

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G112	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/20/2024
NAME OF PROVIDER OR SUPPLIER EASTBROOK			STREET ADDRESS, CITY, STATE, ZIP CODE 110 EASTBROOK DRIVE RED SPRINGS, NC 28377		
(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 189	<p>STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1)</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure staff were sufficiently trained in the disposal of medications. The finding is:</p> <p>During morning medication administration in the home on 8/20/24 at 7:41am, a single pill for a client dropped on the floor. At 7:50am, Staff A picked up the pill and threw it away in the trash can.</p> <p>During an immediate interview, Staff A stated if a pill drops on the floor it can be disposed of in the trash can.</p> <p>During an interview on 8/20/24, the facility's nurse revealed the only way to dispose of a dropped pill is to either flush it down the toilet or flush it down the drain of a sink with water.</p>	W 189			
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. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to obtain an initial vision evaluation for 1 of 1 newly admitted audit client (#1). The finding is:</p> <p>Review on 8/19/24 of client #1's record revealed</p>	W 210			

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 210	Continued From page 1 he had not received his vision evaluation. Further review revealed client #1 was admitted to the facility on 6/10/24.	W 210			
W 217	During an interview on 8/20/24, the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #1 had not received his initial vision evaluation within 30 days of being admitted. INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(v) The comprehensive functional assessment must include nutritional status. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 1 newly admitted audit clients (#1) received an initial nutritional assessment. The finding is: Review on 8/19/24 of client #1's record revealed there was no nutritional assessment. Further review revealed client #1 was admitted to the facility on 6/10/24.	W 217			
W 220	During an interview on 8/20/24, the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #1 did not receive his initial nutritional assessment within 30 days of being admitted. INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(v) The comprehensive functional assessment must include speech and language development. This STANDARD is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure 1 of 1 newly admitted	W 220			

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W 220	Continued From page 2 client (#1) received their initial speech/language assessment within 30 days of admission. The finding is: Review on 8/19/24 of client #1's record revealed he had not received his initial speech/language assessment within 30 days of admission. Further review revealed client #1 was admitted to the facility on 6/10/24. During an interview on 8/20/24, the Qualified Intellectual Disabilities Professional (QIDP) client #1 did not receive his initial speech/language assessment within 30 days for admission.	W 220			
W 221	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(v) The comprehensive functional assessment must include auditory functioning. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure an auditory examination for 1 of 1 newly admitted audit clients (#1). The finding is: Review on 8/19/24 of client #1's record revealed he had not received an auditory examination. Further review revealed client #1 was admitted to the facility on 6/10/24. During an interview on 8/20/24, the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #1 had not received his initial auditory examination within 30 days of being admitted.	W 221			
W 263	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii) The committee should insure that these programs	W 263			

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W 263	Continued From page 3 are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure restrictive programs were only conducted with the written informed consent of a legal guardian. This affected 1 of 3 audit clients (#3). The finding is: Review on 8/19/24 of client #3's Behavior Support Plan (BSP) dated 5/9/24 revealed there was no signed consent by his legal guardian. Further review revealed there were only the initials "MM". During an interview on 8/20/24, the Qualified Intellectual Disabilities Professional (QIDP) revealed there was no signature but, only the initials "MM".	W 263			
W 351	COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE CFR(s): 483.460(f)(1) Comprehensive dental diagnostic services include a complete extraoral and intraoral examination, using all diagnostic aids necessary to properly evaluate the client's condition not later than one month after admission to the facility (unless the examination was completed within twelve months before admission). This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure a dental examination for 1 of 1 newly admitted audit clients (#1). The finding is:	W 351			

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W 351	Continued From page 4 Review on 8/19/24 of client #1's record revealed he has not received a dental examination. Further review client #1 was admitted to the facility on 6/10/24. During an interview on 8/20/24, the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #1 has not received a dental examination within 30 days of being admitted.	W 351			
W 362	DRUG REGIMEN REVIEW CFR(s): 483.460(j)(1) A pharmacist with input from the interdisciplinary team must review the drug regimen of each client at least quarterly. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure pharmacy reviews for 3 of 3 audit clients (#1, #2 and #3) were completed at least quarterly. The findings are: A. Review on 8/20/24 of client #1's record revealed no current pharmacy reviews had been completed since client #1 was admitted on 6/10/24. B. Review on 8/20/24 of client #2's record revealed no current pharmacy reviews had been completed over the past year. The last quarterly pharmacy note was written on 12/1/22. C. Review on 8/20/24 of client #3's record revealed no current pharmacy reviews had been completed over the past year. The last quarterly pharmacy note was written on 12/1/22.	W 362			

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

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W 362	Continued From page 5 During an interview on 8/20/24, the facility's nurse confirmed no current pharmacy reviews could be located.	W 362			