

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

PRINTED: 06/22/2025
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 06/18/2025
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 104	<p>GOVERNING BODY 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 6/17/25 - 6/18/25 survey revealed several repairs needed inside the group home to include living room furniture, broken window blinds, an angled toilet and a bathtub that's peeling in the inside.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 6/18/25 revealed that work orders have been submitted for the toilet bowl and bathtub and that she requested in March, 2025 that new furniture be purchased for the living room. Further interview with the QIDP confirmed these items are broken and/or in need of repair or replacement.</p>	W 104	<p>W104</p> <p>The business manager will in-service the maintenance coordinator on completing work orders in a timely manner. The clinical team will monitor through environmental assessments 2x a week for a period of 30 days and then on a routine basis to ensure all work orders are completed. In the future, the maintenance coordinator will ensure all work orders are completed in a timely manner.</p>	8/17/25	
W 262	<p>PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(i)</p> <p>The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure that restrictive interventions were employed only with the prior written informed consent of the human</p>	W 262			

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.

[Signature]
IDD Regional Administrator 6/24/25

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W 262	Continued From page 1 rights committee (HRC) for client #1. The finding is: Observations in the group home on 6/18/25 at 6:30 AM revealed client #1 to be in his bedroom and crying loudly. When client #1 opened his bedroom door, observation revealed a laceration to his right temple area as well as a bleeding injury to his right arm. Further observation revealed that staff A was the only staff present in the group home at that time. Continued observation revealed staff B to arrive at the group home at 6:40 AM. Upon arrival, staff B escorted client #1 to the medication room to tend to his injuries. Subsequent observation revealed client #1 to be calm when leaving the medication room with staff B. Review of records on 6/18/25 revealed a behavior support plan (BSP) for client #1 dated 4/4/25 which includes the use of the following behavioral medications: Lithium, Zyprexa, Depakote, Trazodone, and Ativan. Continued review of records revealed that Ativan, 2mg was administered to client #1 at 6:46 AM on 6/18/25. Further record review revealed no evidence of HRC consent for the use of any of the medications listed herein. Interview with the qualified intellectual disabilities professional (QIDP) on 6/18/25 confirmed that the HRC has not consented to the use of behavioral medications for client #1 since the implementation of the BSP in April, 2025.	W 262	W262 The Program Manager will in-service behavior analyst on completing HRC consents for behavior support plans. The clinical team will monitor through quarterly chart reviews and QP reviews and on a routine basis to ensure consents are in place. In the future, the behavior analyst will ensure all behavior support plans receive consent from HRC.	8/17/25	
W 281	MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(1)(iv)(C)	W 281			

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W 281	<p>Continued From page 2</p> <p>Procedures that govern the management of inappropriate client behavior must address the use of drugs to manage inappropriate behavior. This STANDARD is not met as evidenced by:</p> <p>Based on record review and interviews, the facility failed to develop and implement written policies and procedures regarding the use of drugs to manage inappropriate behaviors for client #1. The finding is:</p> <p>Review of records on 6/18/25 revealed a behavior support plan (BSP) for client #1 dated 4/4/25 which includes the use of Ativan as a "crisis medication." Continued record review revealed a BSP for client #1 dated 6/27/23 which includes a section titled EMERGENCY PROCEDURES which details the circumstances under which staff should request crisis medication for client #1. Further record review revealed that the 4/4/25 BSP contains no policies or procedures for staff to follow regarding the use of crisis medication for client #1.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 6/18/25 confirmed that the current BSP does not contain any policies or procedures for the use of client #1's crisis medication.</p>	W 281	W281	8/17/25	
W 460	<p>FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1)</p> <p>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review, and</p>	W 460			

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W 460	<p>Continued From page 3</p> <p>interview, the facility failed to ensure 1 of 4 audit clients (#5) received a diet as prescribed. The finding is:</p> <p>Observations in the group home on 6/17/25 at 5:15 PM revealed the dinner meal consisted of oven fried chicken, potato salad, green beans, dinner roll, water, and juice. Further observations at 5:17 PM revealed client #5 to participate the dinner meal. Continued observations revealed client #5 to consume two dinner rolls and an excessive amount of potato salad. At no time during the dinner meal was staff observed to provide client #5 with a regular consistency, heart healthy, diabetic diet with no concentrated sweets.</p> <p>Review of the group home menu on 6/17/25 revealed a diabetic diet to include 3 oz oven fried chicken, 1/2 cup of potato salad, 1/2 cup collard greens, 16 oz water, 8oz milk. Continued review of the diabetic menu did not reveal dinner rolls for a diabetic diet.</p> <p>Observations in the group home on 6/18/25 at 7:00 AM revealed the breakfast meal consisted of muffins, yogurt, strawberry blend, orange juice, milk and coffee. Further observations at 7:10 AM revealed client #5 to participate in the breakfast meal. Continued observations revealed client #5 to consume two muffins, regular yogurt, strawberry blend, and a tall cup of orange juice. At no time during the breakfast meal was staff observed to provide client #5 with a regular consistency, heart healthy, diabetic diet with no concentrated sweets.</p> <p>Review of the group home menu on 6/18/25 revealed a diabetic diet to include 1 small muffin,</p>	W 460	<p>W460</p> <p>The qualified professional will in-service all staff on the prescribed diets of People Supported. The clinical team will monitor through meal time assessments 2x a week for a period of 30 days and then on a routine basis to ensure prescribed diets are being followed as ordered. In the future, the qualified professional will ensure all staff are trained on the prescribed diets.</p>	8/17/25	

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W 460	Continued From page 4 6 oz low fat yogurt, 8oz milk. Continued review of the diabetic menu did not reveal orange juice for a diabetic diet. Review of records on 6/18/25 for client #5 revealed a nutrition assessment (NA) dated 8/26/24. Further review of the NA revealed client #5's diet to include regular consistency, heart healthy, diabetic diet with no concentrated sweets. Interview with the facility nurse on 6/18/25 confirmed the NA to be current for client #5. Further interview with the facility nurse confirmed the staff should have provided client #5 with his prescribed diet.	W 460			
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 food was served in a form consistent with the developmental level for 2 of 4 audit clients (#1 and #6). The findings are: A. The facility failed to provide specially prescribed diet for client #1 during mealtimes. For example: Observations in the group home on 6/17/25 at 5:15 PM revealed the dinner meal consisted of oven fried chicken, potato salad, green beans, dinner roll, water, and juice. Further observations at 5:30 PM revealed client #1 to consume his	W 474	W474 Cross reference W460		

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W 474	<p>Continued From page 5</p> <p>dinner meal. Continued observations revealed client #1 to consume the chicken and green beans in a ground consistency form, and potato salad in whole form. At no time during the dinner meal was staff observed to provide client #1 with a puree consistency diet.</p> <p>Observations in the group home on 6/18/25 at 7:00 AM revealed the breakfast meal consisted of muffins, yogurt, strawberry blend, water, milk and coffee. Further observations at 7:10 AM revealed client #1 to participate the breakfast meal. Continued observations revealed client #1 to consume the muffin in a ground consistency form and the strawberry blend in a mechanical soft form. At no time during the breakfast meal was staff observed to provide client #1 with a puree consistency diet.</p> <p>Review of records on 6/18/25 for client #1 revealed a nutrition assessment (NA) dated 4/15/25. Further review of the NA revealed client #1's diet to include puree, thin liquids, no prunes or prune juice.</p> <p>Interview with the facility nurse on 6/18/25 confirmed the NA to be current for client #1. Further interview with the facility nurse confirmed the staff should have provided client #1 with his prescribed diet during all meals.</p> <p>B. The facility failed to provide specially prescribed diet for client #6 during mealtimes. For example:</p> <p>Observations in the group home on 6/17/25 at 5:15 PM revealed the dinner meal consisted of oven fried chicken, potato salad, green beans, dinner roll, water, and juice. Further observations</p>	W 474			

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W 474	<p>Continued From page 6</p> <p>at 5:17 PM revealed staff to cut up client's chicken into 1/2 - 1 inch pieces. Continued observations revealed client #6 to consume his dinner roll and chicken pieces with his fingers while staff fed him with a maroon spoon. At no time during the dinner meal was staff observed to provide client #6 with 1/4 inch consistency diet.</p> <p>Review of records on 6/17/25 for client #6 revealed a nutrition assessment (NA) dated 10/28/24. Further review of the NA revealed client #2's diet to include 1/4 inch consistency, low cholesterol, snacks, thin liquids using Provale 10cc cup.</p> <p>Interview with the facility nurse on 6/18/25 confirmed the NA to be current for client #6. Further interview with the facility nurse confirmed the staff should have provided client #6 with his prescribed diet.</p>	W 474			