CENTERS FOR MEDICARE & MEDICARD SERVICES OMB NO. 0393-0391 INTERNET FOR PERICENCES (P2) ANLE SURVEY INTERNET FOR PERICENCES (P2) ANLE SURVEY IDENTIFICATION NUMBER: (P2) ANLE SURVEY INVIG IDENTIFICATION NUMBER: SECONWOOD HOME 1109/2022 INVIG SUMMARY STATEMENT OF DEFICIENCIES PROFINE SUMMARY STATEMENT OF DEFICIENCIES INVIG SUMMARY STATEMENT OF DEFICIENCIES PREFIX RECOLUTION ON LIGE DENTIFYING INFORMATION) TAG SUMMARY STATEMENT OF DEFICIENCIES PREFIX RECOLUTION ON LIGE DENTIFYING INFORMATION) TAG PROVIDERS RAN OF CORRECTIVE ACTION PARAMETRY CROSS-REFERENCED TO THE APPROPRIATE VM 000 INITIAL COMMENTS W 000 This facility is in compliance with the CONDITIONS OF PARTICIPATION for Intermediate Care Facilities for Individuals with Intellectual Disabilities found 4142 CFR 483.400 (General/Health Requirements). W 000 VM 000 INITIAL COMMENTS W 000 INITIAL COMMENTS W 000 Intermediate Care Facilities for Individuals with Intellectual Disabilities found 4.42 CFR 483.400 (General/Health Requirements). VALUE UNE	DEPARTMENT OF HEALTH AND HUMAN SERVICES							FORM APPROVED	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A BUILDING COMPLETED 346093 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 11/09/2022 INUME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 12/04 BROOKHAVED BUVE BROOKWODD HOME INCOLNTON, NO.2 28032 COMPLETED PREFIX REGULATORY OR USC IDENTIFICATION FOR THE PRECEDED BY PULL PREFIX PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES THE PRECEDED BY PULL PREFIX CROSS-REFERENCE TO THE APROPRIATE V0 000 INITIAL COMMENTS W 000 PREFIX This facility is in compliance with the CONDITIONS OF PARTICIPATION for Intermediale Care Facilities for Individuals with Intellectual Disabilities found at 42 CFR 483.400 W 000 This facility is in compliance with the CONDITIONS OF PARTICIPATION for Intermediale Care Facilities for Individuals with Intellectual Disabilities found at 42 CFR 483.400 HOUGH 483.460 AND 42 CFR 483.400 THRU HERCUGH 483.460 AND 42 CFR 483.400 HOUGH 483.460 AND 42 CFR 483.400 HOUGH 483.460 AND 42 CFR 483.400	CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-03								
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZP CODE 1000 LTQ24 BROOKWOOD HOME ISCOLO 129 BROOKHAVEN DRIVE 129 BROOKHAVEN DRIVE OPAID TAG ISCOLO 10 ISCOLOTOY OR CORRECTION (EACH OPERICENTORY UNST EE PREACEED BY PLL) REGULATORY OR LSC DENTIFYING INFORMATION) 10 PREFIX REGULATORY OR LSC DENTIFYING INFORMATION) 0000 PREFIX REGULATORY OR LSC DENTIFYING INFORMATION REGULATORY OR LSC DENTIFYING INFORMATION OR LSC DENTIFYING INFORMATION RE									
BROOKWOOD HOME 1264 BROOKHAVE NORVE LINCOLNTON, NC 28992 IMUD PRETX SUMMARY STATEMENT OF DEFICIENCIES (EACH ORRECTIVE ACTION BOULD BE REQUATIONY OR LSC DENTIFYING INFORMATION) ID PREFIX IPROVIDERS PLAN OF CORRECTION (EACH ORRECTIVE ACTION BOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) 000 W 000 INITIAL COMMENTS W 000 This facility is in compliance with the CONDITIONS OF PARTICIPATION for Intermediate Care Facilities for Individuals with Intellectual Disabilities found at 42 CFR 483.400 THROUGH 483.400 ADM 24 CFR 483.4300 (General/Health Requirements). IN 000			34G093			11/09/2022			
BROOKWOOD HOME LINCOLNTON, NC 28092 (X4) ID PREFIX ISUMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MAST BE PRECEDED BY FULL REGULATORY ON LSC DENTIFYING INFORMATION) D PREFIX REGULATORY ON LSC DENTIFYING INFORMATION) D PREFIX REGULATORY ON LSC DENTIFYING INFORMATION) 005, CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY 000 W 000 INITIAL COMMENTS W 000 W 000 INITIAL COMMENTS 000 This facility is in compliance with the Intellectual Disabilities found at 42 CFR 483.480 (General/Health Requirements). W 000 INITIAL COMMENTS W 000	NAME OF F	PROVIDER OR SUPPLIER							
Préfix TAG CEACH DEFICIENCY MUST BE PRÉCEDED BY FULL RESULATORY OR LSC IDENTIFYING INFORMATION) PRÉFIX TAG CEACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE COMPLETION DEFICIENCY W 000 INITIAL COMMENTS W 000 W 000 INITIAL COMMENTS W 000 This facility is in compliance with the CONDITIONS OF PARTICIPATION for Intermediate Care Facilities for Individuals with Intellectual Disabilities found at 42 CFR 483.400 THROUGH 483.460 AND 42 CFR 483.480 (General/Health Requirements). W 000 Intermediate Care Facilities of Individuals with Intellectual Disabilities found at 42 CFR 483.480 Intermediate Care Facilities of Individuals with Intellectual Disabilities found at 42 CFR 483.480 Intermediate Care Facilities of Individuals with Intellectual Disabilities found at 42 CFR 483.480 Intermediate Care Facilities of Individuals with Intellectual Disabilities found at 42 CFR 483.480 Intermediate Care Facilities of Individuals with Intellectual Disabilities found at 42 CFR 483.480 Intermediate Care Facilities of Individuals with Intellectual Disabilities found at 42 CFR 483.480 Intermediate Care Facilities of Individuals with Intellectual Disabilities found at 42 CFR 483.480 Intermediate Care Facilities of Individuals with Intellectual Disabilities found at 42 CFR 483.480 Intermediate Care Facilities of Individuals with Intellectual Disabilities found at 42 CFR 483.480 Intermediate Care Facilities of Individuals with Intellectual Disabilities found at 42 CFR 483.480	BROOKWOOD HOME								
This facility is in compliance with the CONDITIONS OF PARTICIPATION for Intermediate Care Facilities for individuals with Intellectual Disabilities found at 42 CFR 483.400 THROUGH 483.460 AND 42 CFR 483.480 (General/Health Requirements).	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX		X (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		COMPLETION	
CONDITIONS OF PARTICIPATION for Intermediate Care Facilities for individuals with Intellectual Disabilities found at 42 CFR 483.400 THROUGH 483.460 AND 42 CFR 483.480 (General/Health Requirements).	W 000	INITIAL COMMENTS		W 000					
		CONDITIONS OF I Intermediate Care I Intellectual Disabilit THROUGH 483.46	PARTICIPATION for Facilities for Individuals with ties found at 42 CFR 483.400 0 AND 42 CFR 483.480						

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.

PRINTED: 11/10/2022