PRINTED: 03/31/2023 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED		
		34G305	B. WING _			03/	29/2023	
NAME OF PROVIDER OR SUPPLIER  BROOKWOOD			313 EAST	DDRESS, CITY, STATE, ZIP CODE  BROOKWOOD AVENUE  (, NC 27298				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION S		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	HOULD BE COMPLETION		
W 369	CFR(s): 483.460(k)(2  The system for drug at that all drugs, includir self-administered, are This STANDARD is r Based on observation interview the facility fawere administered to #3) without error. The Observation in the gray 7:39 AM revealed clier room for medication box. Or revealed client #3 to r from staff A. Further comitted administering Gavilax Power.  Review of records on habilitation support pl Review of the HSP reto assist with medicat needs to increase ind administration - identification with the gray of Benztropine 0.5 mg.  Interview with the hor on 3/29/23 revealed semedication administration with the RN revealed, contains a detailed sumedications each clied designated medication.	administration must assure ag those that are administered without error. Not met as evidenced by: In, record review and alled to ensure all drugs I of 3 sample clients (client agriculture) finding is: I oup home on 03/29/23 at a cent #3 to enter the mediation administration and retrieve Continued observation receive Benztropine 0.5 mg observation revealed staff A client #3's prescribed  3/29/23 revealed a current an (HSP) dated 11/28/22. Evealed client #3 has a goal ion administration skills, and ependence in medication fy medication. Further ealed a Physicians order of Am medications consisting grand Gavilax powder.  The registered nurse (RN) attention of the prescribed and in action. Continued interview the physicians order ammary of the prescribed and is to receive at each in pass. Further interview they will retrain the med	W	669				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ` ′	IPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED		
		34G305	B. WING _			03/29/2023		
NAME OF PI	ROVIDER OR SUPPLIER		•	STREET ADDRESS, CITY, STATE, ZIP CODE 313 EAST BROOKWOOD AVENUE LIBERTY, NC 27298		, 33.25.222		
(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 COF X (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE		
W 369	Continued From pag	ge 1	W 3	369				
W 371	guidelines and expe administration. DRUG ADMINISTRA CFR(s): 483.460(k)(		W	371				
	that clients are taug medications if the in determines that self- is an appropriate ob does not specify oth This STANDARD is Based on observati interview the system to assure 1 of 3 sam non-sampled client medication administ opportunity to partic self-administration of the purpose and sid administered. The f	-administration of medications jective, and if the physician serwise.  - not met as evidenced by: - on, record review, and a for drug administration failed apple clients (#3) and 1 (#4) observed during ration were provided the ipated in medication or provided teaching relative to e effects of medication						
	assure client #3 was participate in self-ad Observation in the g7:39 AM revealed client medication her medication box. revealed client #3 to	group home on 03/29/23 at ient #3 to enter the mediation administration and retrieve Continued observation or receive Benztropine 0.5 mg ble pack and consumed with						
	on 3/29/23 revealed medication administ	omes registered nurse (RN) staff are trained in ration. Continued interview d, the physicians order						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	IPLE CONSTRUCTION  IG		(X3) DATE SURVEY COMPLETED		
		34G305	B. WING _		1 ,	03/29/2023	
NAME OF PROVIDER OR SUPPLIER  BROOKWOOD				STREET ADDRESS, CITY, STATE, ZIP CODE 313 EAST BROOKWOOD AVENUE LIBERTY, NC 27298	•	0.20.2020	
(X4) ID PREFIX TAG	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORF ( (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
W 371	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 2 contains a detailed summary of the prescribed medications each client is to receive at each designated medication pass. Further interview with the RN revealed they will retrain the med tech staff again regarding the procedural guidelines and expectations of the medication administration.  B. The system for drug administration failed to assure client #4 was provided the opportunity to participate in medication self-administration. For example:  Observation in the home on 3/29/23 at 7:30 AM revealed client to enter the medication room and retrieve her medication box. Further observations revealed staff A retrieve client #4's medications: levothyroxine 0.15 mg, gabapentin 400 mg, olanzapine 5 mg, vitamin B-6 50 Mg, Escitalopram 5 mg, levetiracetam 750 mg, naltrexone 50 mg, acetaminophen 650 mg, lithium 300 mg, and daily vitamin prepackaged in one bubble pack. Continued observation revealed staff A to administer the medications to client #4 with water. Client #4 was not observed to receive any training during medication pass or to participate beyond taking the medications and staff A gave no explanation to her regarding the purpose for the medications.  Interview with the homes registered nurse (RN) on 3/29/23 revealed staff are trained in medication administration. Continued interview with the RN revealed, the physicians order contains a detailed summary of the prescribed medications each client is to receive at each designated medication pass. Further interview with the RN revealed they will retrain the med		W3	571			

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	PLE CONSTRUCTION  IG	(X3) DATE SURVEY COMPLETED
		34G305	B. WING _		03/29/2023
	NAME OF PROVIDER OR SUPPLIER  BROOKWOOD			STREET ADDRESS, CITY, STATE, ZIP CODE 313 EAST BROOKWOOD AVENUE LIBERTY, NC 27298	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE COMPLETION
W 371	_	ge 3 ectations of the medication	W 3	71	
W 463	administration. FOOD AND NUTRI CFR(s): 483.480(a)		W 4	63	
	qualified dietitian an modified and specia. This STANDARD is Based on observatinterview the agency sample clients (#1) diet at the breakfast. Observation in the grevealed client #1 to consisting of the following syrup, scrambled expression of the following continued observative revealed client #1 to staff E. Further observations and provided the staff E. Further observation and provided the staff E. Further observations are staff E. Further observations and provided the staff E. Further observations are staff E. Further observations and provided the staff E. Further observations are staff E. Further observations and provided the staff E. Further observations are staff E. Further observations and provided the staff E. Further observations are staff E. Further observations and provided the staff E. Further observations are staff E. Further observ	s not met as evidenced by: ion, record review and y failed to ensure 1 of 3 received the IDT prescribed meal. The finding is: group home on 3/29/23 o eat a breakfast meal lowing: two pancakes with ggs, water and orange juice. ion of the breakfast meal o be assisted with her meal by hervation of the breakfast meal o be offered orange juice and			
	habilitation support listing the current di calories per day hea control diet, and, fru juice at breakfast. Or revealed a medical indicates client #1 s breakfast in place or records revealed nu 01/24/23 that states fruit at breakfast in place.	on 3/29/23 revealed a current plan (HSP) dated 11/30/23 et as: regular 1500 -1800 althy weight loss, blood sugar lit should be given in place of continue review of records evaluation dated 11/2/22 that hould be given a fruit at f a juice. Further review of stritional evaluation dated a client #1 should be given a place of a juice.			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			NSTRUCTION		(X3) DATE COMP	
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W 463	on 3/29/23 revealed t client #1 at breakfast to hel Continued interview v staff have been traine	hat the fresh fruit is given to p increase her A1C levels. with the RN revealed that ed on the clients diet. In the RN revealed the diet	W 2	163				