

PRINTED: 02/28/2022 FORM APPROVED

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G305</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>02/14/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BROOKWOOD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>313 EAST BROOKWOOD AVENUE LIBERTY, NC 27296</b>
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W202	<p><b>ADMISSIONS, TRANSFERS, DISCHARGE</b> CFR(s): 483.440(b)(4)(ii)</p> <p>If a client is to be either transferred or discharged, the facility must provide a reasonable time to prepare the client and his or her parents or guardian for the transfer or discharge (except in emergencies). This STANDARD is not met as evidenced by: Based on interviews and record review, the facility failed to provide client #4 and the guardian with the level of assistance necessary to prepare for a successful transfer from the current group home to an alternative placement. The finding is:</p> <p>Interview with the facility nurse on 2/14/22 revealed that client #4 has had declining health over the past few years. The facility nurse revealed that client #4 has had recent falls and seizure activity that has led to an increased number of emergency department (ED) visits. Continued interview with the nurse revealed that client #4 was transported to the hospital on 10/31/21 and sustained a fracture of the 4th and 5th toe on the left foot. Upon evaluation at the hospital, client #4 had low oxygen levels and was placed on oxygen during her hospital stay.</p> <p>Further interview with the nurse revealed that client #4 was in the hospital for a few days and returned to the group home. Interview with the nurse also revealed that client #4 returned to the hospital on 11/3/21 and 11/4/21 due to a seizure and remained in the hospital until she was transferred to a rehabilitation facility on 11/9/21.</p> <p>Subsequent interview with the facility nurse on 2/14/22 revealed that she once attempted to contact the guardian to discuss the client's health status in the rehabilitation facility. The nurse</p>	W202	<p>Clinical Supervisor contacted client guardian on 2/16/22 leaving messages requesting return call to inquire about client needs and discuss discharge planning. Clinical supervisor provided a written letter inviting the client's guardian to attend and participate in a meeting to review needs and discuss discharge planning. Clinical supervisor contacted the client's current facility to request records and update for the client.</p> <p>Regional Manager will provide an in-service training for the QP / Clinical Supervisor staff and RN staff in the region will receive an in-service training to review agency discharge procedure and protocol with attention to requirements related to transition planning. This in-service will detail the requirements of the following: requirement and importance of guardian contact, requirements to maintain communication with current treatment providers, with an emphasis on ensuring ongoing attempts to contact throughout the duration of services until formal discharge takes place.</p> <p>Regional Manager will monitor and support future discharge processes when they occur through routine supervision with QP/ Clinical Supervisor and review of the record to ensure documentation of all communication and contact attempts are detailed and in the service record.</p>	<p>2/16/2022</p> <p>3/31/2022</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE  
*[Signature]* QP, Regional Manager 3/9/2022

Any deficiency statement bearing 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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NAME OF PROVIDER OR SUPPLIER  <b>BROOKWOOD</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>213 EAST BROOKWOOD AVENUE LIBERTY, NC 27298</b>		
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W202	<p>Continued From page 1</p> <p>revealed that she contacted the rehabilitation facility on 11/29/21 to discuss client #4's care plan and was not able to secure an update. Interview with the facility nurse also revealed that client #4 is in a wheelchair, remains on oxygen and the facility would not be able to accommodate her medical needs based on the current status of the client. The nurse revealed during the interview that she attempted to contact the rehabilitation facility on 12/15/21 to get an update on client #4's health status and to coordinate placement options and a current update was not provided. The nurse could not confirm if client #4 had an osteoporosis diagnosis. Additional interview with the facility nurse revealed that she had not attempted to contact the guardian or rehabilitation facility since 12/15/21 to support the client's transition from the rehabilitation facility to an alternate placement.</p> <p>Review of internal records on 2/14/22 revealed the following documentation:                  medication administration records from 10/2021-1/2022, physician's orders dated 12/2021, nurse's notes from 10/2021-12/2021, email correspondence from the qualified intellectual disabilities professional (QIDP), interdisciplinary team (IDT) meeting minutes, incident reports from 9/2021- 2/2022, investigative summaries and a facility discharge policy.</p> <p>Review of nurses' notes from 10/2021-12/2021 revealed the following: a nurse's note dated 10/18/21 revealed client #4 was transported to the ED due to localized swelling in her left hand; a nurse's note dated 10/25/21 revealed that client #4 was transported to the ED due to not being able to stand on her right foot; a nurse's note dated 10/31/21 revealed that client #4 was seen</p>	W202		

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W202	<p>Continued From page 2</p> <p>at the ED for fractures in the right foot. Review of nurse's notes dated 11/3/21 and 11/4/21 revealed client #4 fainted and was transported to the hospital due to a seizure during the night.</p> <p>Review of the 11/8/21 IDT meeting minutes revealed an internal recommendation for a higher level of care due to client #4's declining health, multiple falls and hospitalizations. Review of the nurse's notes did not reveal documentation to support client #4's transition from the rehabilitation facility to an alternate placement.</p> <p>Review of QIDP email correspondence dated 9/30/21 and 10/27/21 revealed the MCO was seeking collaboration from the facility in order to secure alternative placement for client #4 as requested by the guardian. Review of the QIDP email correspondence dated 11/4/21 revealed client #4 was transported again to the hospital via EMS due to a seizure during the night. Review of the nurse's note dated 11/8/21 revealed a call to the to discuss a 60-day discharge notification for client #4. Review of a 12/17/21 USPS tracking receipt revealed that the facility sent a discharge notification letter for client #4 to the guardian via mail carrier.</p> <p>Interview with the QIDP revealed client #4 was sent to the hospital on 10/31/21 due to pain in the left foot. Interview with QIDP also revealed that client #4 sustained a fractured left toe due to a fall on 11/4/21. Continued interview with the QIDP revealed that client #4 remained in the hospital and was later transferred to a rehabilitation facility. The QIDP also revealed during the interview that client #4 remained in the rehabilitation facility and would be formally discharged from the group home on 2/24/22.</p>	W202		

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W 202	<p>Continued From page 3</p> <p>Further interview with the QIDP revealed that she did not communicate with the guardian or the rehabilitation facility to support client #4's transition from the rehabilitation facility to an alternate placement.</p> <p>Subsequent interview with the QIDP revealed that a team meeting was held on 11/8/21 to discuss client #4's medical needs and a 60-day discharge notification letter was sent to the guardian via mail on 12/17/21.</p> <p>Additional interview with the QIDP revealed that the MCO is involved and was assisting the guardian in securing an appropriate placement for client #4 once she is discharged from the rehabilitation facility. The QIDP revealed during the interview that the facility has not been seeking an alternative placement for client #4. The QIDP also revealed that the last contact with the MCO was on 12/15/21 to discuss client #4's medical needs. Further interview with the QIDP revealed that the facility had not been working with the MCO, guardian or rehabilitation facility to secure an alternative placement or support transition planning for client #4 once she is discharged from the rehabilitation facility.</p>	W 202		