

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

PRINTED: 04/14/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G272</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/29/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CREST ROAD GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>114 GREENHOUSE LANE</b> <b>SOUTHERN PINES, NC 28387</b>
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(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
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{E 006}	Continued From page 2 familiar with the content. The HM made the management aware that the request was made, however no EP manual was presented for review.	{E 006}		
{E 025}	<p>Arrangement with Other Facilities CFR(s): 483.475(b)(7)</p> <p>[(b) Policies and procedures. The [facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least every 2 years (annually for LTC.) At a minimum, the policies and procedures must address the following:]</p> <p>*[For Hospices at §418.113(b), PRFTs at §441.184,(b) Hospitals at §482.15(b), and LTC Facilities at §483.73(b):] Policies and procedures. (7) [or (5)] The development of arrangements with other [facilities] [and] other providers to receive patients in the event of limitations or cessation of operations to maintain the continuity of services to facility patients.</p> <p>*[For PACE at §460.84(b), ICF/IIDs at §483.475(b), CAHs at §486.625(b), CMHCs at §485.920(b) and ESRD Facilities at §494.62(b):] Policies and procedures. (7) [or (6), (8)] The development of arrangements with other [facilities] [or] other providers to receive patients in the event of limitations or cessation of operations to maintain the continuity of services to facility patients.</p> <p>*[For RNHCs at §403.748(b):] Policies and procedures. (7) The development of</p>	{E 025}	<p>By 4/21/2021 the Emergency Plan will include pre-arranged accommodations for consumers in the event of evacuation. The revised emergency plan will be monitored and updated as needed by G, mHP and management.</p>	4/21/21

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E 000	Initial Comments	E 000		
(E 006)	<p>A revisit was conducted on 3/29/21 for all previous deficiencies cited on 3/11/20. The following deficiencies have been corrected: E0015, E0022, E0037, E0039, W120, W193, W252, W267 and W440. The facility remained out of compliance in E0006 and E0025. There was no new noncompliance found.</p> <p>Plan Based on All Hazards Risk Assessment CFR(s): 483.475(a)(1)-(2)</p> <p>[(a) Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least every 2 years. The plan must do the following:]</p> <p>(1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.*</p> <p>(2) Include strategies for addressing emergency events identified by the risk assessment.</p> <p>*[For LTC facilities at §483.73(a)(1):] Emergency Plan. The LTC facility must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually. The plan must do the following:</p> <p>(1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach, including missing residents.</p> <p>(2) Include strategies for addressing emergency events identified by the risk assessment.</p> <p>*[For ICF/IIDs at §483.475(a)(1):] Emergency Plan. The ICF/IID must develop and maintain an emergency preparedness plan that must be</p>	(E 006)	<p>By 4/21/2021 the HM and direct care staff will be inserviced on the Emergency preparedness plan implementation.</p> <p>Ongoing inservices will be provided by HM, monitored bi annually by Hab Specialist and annually by GMHP.</p>	4/21/21

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



TITLE

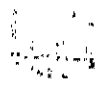


(X6) DATE



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.

Greater Image



GREATER IMAGE HEALTHCARE CORP  
401 ROBESON STREET  
FAYETTEVILLE, NC 28301  
(910) 321-0069 Fax: (910) 491-1000

Fax Cover Sheet

Send To: <i>DHHS</i>	From: <i>Jeane Rhone</i>
Attention: <i>Tonya Bridges</i>	Date: <i>4/20/21</i>
RE: <i>POC</i>	Office Location:
Fax Number: <i>919-715 8078</i>	Phone Number: <i>910 321-0069</i>

- Urgent
- Reply ASAP
- Please Comment
- Please Review
- For your Information

Total pages, including cover:

Comments:

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