

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

PRINTED: 03/28/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G305</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/26/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>BROOKWOOD</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>313 EAST BROOKWOOD AVENUE LIBERTY, NC 27298</b>		
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W 104	<p><b>GOVERNING BODY</b> CFR(s): 483.410(a)(1)</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility. This STANDARD is not met as evidenced by: Based on observations and interviews, the governing body and management failed to exercise general policy and operating direction over the facility by failing to ensure routine repairs and maintenance at the group home were completed in a timely manner. The finding is:</p> <p>Observations throughout the 3/25/25 - 3/26/25 survey revealed several repairs needed inside the group home to include torn living room furniture, broken tiles in both bathrooms, broken tiles directly in front of client's #2 bedroom, multiple areas of wall damage and wall paper throughout the home and bathrooms. Further observations revealed the laundry room's light switch to not work and broken tiles, baseboards in bathroom #1 are rusted, closet door had a missing door knob. Continued observations revealed the bathroom paper towel dispensers broken, resealing of several areas to include over the bathroom shower, wall paper bubbling, and black in color substance over the shower and near the baseboards.</p> <p>Subsequent observations revealed the outside lights needing to be replaced and the television missing a remote which staff are using their personal cell phones to ensure all clients are able to watch and enjoy their favorite tv shows and listen to music. Additional observations revealed a dining chair with black marks on the cushion and a incontinence pad laying on top of it, and a brand new television located in the activity room. When asked by surveyor, staff revealed the</p>	W 104			

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 104	Continued From page 1  television is for the living room and awaiting to be mounted and the chair with the incontinence pad is designated for staff to sit on while in the living room area.  Interview with facility staff on 3/25/25 revealed based on their understanding there are several work orders for the repairs and an order was placed to purchase new furniture for the livingroom but they are unsure where the agency is with an update. Continued interview with the home manager (HM) and confirmed by work orders revealed the repairs have been reported and they are waiting for repairs to be completed. Subsequent interview with the HM verified with a mojo helpdesk ticket revealed a request for a living room set was created on 1/30/25 but have not been approved.  Interview with qualified intellectual disabilities professional (QIDP) on 3/26/25 revealed she is aware of the repairs and need for new livingroom furniture. Further interview with the QIDP revealed the agency had a maintenance personnel who was responsible for completing work orders for several areas. Continued interview revealed the agency currently have identified one maintenance personnel for the Greensboro area and are in hopes the repairs will be completed in a timely manner.	W 104			
W 129	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7)  The facility must ensure the rights of all clients. Therefore, the facility must provide each client with the opportunity for personal privacy. This STANDARD is not met as evidenced by: Based on observation and interviews, the facility	W 129			

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W 129	<p>Continued From page 2</p> <p>failed to provide 4 of 5 clients (#1and #6) with personal privacy during personal care. The finding is:</p> <p>A. The facility failed to ensure client #1 received privacy during personal care. For example:</p> <p>Observations in the group home on 3/25/25 at 6:10 PM revealed staff C to assist client #1 to the bathroom. Continued observation revealed staff C to assist client #1 onto the toilet and to leave the bathroom door wide open. Further observation revealed client #1 ambulates with staff assistance and relies on staff to ensure her privacy. At no point during client #1's private moments in the bathroom did staff C close the door to provide her with privacy.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP), home manager (HM) and nurse (RN) on 3/26/25 revealed staff E has received training on privacy during personal care. Further interviews with the QIDP, HM and RN reveal staff will be retrained on privacy during personal care.</p> <p>B. The facility failed to ensure client #6 received privacy during personal care. For example:</p> <p>Observations in the group home on 3/25/25 at 6:15 PM revealed staff C to assist client #6 to the bathroom. Continued observation revealed staff C to assist client #6 onto the toilet and to leave the bathroom door wide open. Further observation revealed client #6 ambulates with staff assistance and relies on staff to ensure her privacy. At no point during client #6's private moments in the bathroom did staff C close the door to provide her with privacy.</p>	W 129			

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W 129	Continued From page 3	W 129			
W 249	<p>Interview with the qualified intellectual disabilities professional (QIDP), home manager (HM) and nurse (RN) on 3/26/25 revealed staff E has received training on privacy during personal care. Further interviews with the QIDP, HM and RN reveal staff will be retrained on privacy during personal care.</p> <p><b>PROGRAM IMPLEMENTATION</b> CFR(s): 483.440(d)(1)</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #2 received a continuous active treatment program consisting of needed interventions and services as identified in the Habilitation Plan in the area of behavior management. This affected 1 of 3 audit clients. The finding is:</p> <p>Observations in the group home during the 3/25/25 - 3/26/25 survey revealed client's #2 bedroom closet to be empty and no clothing hanging in the closet. Further observations revealed client's #2 clothing to be locked in a closet in the laundry room.</p>	W 249			

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W 249	Continued From page 4  Review of client's #2 record on 3/26/25 revealed a behavior support plan (BSP) dated 2/16/25. Further review of the BSP revealed the following targeted behaviors; property destruction/misuse, physical aggression, verbal aggression/inappropriate language, self injurious behavior, and noncompliance/resistance. Continued review of the BSP's preventative and interaction techniques relative to personal possessions revealed the following; personal possessions such as clothing may not be removed from the client's room unless they are being used in an unsafe manner. If need to secure clothing or other personal possessions is identified through documentation of property destruction/misuse, securing such items may be considered and this may be addressed in the BSP. Further review revealed there are currently no restrictions approved regarding securing or removing clothing or other items from her room or possession.  Interview on 3/25/25 with the home manager (HM) revealed that client #2's clothing is kept in the locked supply closet in the laundry room because the client has a tendency of destroying her personal possessions when she is having behavioral challenges.  Interview on 3/26/25 with the qualified intellectual disabilities professional (QIDP) revealed that client #2's BSP is current and should be followed as written.	W 249			
W 472	MEAL SERVICES CFR(s): 483.480(b)(2)(i)  Food must be served in appropriate quantity. This STANDARD is not met as evidenced by:	W 472			

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W 472	<p>Continued From page 5</p> <p>Based on observation, record review and interview, the facility failed to ensure 3 of 5 clients (#2, #3 and #5) received the appropriate quantity of food relative to their prescribed diets. The findings is:</p> <p>A. The facility failed to ensure client #2 received an 1800 calorie diet to support healthy weight loss goal. For example:</p> <p>Observation in the group home on 3/25/25 at 5:20 PM revealed client #2 to participate in the dinner to include soft flour chicken tacos, baked beans, shredded cheese and lettuces, chopped tomatoes, sour cream, salsa, vanilla wafer and pudding, water and a sugar free beverage. Continued observation revealed the dinner meal to be served using regular kitchen mixing and serving spoons containing no designated measuring units. Further observation revealed client #2 to independently serve and consume three servings of each food item served at the dinner meal. At no point during the dinner meal did staff redirect or convey to client #2 that she had exceeded her 1800 caloric limit to support her healthy weight loss goal.</p> <p>Review of records for client #2 on 3/26/25 revealed a nutritional assessment (NA) dated 6/24/24. Continued review of the NA for client #2 revealed a current diet order of 1800 calorie diet to support healthy weight loss goal. Continue review of the NA indicate client #2's ideal body weight is between 120-140 pounds. Further review of the NA revealed client #2's current weight is 161.8 and her BMI - 30.5, obsess range.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP), home manager (HM) and</p>	W 472			

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W 472	<p>Continued From page 6</p> <p>nurse (RN) on 3/26/25 revealed the NA for client #2 is current. Further interview with the QIDP, HM and RN revealed staff have been trained on client #2s diet. Continued interview with the QIDP, HM and RN revealed the home has designated serving utensils. Subsequent interviews with the QIDP, HM and RN reveal staff will be retrained on diets and use of measuring utensils for serving.</p> <p>B. The facility failed to ensure client #3 received an 1800 calorie diet to address a healthy weight loss goal. For example:</p> <p>Observation in the group home on 3/25/25 at 5:20 PM revealed client #3 to participate in the dinner to include soft flour chicken tacos, baked beans, shredded cheese and lettuces, chopped tomatoes, sour cream, salsa, vanilla wafer and pudding, water and a sugar free beverage. Continued observation revealed the dinner meal to be served using regular kitchen mixing and serving spoons containing no designated measuring units. Further observation revealed client #3 to independently serve and consume two servings of each food item served at the dinner meal. At no point during the dinner meal did staff redirect or convey to client #3 that she had exceeded her 1800 caloric limit to support her healthy weight loss goal.</p> <p>Review of records for client #3 on 3/26/25 revealed a nutritional assessment (NA) dated 6/24/24. Continued review of the NA for client #3 revealed a current diet order of 1800 calorie diet to support healthy weight loss goal. Continued review of the NA indicate client #3's ideal body weight is between 170-190 pounds. Further review of the NA revealed client #3's current</p>	W 472			

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W 472	<p>Continued From page 7</p> <p>weight is 247.4 and her BMI - 41.2, morbidly obese range.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP), home manager (HM) and nurse (RN) on 3/26/25 revealed the NA for client #1 is current. Further interview with the QIDP, HM and RN revealed staff have been trained on client #3's diet. Continued interview with the QIDP, HM and RN revealed the home has designated serving utensils. Subsequent interviews with the QIDP, HM and RN reveal staff will be retrained on diets and use of measuring utensils for serving.</p> <p>C. The facility failed to ensure client #5 received a 1500 calorie chopped meats, bite size pieces, no raw vegetables/fruits except bananas, grapes, and apricots. For example:</p> <p>Observation in the group home on 3/25/25 at 5:20 PM revealed client #5 to participate in the dinner to include soft flour chicken tacos, baked beans, shredded cheese and lettuces, chopped tomatoes, sour cream, salsa, vanilla wafer and pudding, water and a sugar free beverage. Continued observation revealed the dinner meal to be served using regular kitchen mixing and serving spoons containing no designated measuring units. Further observation revealed client #5 to independently serve and consume three servings of each food item served at the dinner meal minus the soft taco shell. At no point during the dinner meal did staff redirect or convey to client #5 that she had exceeded her 1500 caloric limit to support her healthy weight loss goal.</p> <p>Review of records for client #5 on 3/26/25</p>	W 472			



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W 472	Continued From page 8 revealed a nutritional assessment (NA) dated 6/24/24. Continued review of the NA for client #5 revealed a current diet order of 1500 calorie chopped meats, bite size pieces, no raw vegetables/fruits except bananas, grapes, and apricots. Continued review of the NA indicate client #5's ideal body weight is between 185-195 pounds. Further review of the NA revealed client #5's current weight is 209.8 and her BMI - 38.5.  Interview with the qualified intellectual disabilities professional (QIDP), home manager (HM) and nurse (RN) on 3/26/25 revealed the NA for client #5 is current. Further interviews with the QIDP, HM and RN revealed staff have been trained on client #5's diet. Continued interview with the QIDP, HM and RN revealed the home has designated serving utensils. Subsequent interviews with the QIDP, HM and RN reveal staff will be retrained on diets and use of measuring utensils for serving.	W 472			
W 474	MEAL SERVICES CFR(s): 483.480(b)(2)(iii)  Food must be served in a form consistent with the developmental level of the client. This STANDARD is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure 3 of 5 clients (#1, #2, #3) received the correct food consistency relative to their prescribed diets. The finding is:  A. The facility failed to ensure client #1 received the correct diet consistency. For example:  Observation in the group home on 3/26/25 at 6:44 AM revealed client revealed client #1 to	W 474			

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W 474	<p>Continued From page 9</p> <p>participate in the breakfast meal to include blueberry toaster waffles with margarine and sugar free syrup, scrambled eggs, apple juice, and 2% milk. Continued observation of client #1's breakfast revealed her to independently serve herself with some staff assistance using hand over hand guidance. Further observation revealed client #1 to consume hundred percent of her meal. Additional observation revealed client #1 to clear her breakfast dishes and carry them to the kitchen bar as part if the active treatment goals. At no point during breakfast observation was client #1 offered fresh fruit instead of apple juice.</p> <p>Review of records for client #1 on 3/26/25 revealed a nutritional assessment (NA) dated 6/24/24. Continued review of the NA for client #1 revealed a current diet order to be regular, fresh fruits in place of juice at breakfast.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP), home manager (HM) and nurse (RN) on 3/26/25 revealed the NA for client #1 is current. Further interview with the QIDP, HM and RN revealed staff have been trained on client #1's diet. Continued interview with the QIDP, HM and RN revealed there are fresh fruits in the home for client #1 to have in place of juice at the breakfast meal. Subsequent interview with the QIDP, HM and RN reveal staff will be retrained on diets and use of measuring utensils for serving.</p> <p>B. The facility failed to ensure client #5 received the correct diet consistency. For example:</p> <p>Observation in the group home on 3/25/25 at 5:20 PM revealed client #5 to participate in the dinner</p>	W 474			

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W 474	<p>Continued From page 10</p> <p>to include soft flour chicken tacos, baked beans, shredded cheese and lettuces, chopped tomatoes, sour cream, salsa, vanilla wafer and pudding, water and a sugar free beverage. Continued observation revealed client #5 to independently serve herself one soft flour taco shell, the precut cubed chicken and all the fixings. Further observation revealed client #5 to consume two additional servings of the precut chicken leaving the soft flour taco untouched. At no point during the dinner meal did any staff chop client #5's chicken.</p> <p>Observation in the group home on 3/26/25 at 6:44 AM revealed client #5 to participate in the breakfast meal to include blueberry toaster waffles with margarine and sugar free syrup, scrambled eggs, apple juice, and 2% milk. Continued observation of client #5's breakfast revealed her to independently serve herself with some staff assistance and to cut her waffle using a butter knife but not into the specified bite size pieces. Further observation revealed client #5 to consume hundred percent of her meal. Additional observation revealed client #1 to clear her breakfast dishes and carry them to the kitchen bar as part if the active treatment goals. At no point during breakfast observation was client #1 offered fresh fruit instead of apple juice a medically prescribed in her diet order.</p> <p>Review of records for client #5 on 3/26/25 revealed a nutritional assessment (NA) dated 6/24/24. Continued review of the NA for client #5 revealed a current diet order to be regular, fresh fruits in place of juice at breakfast.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP), home manager (HM) and</p>	W 474			

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NAME OF PROVIDER OR SUPPLIER  <b>BROOKWOOD</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>313 EAST BROOKWOOD AVENUE LIBERTY, NC 27298</b>		
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W 474	<p>Continued From page 11</p> <p>nurse (RN) on 3/26/25 revealed the NA for client #5 is current. Further interviews with the QIDP, HM and RN revealed staff have been trained on client #5's diet.</p> <p>C. The facility failed to ensure client #6 received the correct diet consistency. For example:</p> <p>Observation in the group home on 3/26/25 at 6:44 AM revealed client #6 to participate in the breakfast meal to include blueberry toaster waffles with margarine and sugar free syrup, scrambled eggs, apple juice, and 2% milk. Continued observation of client #6's breakfast revealed staff to provide hand over hand assistance to serve her breakfast. Further observation revealed client #6 received a second serving of eggs from staff F that were not pureed and mixed in with a small portion of pureed left on her plate. Additional observation revealed client #6 to eat a few bites of the regular scrambled eggs.</p> <p>Review of records for client #6 on 3/26/25 revealed a nutritional assessment (NA) dated 6/24/24. Continued review of the NA for client #6 revealed a current diet order to be regular puree with honey thickened liquids, Boost VHC 1 container daily.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP), home manager (HM) and nurse (RN) on 3/26/25 revealed the NA for client #6 is current. Further interview with QIDP, HM and RN revealed staff have been trained on client #6's diet.</p>	W 474			