

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

PRINTED: 05/05/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G245</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/04/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>ROBINHOOD GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1507 ROBINHOOD RD WILMINGTON, NC 28401</b>		
(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 000	INITIAL COMMENTS	W 000			
W 248	<p>A recertification survey and complaint survey were completed on May 4, 2021 for Intake #NC00173739. No deficiencies were cited for the complaint. However, deficiencies were cited as a result of the recertification survey.</p> <p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(7)</p> <p>A copy of each client's individual plan must be made available to all relevant staff, including staff of other agencies who work with the client, and to the client, parents (if the client is a minor) or legal guardian.</p> <p>This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure current individual program plans (IPP) were available to all relevant staff. This affected 6 of 6 audit clients (#1, #2, #3, #4, #5 and #6). The findings are:</p> <p>A. Review on 5/4/21 of client #1's record revealed an IPP dated 1/23/20.</p> <p>Interview on 5/4/21 with the Qualified Intellectual Disabilities Professional (QIDP) revealed an IPP meeting was conducted on 12/29/20 and was still in the process of writing the updated IPP. The QIDP confirmed no updated IPP was available for review.</p> <p>B. Review on 5/4/21 of client #2's record revealed an IPP dated 9/30/19.</p> <p>Interview on 5/4/21 with the Qualified Intellectual</p>	W 248	<p><b>DHSR - Mental Health</b></p> <p><b>MAY 17 2021</b></p> <p><b>Lic. &amp; Cert. Section</b></p> <p>The QIDP will complete the IPP for client #1 and will ensure the plan is made available to relevant staff by 7/3/21. Chart reviews will be conducted quarterly by the QIDP and Quality Assurance Coordinator to ensure IPPs are up-to-date.</p>		

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

TITLE

(X6) DATE

*Edna W...*

*Executive Director*

*5/11/21*

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 248	<p>Continued From page 1</p> <p>Disabilities Professional (QIDP) revealed an IPP meeting was conducted on 9/15/20 and was still in the process of writing the updated IPP. The QIDP confirmed no updated IPP was available for review.</p> <p>C. Review on 5/3/21 of client #3's record revealed an IPP dated 5/21/19.</p> <p>Interview on 5/4/21 with the Qualified Intellectual Disabilities Professional (QIDP) revealed an IPP meeting is scheduled for May 2021. The QIDP confirmed no updated IPP was available for review.</p> <p>D. Review on 5/4/21 of client #4's record revealed an IPP dated 4/16/20.</p> <p>Interview on 5/4/21 with the Qualified Intellectual Disabilities Professional (QIDP) revealed an IPP meeting was conducted on 4/29/21 and was still in the process of writing the updated IPP. The QIDP confirmed no updated IPP was available for review.</p> <p>E. Review on 5/3/21 of client #5's record revealed an IPP dated 1/30/19.</p> <p>Interview on 5/4/21 with the Qualified Intellectual Disabilities Professional (QIDP) revealed an IPP meeting was conducted on 2/9/21 and was still in the process of writing the updated IPP. The QIDP confirmed no updated IPP was available for review.</p> <p>F. Review on 5/3/21 of client #6's record revealed an IPP dated 10/8/19.</p> <p>Interview on 5/4/21 with the Qualified Intellectual</p>	W 248	<p>The QIDP will complete the IPP for client #2 and will ensure the plan is made available to relevant staff by 7/3/21. Chart reviews will be conducted quarterly by the QIDP and Quality Assurance Coordinator to ensure IPPs are up-to-date.</p> <p>The QIDP will complete the IPP for client #3 and will ensure the plan is made available to relevant staff by 7/3/21. Chart reviews will be conducted quarterly by the QIDP and Quality Assurance Coordinator to ensure IPPs are up-to-date.</p> <p>The QIDP will complete the IPP for client #4 and will ensure the plan is made available to relevant staff by 7/3/21. Chart reviews will be conducted quarterly by the QIDP and Quality Assurance Coordinator to ensure IPPs are up-to-date.</p> <p>The QIDP will complete the IPP for client #5 and will ensure the plan is made available to relevant staff by 7/3/21. Chart reviews will be conducted quarterly by the QIDP and Quality Assurance Coordinator to ensure IPPs are up-to-date.</p>		

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W 248	Continued From page 2	W 248	The QIDP will complete the IPP for client #6		
	Disabilities Professional (QIDP) revealed an IPP meeting was conducted on 9/15/20 and was still in the process of writing the updated IPP. The QIDP confirmed no updated IPP was available for review.		and will ensure the plan is made available to relevant staff by 7/3/21. Chart reviews will be conducted quarterly by the QIDP and Quality Assurance Coordinator to ensure IPPs are up-to-date.		
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)	W 249			
	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 review and interview, the facility failed to ensure 1 of 6 audit clients (#5) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the area of ambulation needs. The finding is:		DSPs will be retrained by the QIDP and/or LPN on use of client #5's gait belt by 7/3/21. The QIDP, Group Home Manager and Quality Assurance Coordinator will complete monthly observations to ensure training is followed.		
	During observations in the home on 5/3/21 from 2:45pm to 6:45pm, staff were observed to inconsistently utilize client #5's gait belt when ambulating. Throughout the observations, client #5 was observed to walk in areas throughout the home with no staff assisting her by holding on to the gait belt.				
	Review on 5/3/21 of client #5's IPP dated 1/30/19 revealed client #5 utilizes a gait belt and ankle				

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W 249	Continued From page 3 braces at all times to walk safely, and is a high risk for falls.  Review on 5/4/21 of client #5's nursing evaluation dated 1/25/21 revealed client #5 "needs gait belt and bilateral AFO braces for safety when walking."  Interview on 5/4/21 with Staff A revealed that staff should always hold client #5's gait belt when she is walking, and should never be allowed to walk unassisted.  Interview on 5/4/21 with the Home Manager (HM) and Qualified Intellectual Disabilities Professional (QIDP) confirmed that client #5 should never walk unassisted, and staff should always walk along with her by holding on to the back of her gait belt.	W 249			
W 262	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(i)  The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights.  This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the restrictive behavior techniques for 1 of 6 audit clients (#5) was reviewed and monitored by the human rights committee (HRC). The findings is:  Review on 5/3/21 of client #5's Individual Program Plan (IPP) revealed an objective for client #5 to maintain a low rate of target behaviors	W 262	The Behavior Intervention Plan for client #5 will be reviewed and consented to by the Human Rights Committee by 5/31/21. The QIDP will ensure all future BIPs are reviewed and consented to by the HRC prior to implementation. This will be monitored through quarterly chart reviews.		

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W 262	Continued From page 4 by displaying one or less episodes of disruption per month for twelve consecutive months. Further review on 5/4/21 of client #5's Behavior Intervention Plan (BIP) dated 6/29/20 revealed no review or consent by the HRC.	W 262			
W 263	<p>Interview on 5/4/21 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #5's BIP was not reviewed or consented to by the HRC.</p> <p><b>PROGRAM MONITORING &amp; CHANGE</b> CFR(s): 483.440(f)(3)(ii)</p> <p>The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure restrictive programs were only conducted with the written informed consent of a legal guardian. This affected 1 of 6 audit clients (#1). The finding is:</p> <p>Review on 5/4/21 of client #1's Behavior Intervention Plan (BIP) dated 4/30/19, revised 11/7/20, revealed written informed consent was not obtained from client #1's legal guardian.</p> <p>Interview on 5/4/21 with the Qualified Intellectual Disabilities Professional (QIDP) revealed the facility had received verbal consent from the legal guardian. The QIDP confirmed written informed consent was not obtained.</p>	W 263	<p>The Behavior Intervention Plan for client #1 will be reviewed and consented to by the the legal guardian by 5/31/21. The QIDP will ensure all future BIPs are reviewed and consented to by a legal guardian prior to implementation. This will be monitored through quarterly chart reviews.</p>		





P.O. Box 4203 Wilmington, NC 28406 Phone (910) 251-2555 FAX (910)-251-0590

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May 11, 2021

Justin Foster, MPA, QIDP  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section  
2718 Mail Service Center  
Raleigh NC 27699-2718

Dear Mr. Foster,  
Thank you for the time and courtesy in completing the annual survey for our group home at 1507 Robinhood Road on May 3rd and 4th. We are working to correct the issues that were identified in your time with us and these will be completed by 7/31/21. We look forward to you returning for a follow up review after this date.

Sincerely,

Ed Walsh  
Executive Director  
Cape Fear Group Homes Inc.