STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL013-161	A. BUILDING: _____ B. WING _____	03/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKWOOD	207 SUMMERPINE PLACE KANNAPOLIS, NC 28081

(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) COMPLETE DATE
V 000	INITIAL COMMENTS A complaint survey was completed on 3-21-23. The complaint was unsubstantiated (#NC00197474). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G 5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for three and currently has a census of three. The survey sample consisted of audits of two current clients.	V 000		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their	V 108		

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V 108	Continued From page 1	V 108		

equivalence for relieving airway obstruction.
(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.

This Rule is not met as evidenced by:
Based on record reviews and interviews the facility failed to ensure staff were trained to meet the needs of the clients, effecting three of three audited staff (Staff #1, #2, and #3). The findings are:

Finding A

Review on 3-6-23 of Client #1's record revealed:
-Admitted 1-6-22.
-Diagnoses include; Mild Intellectual Developmental Disability, schizoaffective disorder, major depressive disorder, and pedophilia.
-Support Intensity Scale (SIS) dated 10-26-21 revealed; supports needed; prevention of non-aggressive but inappropriate sexual behavior... "He will touch himself inappropriately in public, and expose himself to other males in a public bathroom. He must be closely monitored when in public and staff educate him on appropriate social norms."
-Comprehensive Assessment dated 1-4-23 revealed: ... "needs constant supervision. Invasion of others personal space such as touching others and kissing male housemates in an intimate manner... is not capable of making

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V 108	Continued From page 2	V 108		

good choices or have good judgement."

-Person Centered Plan dated 1-6-22 revealed; Needs to be monitored to ensure health, safety and the safety of others, requires verbal prompting, redirection, and reminder support due to inappropriate sexual behaviors, he will try to rub on others stomachs. Children are his triggers, boys and men.

-Safety Plan dated 10-25-22 included; no contact with minors, not permitted any unsupervised time with other housemates, can attend activities with a designated staff, must ride in the front seat of the van when traveling, not permitted to engage in extracurricular activities that are typically frequented by children, required to keep a distance of 25 feet from children if he does come across them.

Review on 3-7-23 of Client #2's record revealed:

-Admitted 8-25-11.

-Diagnoses include: Anxiety due to known physiological condition, Severe Intellectual Developmental Disorder, Autistic Disorder, and Fetal Alcohol Syndrome.

-Person Centered Plan dated 3-1-23 revealed; ..."needs monitoring and support with understanding boundaries and respecting others personal space. He may touch people looking for a reaction and needs redirection when this occurs. He requires monitoring and redirection to go to his room for privacy as he massages himself inappropriately (in front of others). [Client #2] and one of his housemates (Client #1) will stare at one another and staff must keep him apart from his housemate at times."

Review on 3-14-23 of Staff #1's record revealed:

-Hire date of 6-23-22.

-No trainings in inappropriate sexualized behaviors, or Client #1's safety plan.

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V 108	Continued From page 3 Review on 3-7-23 of Staff #2's record revealed: -Hire date of 1-7-19. -No training in inappropriate sexualized behaviors. Review on 3-7-23 of Staff #3's record revealed: -Hire date 1-22-20. -No training in inappropriate sexualized behaviors. Interview on 3-14-23 with Staff #1 revealed: -Had not been trained in inappropriate sexualized behaviors, or Client #1's safety plan. Interview on 3-7-23 with Staff #2 revealed: -Had been trained on Client #1's safety plan and recited the main points. -Client #1 "does stuff when nobody is looking. He is quick, real quick." -Client #1 needs to be closely supervised. Client #1 can't be in the same room with Client #2 unsupervised. -Had not had training in inappropriate sexualized behaviors. Interview on 3-7-23 with Staff #3 revealed: -Has been trained on Client #1's safety plan and recited the main points. -Staff also talk about the safety plan in staff meetings as refreshers. -Has not had any training in inappropriate sexualized behaviors. Interview on 3-6-23 with the Qualified Professional revealed: -Client #1's therapist was going to train all the staff at the facility, but then she stopped working with Client #1 in early December 2022. -Client #1's new therapist was planning on	V 108		

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training all the staff soon, but she didn't have an exact date yet.

Finding B

Review on 3-6-23 of incident report dated 1-8-23 and signed by Staff #1 revealed:
-"After lunch [Client #1] asked to assist [Client #2] in the kitchen to clean. Staff (Staff #1) notices the kitchen was quiet and immediately got up and walked in the kitchen and saw that [Client #2's] shirt was pulled up over his stomach. When staff asked [Client #2] why his shirt was pulled up he replied '[Client #1].'"

Interview on 3-6-23 with Client #1 revealed:
-Denied touching Client #2.
-Denied asking Client #2 to pull his shirt up.
-Stated that Client #2 "just pulls his shirt up."

Interview on 3-13 and 3-14-23 with Staff #1 revealed:
-She normally works at a different facility and was just filling in on 1-8-23.
-When she asked Client #2 what happened, "he said [Client #1] touched him."
-Client #1 denied touching Client #2.
-"I don't think [Client #1] would ever hurt him (Client #2)."
-"I didn't have eyes on them for two minutes."
-No one had told her that Client #1 could not be alone with any other client.
-She had not been trained on Client #1's safety plan.
-She had never had training in inappropriate sexualized behaviors.

Interview on 3-6-23 with Staff #3 revealed:
-There had not been any issues with Client #1 except the day Staff #1 filled in (1-8-23).

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V 108	Continued From page 5 -Staff #1 did not know that Client #1 and Client #2 were not supposed to be in the kitchen at the same time. -Client #1 is "fast, very fast" with his behaviors. -"[Client #2] likes to rub his belly himself so he (Client #1) probably reached out and rubbed his belly too." Interview on 3-6-23 with the Qualified Professional (QP) revealed: -Client #1 had an incident in October 2022 where he rubbed another client's stomach at the day treatment program. -That is when Client #1's therapist developed a safety plan and all staff were trained in it. -The facility had someone call out the day Staff #1 worked. -Staff #1 usually works at another facility. -She now asks any staff who is unfamiliar with the clients to read the safety meetings to get information. Attempted interview on 3-6-23 with Client #2 was unsuccessful due to Client #2 having limited verbal ability. Review on 3-21-23 of the Plan of Protection dated 3-21-23 and signed by the facility's Regional Administrator revealed: "What immediate action with the facility take to ensure the safety of the consumers in your care? -QP will complete client specific training with all staff 3-21-23. -QP will call today 3-21-23 to schedule sex offender training with psychologist for all staff. -Guardianship (for Client #1) established today 3-21-23, no longer own guardian.	V 108		

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V 108	Continued From page 6 -If PRN (as needed) or new staff are scheduled to work, they will meet with QP or RTL (Residential Team Lead) for training before their first shift with [Client #1]. Describe your plans to make sure the above happens. -Regional Administrator will ensure QP completes person centered specific training by reviewing forms after completion. -QP will give training date to Regional Administrator -Regional Administrator will monitor all incident reports for appropriate follow up." Client #1 had a diagnoses of Pedophilia, Mild Intellectual Developmental Disability, Schizoaffective Disorder, and Major Depressive Disorder and had incidents of inappropriate sexualized behaviors documented on 6-22-22, 7-10-22, and 10-19-22. Client #2 has diagnoses that include Anxiety due to known physiological condition, Severe Intellectual Developmental Disorder, Autistic Disorder, and Fetal Alcohol Syndrome. He does not have any diagnosed inappropriate sexualized behaviors, but does massage himself inappropriately in public. Facility staff did not have training in inappropriate sexualized behaviors. Staff #1 worked as a PRN staff on 1-8-23 and had not been trained to keep Client #1 from other clients or any of Client #1's safety plan. On 1-8-23, Client #1 and Client #2 were in the kitchen for approximately two minutes unsupervised and when Staff #1 went into the kitchen, Client #2 had his shirt pulled up. This deficiency constitutes a Type B rule violation which is detrimental to the health, safety and welfare of the clients. If the violation is not corrected within 45 days, an administrative penalty of $200.00 per day will be imposed for	V 108		

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V 108	Continued From page 7 each day the facility is out of compliance beyond the 45th day.	V 108		