

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G093	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/24/2023
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NAME OF PROVIDER OR SUPPLIER BROOKWOOD HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1254 BROOKHAVEN DRIVE LINCOLNTON, NC 28092
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(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
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W 210	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)</p> <p>Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure needed assessments for 2 of 5 clients (#3 and #5) were completed within 30 days after admission. The findings are:</p> <p>A. The facility failed to complete needed assessments for client #5 within 30 days after admission.</p> <p>Review on 10/24/23 of client #5's record revealed a person centered plan (PCP) dated 9/22/23 with an admission date of 8/24/23. Continued review revealed a diagnosis to include moderate IDD, spastic quadriplegic cerebral palsy, hypertension, constipation, and shaken infant syndrome. Further review of the 9/23 PCP revealed adaptive equipment to include glasses, shower chair and a tilt n space wheelchair. Susequent review did not include a current PT, OT, dental or eye exam.</p> <p>Interview on 10/24/23 with the qualified intellectual disabilities professional (QIDP) verified that current assessments for client #5 which include PT, OT, dental, eye and nutritional evaluation were not available during survey for review. Continued interview with the QIDP revealed a nutritional appointment was completed on 9/20/23 and the results are pending. Further interview revealed an OT assessment was completed on 9/21/23, however the facility is awaiting documents.</p>	W 210		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.

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

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FORM APPROVED
OMB NO. 0938-0391

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W 210	Continued From page 1 B. The facility failed to complete needed assessments for client #3 within 30 days after admission. Review on 10/24/23 of client #3's record revealed she was admitted to the facility on 2/21/23. Continued review of client #3's record did not include a current dental evaluation. Further review of client#3's record revealed an appointment summary dated 9/11/23. Susequent review of the 9/23 summary revealed the dental appointment for a new patient-dental cleaning, c/o tooth pain in lower right jaw was cancelled. Interview on 10/24/23 with the qualified intellectual disabilities professional (QIDP) verified that current assessments for client #3 which included her dental evaluation was not available during survey for review. Continued interview revealed the dental clinic required consents from both guardians before client #3 could be seen. Further interview revealed a new appointment is scheduled for 11/6/23. Subsequent interview revealed needed assessments should be completed within 30 days after admission for all clients.	W 210			
W 436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observations, record review and	W 436			

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W 436	<p>Continued From page 2</p> <p>interview, the facility failed to assure that adaptive equipment was furnished as prescribed for 1 of 3 sampled clients (#4). The finding is:</p> <p>Afternoon observations in the group home on 10/23/23 from 4:00 PM-6:30 PM revealed client #4 to participate in various activities such as placing laundry in the dryer, writing and painting activity, participate in the dinner meal and clean up. At no point during the observation period was client #4 prompted to wear her eyeglasses.</p> <p>Morning observations in the group home on 10/24/23 from 6:30 AM to 8:15 AM revealed client #4 to participate in various activities such as a coloring activity, medication administration, participate in breakfast meal and clean up. Continued observations during medication administration when asked to punch her pill out of the blister pack into the medication cup, client #4 stated she couldn't see and needed her glasses. At no point during the observation period was client #4 prompted to wear her eyeglasses.</p> <p>Interview with staff C on 10/24/23 revealed she was not aware that client #4 still wore eyeglasses. Continued interview with staff C revealed that she has not seen client #4 wear eyeglasses for quite some time.</p> <p>Review of the record for client #4 on 10/24/23 revealed a vision consult dated 5/17/22 with a diagnosis of age related incipient cataract, bilateral, myopia, bilateral and regular astigmatism, bilateral. Continue review of the 5/22 consult revealed client #4 should wear her eyeglasses full time. Further review of client's #4 person centered plan (PCP) dated 12/22 listed the following adaptive equipment; eyeglassess,</p>	W 436			

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W 436	<p>Continued From page 3</p> <p>maroon spoon. Subsequent review of the PCP revealed client's eye glasses should be worn daily.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 10/24/23 revealed client #4 has previously had eyeglasses but does not like to wear them. Continued interview with the QIDP revealed a mini team was conducted on 10/26/22 to discuss client's history of throwing away two brand new pair of eyeglasses. Further interview with the QIDP revealed that client #4 will break, hide or throw away her eye glasses frequently. Subsequent interview revealed client #4 does not currently have eyeglasses available.</p> <p>Interview with the facility nurse on 10/24/23 verified the 5/22 eye consult is current. Continued interview with the facility nurse revealed client #4 should have been offered her eyeglasses as prescribed.</p>	W 436			