check weekly and provide QP with the prior week documentation sheets to file.</p>		

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W 340	Continued From page 4 to urgent care for further medical attention. Additional interview with the facility nurse confirmed staff should have completed a body check and contacted the nurse leaving a detailed message on her voicemail which did not occur.	W 340			