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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL013-161	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/25/2025
NAME OF PROVIDER OR SUPPLIER BROOKWOOD		STREET ADDRESS, CITY, STATE, ZIP CODE 207 SUMMERPIKE 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	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on March 25, 2025. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 3 and has a current census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p>	V 112	<p>QP will coordinate with MCO's Care Manager to ensure the treatment strategies that are used that restrict rights of people outlined are outlined in persons ISP, and monitored by QP for right's restoration.</p> <p>RECEIVED</p> <p>APR 08 2025</p> <p>DHSR-MH Licensure Sect</p>	

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

IC Hampton

TITLE

IDD Administrator

(X6) DATE

4/3/2025

STATE FORM

6899

3YLB11

If continuation sheet 1 of 5

Division of Health Service Regulation
STATE FORM

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V 112	<p>Continued From page 2</p> <p>-Diagnosed with Schizoaffective Disorder; Major Depression Disorder, Mild Intellectual Developmental Disability; Insomnia; Allergic Rhinitis; Gastroesophageal Reflux Disease; Constipation; Eating Disorder, Unspecified; Vitamin D Deficiency; Personal History of Physical and Sexual Abuse in Childhood; Fetishism; Pedophilia; Herpes Viral Infection, Unspecified;</p> <p>-Guardian consents dated 4/25/24 for the use of door chimes on Client #3's bedroom door, rights limitation of not being able to purchase a cell phone due to his sexualized behaviors, rights limitation for being in a setting where large groups of children may be, and bed checks every 30 minutes.</p> <p>-Treatment plan dated 6/1/24 did not include strategies for the use of the camera monitoring system in the bedroom, the door chimes on the bedroom door, the rights limitations of purchasing a cell phone or being in a setting where large groups of children may be, and the bed checks every 30 minutes.</p> <p>Interview on 3/25/25 with the Qualified Professional (QP) revealed:</p> <p>-Did not write the current treatment plans for Clients #2 and #3 as she was not the QP at the facility at the time of development of the treatment plans;</p> <p>-Will ensure all necessary treatment strategies are in clients' treatment plans in the future.</p> <p>Interviews on 3/25/25 with the Administrator and the Vice President of Operations revealed:</p> <p>-The QP did not develop the current treatment plans for Client #2 and Client #3;</p> <p>-Understood that all treatment strategies needed to be identified in the treatment plans in the future.</p>	V 112		

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BROOKWOOD

**207 SUMMERPIKE PLACE
KANNAPOLIS, NC 28081**

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V 513	<p>27E .0101 Client Rights - Least Restrictive Alternative</p> <p>10A NCAC 27E .0101 LEAST RESTRICTIVE ALTERNATIVE</p> <p>(a) Each facility shall provide services/supports that promote a safe and respectful environment. These include:</p> <ul style="list-style-type: none"> (1) using the least restrictive and most appropriate settings and methods; (2) promoting coping and engagement skills that are alternatives to injurious behavior to self or others; (3) providing choices of activities meaningful to the clients served/supported; and (4) sharing of control over decisions with the client/legally responsible person and staff. <p>(b) The use of a restrictive intervention procedure designed to reduce a behavior shall always be accompanied by actions designed to insure dignity and respect during and after the intervention. These include:</p> <ul style="list-style-type: none"> (1) using the intervention as a last resort; and (2) employing the intervention by people trained in its use. <p>This Rule is not met as evidenced by: Based on interview, record review, and observation, the facility did not promote a respectful environment using the least restrictive and most appropriate settings and methods affecting 1 of 3 clients (Client #3). The findings are:</p> <p>Observation on 3/25/25 at approximately</p>	V 513	<p>QP will ensure all rights restrictions are reviewed by Legal Representative and presented to Human Right Committee for signed approval or denial of restrictions. QP will monitor restriction for rights restoration.</p>	

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V 513	<p>Continued From page 4</p> <p>10:35am and interview with Staff #1 revealed: -Live feed camera monitor on the staff's desk in the living room which monitored Client #3's bedroom. -Camera in Client #3's bedroom.</p> <p>Review on 3/24/25 and 3/25/25 of Client #3's record revealed: -Admitted 1/25/11; -Diagnosed with Schizoaffective Disorder; Major Depression Disorder, Mild Intellectual Developmental Disability; Insomnia; Allergic Rhinitis; Gastroesophageal Reflux Disease; Constipation; Eating Disorder, Unspecified; Vitamin D Deficiency; Personal History of Physical and Sexual Abuse in Childhood; Fetishism; Pedophilia; Herpes Viral Infection, Unspecified. -No documentation or consent regarding the use of the live feed camera in Client #3's bedroom.</p> <p>Interview on 3/25/25 with the Qualified Professional (QP) revealed: -Did not have legal guardian consent or approval from the Human Rights Committee for the live feed camera in Client #3's bedroom. -The live feed camera may have been implemented prior to her taking over the QP duties for the facility.</p> <p>Interview on 3/25/25 with the Administrator and the Vice President of Operations revealed: -Was not aware that a live feed camera was being used in Client #3's bedroom. -Would ensure that all necessary paperwork and consents be obtained for the continued use of the camera monitoring system as determined by the treatment team.</p>	V 513		