

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

PRINTED: 08/21/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G112	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/20/2025
NAME OF PROVIDER OR SUPPLIER EASTBROOK			STREET ADDRESS, CITY, STATE, ZIP CODE 110 EASTBROOK DRIVE RED SPRINGS, NC 28377		
(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 111	<p>CLIENT RECORDS CFR(s): 483.410(c)(1)</p> <p>The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to maintain current record content was accurate and updated regarding smoking schedule for 1 of 3 audit clients (#3). The finding is:</p> <p>During observations in the home throughout the survey on 8/19-20/25, client #3 did not smoke or ask for a cigarette throughout the survey.</p> <p>Review of client #3 IPP dated 6/3/25 did not include any information regarding client #3 not smoking any cigarettes currently and not utilizing his smoking schedule.</p> <p>Interview on 8/20/25 with staff A revealed client #3 had not smoked cigarettes in years doesn't remember the last time he has asked for a cigarette. Doesn't know if he has cigarettes in the home.</p> <p>Interview on 8/20/25 with the QIDP revealed client #3 has the right to smoke and to ask for a cigarette at any time.</p>	W 111			
W 240	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(i)</p> <p>The individual program plan must describe relevant interventions to support the individual toward independence. This STANDARD is not met as evidenced by: Based on observations, record reviews and</p>	W 240			

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 240	Continued From page 1 interviews, the facility failed to ensure the Individual Program Plan (IPP) included specific information to support the use of eye glasses and smoking cigarettes. This affected 1 of 3 audit clients (#1). The findings are: During observations throughout the survey on 8/19-20/25, client #1 did not wear eye glasses while completing various tasks at the home. Review of client #1's vision exam dated 4/8/25 revealed client #1 is to wear eyeglasses full time. Additonal review of the client #1's IPP dated 6/3/25 did not include any specific information regarding his eye glasses or their use. Interview on 8/20/25 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed clients #1's IPP did not include any specific information regarding his eye glasses.	W 240			
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) 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. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure each client received a continuous active treatment program	W 249			

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W 249	<p>Continued From page 2</p> <p>consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the area of adaptive equipment use. This affected 1 of 3 audit clients (#3). The findings are:</p> <p>During observations in the home during the survey on 8/19/25 between the hours of 3:00pm and 6:00pm, client #3 did not wear his AFO's or his support socks. Client #3 was outside tossing the ball around with housemates and staff. Client #3 walking around the home without support socks or AFO's.</p> <p>Review on 8/19/25 of client #3's physical therapy assessment dated 9/6/24 revealed client #3 wears bilateral AFO's and support socks. Further review of client #3's physician orders dated 12/12/24 revealed client #3 wears AFO's during the day and off at night 7pm until 8am. Wear support socks during the day and off at night.</p> <p>Interview on 8/20/25 with staff A revealed client #3 had taken his shower when he returned home from the day program and did not put his support socks or his AFO's back on.</p> <p>Interview on 8/20/25 with the qualified intellectual disabilities professional (QIDP) revealed client #3 should have been wearing his support socks and his AFO's.</p>	W 249			