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

PRINTED: 06/18/2024 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER  ROBINHOOD GROUP HOME  SUMMARY STATEMENT OF DESICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG WILMINGTON, NC 28401  PREFEX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR ISC IDENTIFYING INFORMATION)  W 210  INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)  Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.  This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to ensure the interdisciplinary team completed preliminary evaluation conducted prior and the program plan (IPP) dated 3/5/24 revealed he was admitted to the facility on 1/31/24. Further review of client #4/s record revealed no nutritional assessment was obtained within 30 days of admission.  Interview on 6/18/24 with the Qualified Intellectual Disabilities Professional (QIDP) revealed client #4 record revealed no nutritional assessment was obtained within 30 days of admission and the facility is currently in the process of finding a new dielician.  W 262 PCGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(f)  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 cilent 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 3 of 3 audit clients (#3, #4 and #5) was reviewed and monitored in the hard monitored with human rights	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
ROBINHOOD GROUP HOME  ROBINHOOD GROUP HOME  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  W 210 INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)  Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments within 30 days after admission. This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to ensure the interdisciplinary team completed preliminary assessments within 30 days after admission. This affected 1 of 3 audit clients (#4). The finding is:  Review on 6/17/24 of client #4's individual program plan (IPP) dated 3/5/24 revealed he was admitted to the facility on 1/31/24. Further review of client #4's record review and not nutritional assessment was obtained within 30 days of admission.  Interview on 6/18/24 with the Qualified Intellectual Disabilities Professional (QIDP) revealed client #4 had not had a nutritional evaluation since admission and the facility is currently in the process of finding a new detician.  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, involver 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 3 of 3 audit clients (#3, #4 and #5)			34G245	B. WING		<del> </del>	06/18/2024	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE  (X6) DATE		Interview on 6/18/2 Disabilities Profess had not had a nutrit admission and the process of finding a PROGRAM MONIT CFR(s): 483.440(f).  The committee sho monitor individual p inappropriate behavi in the opinion of the client protection and This STANDARD i Based on record re failed to ensure the techniques for 3 of was reviewed and re	ional (QIDP) revealed client #4 tional evaluation since facility is currently in the a new dietician.  TORING & CHANGE (3)(i)  Full review, approve, and programs designed to manage vior and other programs that, a committee, involve risks to d rights. Is not met as evidenced by: review and interview, the facility restrictive behavior 3 audit clients (#3, #4 and #5) monitored by the human rights		262			

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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G245	B. WING		06/	/18/2024	
NAME OF PROVIDER OR SUPPLIER  ROBINHOOD GROUP HOME				STREET ADDRESS, CITY, STATE, ZIP CO 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 CORF X (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
	A. Review on 6/17/2 Support Plan (BSP) written HRC conser B. Review on 6/17/2 1/24/24 revealed no alarms.  C. Review on 6/17/2 revealed there is no written HRC conser Interview on 6/18/2 disabilities profession none of the 3 client alarms. The QIDP of should have obtained clients in the home. PROGRAM MONIT CFR(s): 483.440(f) The committee sho are conducted only consent of the client minor) or legal guar This STANDARD is Based on observatinterview, the facility programs were only informed consent of	The findings are:  The home throughout 6/17/24 and arms on the exit doors.  24 of client #3's Behavior dated 5/4/23 revealed no for door alarms.  24 of client #4's BSP dated written HRC consent for door do formal BSP in place nor for door alarms.  4 with the qualified intellectual onal (QIDP) revealed that shave HRC consent for exit confirmed that the facility ded HRC consent for all of the formal of the	W 2				

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AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			COMPLETED	
	<b>34G245</b> B. WING			06/18/2024				
NAME OF PROVIDER OR SUPPLIER  ROBINHOOD GROUP HOME			,	15	TREET ADDRESS, CITY, STATE, ZIP CODE 507 ROBINHOOD RD /ILMINGTON, NC 28401	,		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETION DATE	
W 263	Observations in the 6/18/24 revealed al A. Review on 6/17/2 Support Plan (BSP) written informed co door alarms.  B. Review on 6/17/2 1/24/24 revealed no legal guardian for d C. Review on 6/17/2 revealed there is no written informed co door alarms.  Interview on 6/18/2 disabilities profession of the 3 client exit alarms. The QI	home throughout 6/17/24 and arms on the exit doors.  24 of client #3's Behavior dated 5/4/23 revealed no ensent of a legal guardian for client #4's BSP dated written informed consent of a coor alarms.  24 of client #5's record formal BSP in place nor ensent of a legal guardian for client #5's record formal place nor ensent of a legal guardian for the with the qualified intellectual conal (QIDP) revealed that its have written consent for DP confirmed that the facility ed written informed consent	W 2	263				