

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

PRINTED: 06/23/2023
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G064 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 06/21/2023 |
|---|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER TWINBROOKS | | | STREET ADDRESS, CITY, STATE, ZIP CODE 189 FAIRMONT DRIVE MOCKSVILLE, NC 27028 | | |
| (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 130 | <p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to assure the privacy of 2 of 4 sampled clients (Clients #2 and #4) relative to video monitoring. The finding is:</p> <p>Evening observations in the group home on 6/20/23 between 4:30 and 5:45 PM revealed 2 non-recording video monitors in the living room area of the home which were in use and that each was currently displaying the interior of a separate client bedroom determined to be the bedrooms of client #2 and client #4. Continued observations revealed all clients and staff to sit in the living room area at various times and client #2 to point out to the surveyor the monitor displaying the interior of client #4's bedroom. Further observations revealed client #4 to sit in his room at various times throughout the afternoon which could be viewed from the non-recording video monitor.</p> <p>Observation in the group home during the morning of 6/21/23 between 7:00 and 8:15 AM revealed all clients to be awake and moving around the home. Continued observation revealed that both monitors continued to display the interior of the same clients' bedrooms. Further observation at 7:35 AM revealed staff providing personal care to client #4 while sitting in his bedroom. Observations also revealed the staff providing personal care to client #4 which could be viewed on the non-recording monitor in the living room area.</p> | W 130 | | | |

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.

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| W 130 | Continued From page 1 Review of the individual support plan (ISP) on 6/21/23 dated 7/20/22 for client #2 revealed that the non-recording video monitor should be used during bedtime/sleeping hours. Review of the ISP dated 8/5/22 for client #4 revealed that the non-recording video monitor should be used during bedtime/sleeping hours to monitor for seizure activity. Interview with the qualified intellectual disabilities professional (QIDP) on 6/21/23 confirmed that the ISPs for clients #2 and #4 are current and that the video monitors should not have been in use during non-bedtime/sleeping hours. Continued interview with the QIDP revealed all clients should receive privacy during personal care in their bedrooms according to their individual support plans. | W 130 | | | |
| W 227 | INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4) The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure the individual support plan (ISP) included interventions to support 1 of 3 sampled clients (#2) relative to inappropriate language. The finding is: Observations in the facility on 6/20/23 at 5:30PM revealed staff to prompt client #2 to sit at the table to prepare for the dinner meal. Continued observation at 5:35 PM revealed client #2 to | W 227 | | | |

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| W 227 | <p>Continued From page 2</p> <p>stand in front of this surveyor, hold his hand around his neck while cursing and speaking racial obscenities. Observations also revealed staff B to prompt client #2 to sit at the table and "don't say bad words, say more appropriate words". Further observations at 5:45 PM revealed client #2 to again speak racial obscenities to this surveyor. Additional observations revealed staff C to again prompt client #2 to "stop. That's not nice". Observations did not reveal staff to redirect client #2 using training objectives or behavior supports relative to inappropriate language.</p> <p>Review of the record on 6/21/23 for client #2 revealed an ISP dated 7/20/22 which indicated the following program goals: table manners, exercise goal, handwashing after toileting, follow directions and make a mock purchase. Continued review of the record for client #2 revealed a behavior support plan (BSP) dated 4/6/22 which indicated the following target behaviors: activity refusal, hallucinations, excessive drinking, self-injurious behaviors (SIBs), property destruction, AWOL, verbal/physical aggression and dropping to the floor. Review of the 4/6/22 bsp did not reveal treatment objectives and interventions relative to inappropriate language such as racial slurs and obscenities.</p> <p>Interview with the program manager (PM) on 6/21/23 revealed that at times client #2 will display inappropriate language relative to racial slurs and obscenities. Continued interview with the PM also revealed she could not recall if target behaviors relative to racial obscenities have been addressed in client #2's BSP and ISP in the past. Further interview with the PM revealed client #2 could benefit from training objectives and</p> | W 227 | | | |

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| W 227 | Continued From page 3 behavior supports relative to inappropriate language such as racial slurs and obscenities and staff would know how to address similar target behaviors. | W 227 | | |