PRINTED: 06/22/2025 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		34G064	B. WING		06/1	8/2025
NAME OF PE	ROVIDER OR SUPPLIER		1	TREET ADDRESS, CITY, STATE, ZIP CODE 89 FAIRMONT DRIVE IOCKSVILLE, NC 27028		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
W 104	budget, and operating This STANDARD is in Based on observation governing body and rexercise general policion over the facility by fail and maintenance at the completed in a timely Observations through survey revealed sever group home to include broken window blinds bathtub that's peeling Interview with the quaprofessional (QIDP) of work orders have been bowl and bathtub and March, 2025 that new the living room. Furthe confirmed these items of repair or replacement PROGRAM MONITO CFR(s): 483.440(f)(3). The committee should monitor individual processions and provided in the committee should monitor individual processions.	must exercise general policy, g direction over the facility. not met as evidenced by: ns and interviews, the management failed to by and operating direction ling to ensure routine repairs the group home were manner. The finding is: nout the 6/17/25 - 6/18/25 and repairs needed inside the living room furniture, an angled toilet and a g in the inside. Alified intellectual disabilities on 6/18/25 revealed that the submitted for the toilet of that she requested in a furniture be purchased for the rinterview with the QIDP is are broken and/or in need tent. RING & CHANGE	W 104	W104 The business manager will in-senthe maintenance coordinator on completing work orders in a timelymanner. The clinical team will mothrough environmental assessme 2x a week for a period of 30 days then on a routine basis to ensure work orders are completed. In the future, the maintenance coordinate will ensure all work orders are completed in a timely manner.	vice y nitor nts and all	8/17/25
APODATORY	in the opinion of the o client protection and This STANDARD is a Based on observatio interviews, the facility restrictive intervention the prior written inform	committee, involve risks to rights. not met as evidenced by: ns, record review and		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 safegy and provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days for the late of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 the late nese documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued IDD Regional Administrator 6/24/25

Facility ID: 952779

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	01 010000000000000000000000000000000000	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		34G064	B. WING _			06/1	18/2025
NAME OF PR	OKS			189	REET ADDRESS, CITY, STATE, ZIP CODE DEFAIRMONT DRIVE DCKSVILLE, NC 27028		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
W 262	Observations in the of 6:30 AM revealed cliand crying loudly. Whe bedroom door, observations in the group to his right temple an injury to his right arm revealed that staff A the group home at the observation revealed home at 6:40 AM. Up client #1 to the medicinjuries. Subsequent #1 to be calm when with staff B. Review of records or support plan (BSP) if which includes the umedications: Lithium Trazodone, and Ativarecords revealed the administered to clien Further record review HRC consent for the medications listed he Interview with the querofessional (QIDP) the HRC has not contains the professional contains the professional (QIDP) the HRC has not contains the professional contains the professional (QIDP) the HRC has not contains the professional contains th	inued From page 1 inued From page 1 is committee (HRC) for client #1. The finding arrations in the group home on 6/18/25 at AM revealed client #1 to be in his bedroom crying loudly. When client #1 opened his com door, observation revealed a laceration or right temple area as well as a bleeding or to his right arm. Further observation aled that staff A was the only staff present in roup home at that time. Continued rivation revealed staff B to arrive at the group e at 6:40 AM. Upon arrival, staff B escorted t #1 to the medication room to tend to his es. Subsequent observation revealed client be calm when leaving the medication room staff B. ew of records on 6/18/25 revealed a behavior ord plan (BSP) for client #1 dated 4/4/25 in includes the use of the following behavioral feations: Lithium, Zyprexa, Depakote, odone, and Ativan. Continued review of rds revealed that Ativan, 2mg was inistered to client #1 at 6:46 AM on 6/18/25, her record review revealed no evidence of 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. essure consents for behavior analyst on completing HRC onsents for behavior support plans. The clinical team will monitor through quarterly chart reviews and QP reviews and on a routine basis to ensure consents or behavior analyst will ensure all behavior support plans receive consent from HRC.		HRC lans. rough 0 the	8/17/25		
W 281	behavioral medications for client #1 since the implementation of the BSP in April, 2025. W 281 MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(1)(iv)(C)		W	281			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULT IDENTIFICATION NUMBER: A. BUILDII		ULTIPLE CONSTRUCTION DING		E SURVEY IPLETED
		34G064	B. WING		06	6/18/2025
NAME OF PROVIDER OR SUPPLIER TWINBROOKS			18	REET ADDRESS, CITY, STATE, ZIP CODE 9 FAIRMONT DRIVE OCKSVILLE, NC 27028		
(X4) ID PREFIX TAG	(EACH DEFICIENCE	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 281	inappropriate client luse of drugs to man This STANDARD is Based on record refacility failed to developlicies and procedurings to manage in a client #1. The finding Review of records of support plan (BSP) which includes the unedication." Continuing BSP for client #1 dasection titled EMER which details the circum should request crisis Further record revied BSP contains no pote follow regarding to client #1. Interview with the querification. Interview with the querification. FOOD AND NUTRICER(s): 483.480(a) Each client must record revied to the unedication. FOOD AND NUTRICER(s): 483.480(a)	ern the management of behavior must address the age inappropriate behavior. not met as evidenced by: view and interviews, the alop and implement written ares regarding the use of appropriate behaviors for g is: In 6/18/25 revealed a behavior for client #1 dated 4/4/25 are of Ativan as a "crisis ared record review revealed a ated 6/27/23 which includes a GENCY PROCEDURES cumstances under which staff as medication for client #1. we revealed that the 4/4/25 are alicies or procedures for staff the use of crisis medication for unalified intellectual disabilities on 6/18/25 confirmed that the senot contain any policies or use of client #1's crisis TION SERVICES (1) Delive a nourishing, including modified and	W 281	The psychologist will update to include emergency procedutilizing crisis medication for The clinical team will monito quarterly chart reviews and reviews on a routine basis to BSPs are thorough and inclunecessary procedures. In the psychologist will ensure are personalized and includencessary information for early Person Supported.	dures and Client #1. In through QP In ensure ude all e future, all BSPs e the	8/17/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IENGIES (XI) PROVIDENCE I LIEUTONIA		(X2) MULTIPLE CONSTRUCTION A. BUILDING		
		34G064	B. WING		06	18/2025
NAME OF PROVIDER OR SUPPLIER TWINBROOKS		1	TREET ADDRESS, CITY, STATE, ZIP CODE 89 FAIRMONT DRIVE IOCKSVILLE, NC 27028			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 460	interview, the facility clients (#5) received finding is: Observations in the 5:15 PM revealed the oven fried chicken, dinner roll, water, at at 5:17 PM revealed dinner meal. Continued client #5 to consume excessive amount of during the dinner mprovide client #5 with healthy, diabetic dies sweets. Review of the group revealed a diabetic chicken, 1/2 cup of greens, 16 oz water of the diabetic men a diabetic diet. Observations in the 7:00 AM revealed the muffins, yogurt, stramilk and coffee. Fur revealed client #5 to consume two mustrawberry blend, and the time during the observed to provide consistency, heart concentrated sweet.	group home on 6/17/25 at the diner meal consisted of potato salad, green beans, and juice. Further observations dictient #5 to participate the sued observations revealed the two dinner rolls and an of potato salad. At no time leal was staff observed to the a regular consistency, heart et with no concentrated of potato salad. At no time leal was staff observed to the aregular consistency, heart et with no concentrated of potato salad, 1/2 cup collard r, 80z milk. Continued review undid not reveal dinner rolls for the group home on 6/18/25 at the breakfast meal consisted of sawberry blend, orange juice, arther observations at 7:10 AM to participate in the breakfast observations revealed client #5 uffins, regular yogurt, and a tall cup of orange juice. The breakfast meal was staff the client #5 with a regular healthy, diabetic diet with no	W 460	The qualified professional will in-service all staff on the pres diets of People Supported. The team will monitor through meassessments 2x a week for a 30 days and then on a routine ensure prescribed diets are be followed as ordered. In the fur qualified professional will ensistaff are trained on the prescribets.	cribed ne clinical al time period of basis to eing ture, the ure all	8/17/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		34G064	B. WING		06/18/2025
NAME OF PROVIDER OR SUPPLIER TWINBROOKS				STREET ADDRESS, CITY, STATE, ZIP CO 189 FAIRMONT DRIVE MOCKSVILLE, NC 27028	DDE
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE COMPLETION HE APPROPRIATE DATE
W 460		age 4 8oz milk. Continued review of did not reveal orange juice for	W 46		
	revealed a nutrition 8/26/24. Further rev #5's diet to include	on 6/18/25 for client #5 assessment (NA) dated view of the NA revealed client regular consistency, heart et with no concentrated			
	confirmed the NA to Further interview w	acility nurse on 6/18/25 be current for client #5. ith the facility nurse confirmed we provided client #5 with his			
W 474	MEAL SERVICES CFR(s): 483.480(b) Food must be served developmental lever This STANDARD is Based on observation interviews, the faciliserved in a form condevelopmental lever and #6). The finding A. The facility failed prescribed diet for example: Observations in the 5:15 PM revealed to oven fried chicken, dinner roll, water, as	ed in a form consistent with the el of the client. s not met as evidenced by: tions, record reviews, and lity failed to ensure food was onsistent with the el for 2 of 4 audit clients (#1	W 47	W474 Cross reference W460	

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		MULTIPLE CONSTRUCTION UILDING		ATE SURVEY DMPLETED	
	34G064 B. WING						
NAME OF PROVIDER OR SUPPLIER TWINBROOKS			STREET ADDRESS, CITY, STATE, ZIP CODE 189 FAIRMONT DRIVE MOCKSVILLE, NC 27028			06/18/2025	
(X4) ID PREFIX TAG	(EACH DEFICIE	' STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
W 474	dinner meal. Conticlient #1 to consurbeans in a ground salad in whole formeal was staff obsa puree consistence. Observations in the 7:00 AM revealed muffins, yogurt, structions and the participe Continued observations with the staff observed to promise the muffing and the strawberry form. At no time distaff observed to promise the consistency diet. Review of records revealed a nutrition 4/15/25. Further refull's diet to include or prune juice. Interview with the confirmed the NA Further interview with the staff should happrescribed diet due B. The facility faile prescribed diet for example: Observations in the 5:15 PM revealed oven fried chicken	nued observations revealed ne the chicken and green consistency form, and potato n. At no time during the dinner served to provide client #1 with cy diet. e group home on 6/18/25 at the breakfast meal consisted of rawberry blend, water, milk and servations at 7:10 AM revealed set the breakfast meal. In a ground consistency form to blend in a mechanical soft uring the breakfast meal was rovide client #1 with a puree on 6/18/25 for client #1 assessment (NA) dated eview of the NA revealed client puree, thin liquids, no prunes facility nurse on 6/18/25 to be current for client #1. with the facility nurse confirmed everyworded client #1 with his	W 474				

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		34G064	B. WING			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	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
W 474	chicken into 1/2 - 1 ir observations revealed dinner roll and chicked while staff fed him witime during the dinner provide client #6 with Review of records or revealed a nutrition at 10/28/24. Further revealed to include 1 cholesterol, snacks, 10cc cup. Interview with the fact confirmed the NA to Further interview with	staff to cut up client's anch pieces. Continued d client #6 to consume his en pieces with his fingers th a maroon spoon. At no er meal was staff observed to a 1/4 inch consistency diet. In 6/17/25 for client #6 assessment (NA) dated view of the NA revealed client revenue with liquids using Provale client with liquids using Provale client #6. In the facility nurse confirmed provided client #6 with his	W 47	4			