

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

PRINTED: 11/27/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  34G245	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  11/20/2018
NAME OF PROVIDER OR SUPPLIER  ROBINHOOD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1507 ROBINHOOD RD WILMINGTON, NC 28401	
(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
E 029	<p>Development of Communication Plan CFR(s): 483.475(c)</p> <p>(c) The [facility] must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least annually.</p> <p>This STANDARD is not met as evidenced by: Based on interviews and record reviews, the facility failed to assure the development of a communication plan that contained how the facility coordinates patient care within the facility, across healthcare providers and with state and local public health departments. The finding is:</p> <p>The facility did not include a communication plan within their disaster/emergency plan.</p> <p>Review on 11/19/18 of the facility emergency plan book revealed a table of contents with nothing listed for the communication plan. Review of the entire book, revealed no communication plan. The only item containing to communication was a list of contact names and numbers.</p> <p>Interview with staff on 11/19/18 (all working) revealed the facility did not have cell phones or any means of alternative communication and they did not know the communication plan.</p> <p>On 11/19/18 and 11/20/18 management confirmed the facility inadvertently forgot to include a communication plan in their emergency preparedness plan and were working on it now.</p>	E 029	<p>E029</p> <p>Cape Fear group Homes Inc. will update Disaster Plan to include communication. The plan will include Cape Fear Group Homes owned cell phones to be utilized during a disaster. A phone will be placed in a known area at Robinhood and staff will be able to access if phone systems are not working. This will be checked quarterly by our Safety Committee.</p> <p>DHSR - Mental Health DEC 03 2018 Lic. &amp; Cert. Section</p>	

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

*Edward H. ...*

TITLE

*Executive Director*

(X8) DATE

*11/28/18*

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.