

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0411215</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>07/31/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRANNOCK HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1612 BRANNOCK DRIVE GREENSBORO, NC 27406</b>		
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on 7/31/25. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with a Developmental Disability.</p> <p>The 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 114	<p><b>27G .0207 Emergency Plans and Supplies</b></p> <p><b>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</b></p> <p>(a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes.</p> <p>(b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies.</p> <p>(d) Each facility shall have a first aid kit accessible for use.</p>	V 114		

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

TITLE

(X6) DATE

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V 114	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure fire and disaster drills were held at least quarterly and repeated for each shift. The findings are:</p> <p>Review on 7/30/25 and on 7/31/25 of the facility's fire drill log from 4/13/24 - 7/1/25 revealed:</p> <ul style="list-style-type: none"> <li>- No first shift drill was held during the second quarter of 2024 (April - June)</li> <li>- No first or second shift drill was held during the third quarter of 2024 (July - September)</li> <li>- No third shift drill was held during the fourth quarter of 2024 (October - December 2024)</li> <li>- No first shift drill was held during the first quarter of 2025 (January - March 2025)</li> </ul> <p>Review on 7/30/25 and 7/31/25 of the facility's disaster drill log from 5/26/24-7/24/25 revealed:</p> <ul style="list-style-type: none"> <li>- No first or third shift drill was held during the second quarter of 2024 (April - June)</li> <li>- No first or third shift drill was held during the third quarter of 2024 (July - September)</li> <li>- No first or third shift drill was held during the fourth quarter of 2024 (October - December)</li> <li>- No first shift drill during was held the first quarter of 2025 (January - March)</li> <li>- No first or third shift drill was held during the second quarter of 2025 (April - June)</li> </ul> <p>Interview on 7/30/25 with staff #1 revealed:</p> <ul style="list-style-type: none"> <li>- The House Manager was primarily responsible for conducting the fire and disaster drills as she only worked as needed</li> </ul> <p>Interview on 7/31/25 with the House Manager revealed:</p> <ul style="list-style-type: none"> <li>- The facility's shifts were as follows: 9 am until 4 pm (first shift); 4 pm until 12 midnight (second shift) and 12 midnight until 9 am (third shift)</li> </ul>	V 114		

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V 114	Continued From page 2  - He was the individual who was primarily responsible for conducting the facility's fire and disaster drills  Interview on 7/31/25 with the Qualified Professional revealed: - Confirmation that the hours of each shift were as the House Manager reported - Staff were aware of how and when drills were to be held - Would address this issue with staff again to ensure drills were held as required	V 114		
V 367	27G .0604 Incident Reporting Requirements  10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the	V 367		

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V 367	Continued From page 3  cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall	V 367		

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V 367	<p>Continued From page 4</p> <p>include summary information as follows:</p> <ul style="list-style-type: none"> <li>(1) medication errors that do not meet the definition of a level II or level III incident;</li> <li>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</li> <li>(3) searches of a client or his living area;</li> <li>(4) seizures of client property or property in the possession of a client;</li> <li>(5) the total number of level II and level III incidents that occurred; and</li> <li>(6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</li> </ul> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to report level II incidents to the Local Management Entity (LME) responsible for the catchment area where services were provided within 72 hours of becoming aware of the incident affecting 1 of 3 clients (client #3). The findings are:</p> <p>Review on 7/31/25 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- An admission date of 3/17/25</li> <li>- Diagnoses of Mild Intellectual Disability; Attention Deficit Hyperactivity Disorder (D/O); Intermittent Explosive D/O and Other Trauma-Stressor Related D/O</li> <li>- Was in the custody of a Department of Social</li> </ul>	V 367		

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V 367	<p>Continued From page 5</p> <p>Services (DSS)</p> <ul style="list-style-type: none"> <li>- Was assigned a Care Manager with a Local Management Entity (LME)</li> </ul> <p>Review on 7/31/25 of the Incident Response Improvement System (IRIS) revealed:</p> <ul style="list-style-type: none"> <li>- An level II incident report last submitted to IRIS by the Qualified Professional (QP) was on 6/18/25</li> <li>- The level II incident report reflected that on 6/2/25, client #3 left the facility without staff permission at "approximately 11:30 pm."</li> <li>- "...Staff (unnamed) called 911 and tried to follow him and lost sight of him and had been searching for him over an hour..."</li> <li>- No documentation on the incident report to reflect the name and the contact information of client #3's DSS social worker, his LME Care Manager and when they were notified of the client #3's actions on 6/2/25</li> <li>- No documentation on the incident report to reflect the name and contact information of the law enforcement agency and when they were contacted by the unnamed staff to report client #3 having left the facility without staff permission during the evening of 6/2/25</li> </ul> <p>Interview on 7/31/25 with the QP revealed:</p> <ul style="list-style-type: none"> <li>- She sent an email to client #3's DSS social worker and his LME Care Manager the morning of 6/3/25 to notify them that client #3 eloped from the facility during the evening of 6/2/25 and he still had not been located at the time of the email</li> <li>- An acknowledgement that she had failed to submit a level II incident report to the LME via IRIS prior to 6/18/25</li> </ul> <p>Review on 7/31/25 of an email sent to the client #3's DSS social worker and his LME Care Manager revealed:</p>	V 367		

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V 367	Continued From page 6  - At 8:21 am, on 6/3/25, the QP notified the DSS social worker and the LME Care Manager of client #3 having eloped from the facility on 6/2/25 at "approximately 11:30 pm."	V 367			