STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING MHL068-135 08/31/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1508 EPHESUS CHURCH ROAD **RSI - EPHESUS CHURCH ROAD** CHAPEL HILL, NC 27517 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual survey was completed on August 31, RECEIVED 2018. Deficiencies were cited. By DHSR - Mental Health Lic. & Cert. Section at 4:21 pm, Sep 24, 2018 This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. V 108 27G .0202 (F-I) Personnel Requirements V 108 27G.0202 (F-I) Supervisor of Support Services/ 9/18/18 QP completed CPR/Standard First Aid training and was certfied on 9/18/18. QP was not alone 10A NCAC 27G .0202 PERSONNEL in the facility with clients from the date of survey, REQUIREMENTS 8/31/18 until her training was completed on (f) Continuing education shall be documented. 9/18/18. (g) Employee training programs shall be provided and, at a minimum, shall consist of the RSI's Compliance Coordinator is responsible for monitoring all employee training and certification following: compliance on a monthly basis. They will (1) general organizational orientation; continue to monitor certifications and contact (2) training on client rights and confidentiality as employees to schedule the training. If any delineated in 10A NCAC 27C, 27D, 27E, 27F and employee's certification becomes expired, the 10A NCAC 26B: Compliance Coordinator will contact the Director (3) training to meet the mh/dd/sa needs of the of Supported Living who will follow-up with an client as specified in the treatment/habilitation action plan within 3 business days. plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying. reporting, investigating and controlling infectious and communicable diseases of personnel and

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

(X6) DATE

STATE FORM

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING MHL068-135 08/31/2018 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1508 EPHESUS CHURCH ROAD **RSI - EPHESUS CHURCH ROAD** CHAPEL HILL, NC 27517 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 108 Continued From page 1 V 108 clients. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to have documentation of current Cardiopulmonary Resuscitation and First Aid training for one of three audited staff (the Supervisor of Support Services/Qualified Professional). The findings are:

Review of personnel records on 8/31/18 revealed:

-The Supervisor of Support Services/Qualified Professional had a hire date of 8/7/12.

- -The Supervisor of Support Services/Qualified Professional's Cardiopulmonary Resuscitation and First Aid training had expired 7/19/18.
- -There was no documentation of a current First Aid and Cardiopulmonary Resuscitation training for the Supervisor of Support Services/Qualified Professional.

Interview on 8/31/18 with the Supervisor of Support Services/Qualified Professional revealed:

- -She had just returned from being out on maternity leave.
- -She confirmed that her First Aid and Cardiopulmonary Resuscitation training had expired.
- -She acknowledged that she had been alone with clients at the home.
- -She was scheduled to complete First Aid and Cardiopulmonary Resuscitation training on 9/15/18.

Interview with the Director of Autism Services revealed:

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: __ B. WING_ MHL068-135 08/31/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1508 EPHESUS CHURCH ROAD **RSI - EPHESUS CHURCH ROAD** OLIABEL LILL NO OTEA

	CHAPEL H	HILL, NC 2	7517	
(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) COMPLETE DATE
V 108	Continued From page 2	V 108		
	-The Supervisor of Support Services/Qualified Professional had just returned from maternity leaveShe was not aware that the First Aid and Cardiopulmonary Resuscitation training for the Supervisor of Support Services/Qualified Professional had expiredShe thought the Supervisor of Support Services/Qualified Professional did not work alone at the houseShe confirmed the First Aid and Cardiopulmonary Resuscitation training for the Supervisor of Support Services/Qualified Professional had expiredHuman Resources was responsible for maintaining and scheduling First Aid and Cardiopulmonary Resuscitation trainingThe Supervisor of Support Services/Qualified Professional was scheduled to have First Aid and Cardiopulmonary Resuscitation training on 9/15/18The Supervisor of Support Services/Qualified Professional would not work alone at the home until she completed her First Aid and Cardiopulmonary Resuscitation training.			
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS	V 118	27G.0209 (C) RSI - Ephesus Church Road home is in compliance with this regulation. Client #2 has written physician's orders for all of her current medications and written physician approval to self-administer her	8/31/18

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client's physician.

drugs.

(c) Medication administration:

(1) Prescription or non-prescription drugs shall

order of a person authorized by law to prescribe

only be administered to a client on the written

(2) Medications shall be self-administered by

clients only when authorized in writing by the

(3) Medications, including injections, shall be

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physician approval to self-administer her

current medications and so that staff can

administer PRN medications to Client #2.

PRN administration is recorded on the MAR

at the time of administration. Since staff do

not administer routine medications to Client

#2, they do not record the administration.

order for the facility to have a list of all

medications. An MAR is kept in the home in

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		MHL068-135	B. WING		08/31/2018	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
PSI - FP	HESUS CHURCH ROA	1508 EPH	ESUS CHU	RCH ROAD		
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			D BE COMPLETE		
V 118	Continued From pa	ge 3	V 118			
	administered only bunlicensed persons pharmacist or other privileged to prepare (4) A Medication Ad all drugs administer current. Medications recorded immediate MAR is to include the (A) client's name; (B) name, strength, (C) instructions for a (D) date and time the (E) name or initials drug. (5) Client requests for checks shall be recorded.	y licensed persons, or by trained by a registered nurse, legally qualified person and e and administer medications. ministration Record (MAR) of ed to each client must be kept administered shall be ely after administration. The				
	facility failed to ensuraffecting one of three findings are: Review on 8/31/18 of an are and a series of Model Histrionic Personality Action Type Tremor. Review on 8/31/18 of dated 1/9/19 revealed Listerine- Use 1 ml	of Client #2's record revealed: by Disorder, Obesity and of Client #2's physician orders ed:				

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MMME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1508 EPHESUS CHURCH ROAD 15			IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
ISSI - EPHESUS CHURCH ROAD (K4) ID PRETRIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG V 118 Continued From page 4 - Fluticasone Propionate 50 mcg- Inhale two sprays in each nostril every day Preplus 27-1 mg. Take one tablet every day Preplus 27-1 mg. Take one tablet two sheating of tremores Risperidone 5 mg. Take one tablet at bedtime Divalproex 500 mg. Take two tablets (200 mg) at bedtime for tremors Risperidone 5 mg. Take one tablet at bedtime Propranolol- Take one tablet twice a day Selenium Sulfide 1% suspension- Use 5 ml to shampoo hair daily. Review on 8/31/18 of Client #2's MAR for June 2018 through August 2018 revealed blanks on the following dates: - Listerine- 6/1/18 - 6/30/18, 7/1/18 - 7/31/18, 8/1/18 - 8/31/18 Loratadine 10 mg- 6/1/18 - 6/30/18, 7/1/18 - 7/31/18, 8/1/18 - 8/31/18 Preplus 27-1 mg- 6/1/18 - 6/30/18, 7/1/18 - 7/31/18, 8/1/18 - 8/31/18 Preplus 27-1 mg- 6/1/18 - 6/30/18, 7/1/18 - 7/31/18, 8/1/18 - 8/31/18 Preplus 27-1 mg- 6/1/18 - 6/30/18, 7/1/18 - 7/31/18, 8/1/18 - 8/31/18 Preplus 27-1 mg- 6/1/18 - 6/30/18, 7/1/18 - 7/31/18, 8/1/18 - 8/31/18 Preplus 27-1 mg- 6/1/18 - 6/30/18, 7/1/18 - 7/31/18, 8/1/18 - 8/31/18 Preplus 27-1 mg- 6/1/18 - 6/30/18, 7/1/18 - 7/31/18, 8/1/18 - 8/31/18 Preplus 27-1 mg- 6/1/18 - 6/30/18, 7/1/18 - 7/31/18, 8/1/18 - 8/31/18 Preplus 27-1 mg- 6/1/18 - 6/30/18, 7/1/18 - 7/31/18, 8/1/18 - 8/31/18 Preplus 27-1 mg- 6/1/18 - 6/30/18, 7/1/18 - 7/31/18, 8/1/18 - 8/31/18 Preplus 27-1 mg- 6/1/18 - 6/30/18, 7/1/18 - 7/31/18, 8/1/18 - 8/31/18 Preplus 27-1 mg- 6/1/18 - 6/30/18, 7/1/18 - 7/31/18, 8/1/18 - 8/31/18 Preplus 27-1 mg- 6/1/18 - 6/30/18, 7/1/18 - 7/31/18, 8/1/18 - 8/31/18 Preplus 27-1 mg- 6/1/18 - 6/30/18, 7/1/18 - 7/31/18, 8/1/18 - 8/31/18 Preplus 27-1 mg- 6/1/18 - 6/30/18, 7/1/18 - 7/31/18, 8/1/18 - 8/31/18 Preplus 27-1 mg- 6/1/18 - 6/30/18, 7/1/18 - 7/31/18, 8/1/18 - 8/31/18 Preplus 27-1 mg- 6/1/18 - 6/30/18, 7/1/18 - 7/31/18, 8/1/18 - 8/31/18 P			MHL068-135	B. WING		08/3	1/2018
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PRÉFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) V118 Continued From page 4 -Fluticasone Propionate 50 mcg- Inhale two sprays in each nostri every dayPrieplus 27-1 mg- Take one tablet every dayPrimidone 50 mg- Take four tablets (200 mg) at bedtime for tremorsRisperidone 5 mg- Take one tablet at bedtimeDivalproex 500 mg- Take two tablets (1000 mg) at bedtimePropranolol- Take one tablet wice a daySelenium Sulfide 1% suspension- Use 5 ml to shampoo hair dailiy. Review on 8/31/18 of Client #2's MAR for June 2018 through August 2018 revealed blanks on the following dates: -Listerine- 6/11/8 - 6/30/18, 7/1/18 - 7/31/18, 8/11/8 - 8/31/18Fluticasone Propionate 50 mcg- 6/1/18 - 6/30/18, 7/1/18 - 7/31/18, 8/1/18 - 8/31/18Preplus 27-1 mg- 6/1/18 - 6/30/18, 7/1/18 - 7/31/18, 8/1/18 - 8/31/18Preplus 27-1 mg- 6/1/18 - 6/30/18, 7/1/18 - 7/31/18, 8/1/18 - 8/31/18Primidone 50 mg- 6/1/18 - 6/30/18, 7/1/18 - 7/31/18, 8/1/18 - 8/31/18Primidone 50 mg- 6/1/18 - 6/30/18, 7/1/18 - 7/31/18, 8/1/18 - 8/31/18Propranolol- 6/1/18 - 6/30/18, 7/1/18 - 7/31/18, 8/1/18 - 8/31/18Propranolol- 6/1/18 - 6/30/18, 7/1/18 - 7/31/18, 8/1/18 - 8/31/18Propranolol- 6/1/18 - 6/30/18, 7/1/18 - 7/31/18, 8/1/18 - 8/31/18Propranolol- 6/1/18 - 6/30/18, 7/1/18 - 7/31/18, 8/1/18 - 8/31/18Propranolol- 6/1/18 - 6/30/18, 7/1/18 - 7/31/18, 8/1/18 - 8/31/18Propranolol- 6/1/18 - 6/30/18, 7/1/18 - 7/31/18, 8/1/18 - 8/31/18Propranolol- 6/1/18 - 6/30/18, 7/1/18 - 7/31/18, 8/1/18 - 8/31/18Propranolol- 6/1/18 - 6/30/18, 7/1/18 - 7/31/18, 8/1/18 - 8/31/18Propranolol- 6/1/18 - 6/30/18, 7/1/18 - 7/31/18, 8/1/18 - 8/31/18Propranolol- 6/1/18 - 6/30/18, 7/1/18 - 7/31/18, 8/1/18 - 8/31/18Propranolol- 6/1/18 - 6/30/18, 7/1/18 - 7/31/18, 8/1/18 - 8/31/18Propranolol- 6/1/18 - 6/30/18, 7/1/18 - 7/31/18, 8/1/18 - 8/31/18Propranolol- 6/1/18 - 6/30/18, 7/1/18 - 7/31/18, 8/1/18 - 8/31/18Propranolol- 6/1/18 - 6/30/18, 7/1/18 - 7/31/18, 8/1/18 - 8/31/18Propranolol- 6/1/18 - 6/30/18, 7/1/18 - 7/31/18, 8/	RSI - EPI	RSI - EPHESUS CHURCH ROAD					
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medications.	V 118	-Fluticasone Propio sprays in each nost -Preplus 27-1 mg-Primidone 50 mg-bedtime for tremors -Risperidone .5 mg-Divalproex 500 mg at bedtimePropranolol- Take -Selenium Sulfide 1 shampoo hair daily Review on 8/31/18 2018 through Augu following dates: -Listerine- 6/1/18 - 8/1/18- 8/31/18, 8/1/18- 8/31/18, 8/1/18- 8/3-Fluticasone Propio 7/1/18 - 7/31/18, 8/1/18- 8/3-Primidone 50 mg-7/31/18, 8/1/18- 8/3-Primidone 50 mg-7/31/18, 8/1/18- 8/3-Primidone 50 mg-7/31/18, 8/1/18- 8/3-Propranolol- 6/1/18/1/18- 8/31/18 -Selenium Sulfide 16/30/18, 7/1/18 - 7/11-She had been resi yearsShe liked staff and -She had never had	onate 50 mcg- Inhale two tril every day. Take one tablet every day. Take four tablets (200 mg) at st Take one tablet at bedtime Take two tablets (1000 mg) one tablet twice a day. I'w suspension- Use 5 ml to of Client #2's MAR for June st 2018 revealed blanks on the 6/30/18, 7/1/18 - 7/31/18, onate 50 mcg- 6/1/18 - 6/30/18, 1/18- 8/31/18. onate 50 mcg- 6/1/18 - 6/30/18, 1/18- 8/31/18. onate 50 mcg- 6/1/18 - 6/30/18, 7/1/18 - 8/1/18 - 8/1/	V 118			

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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		
		MHL068-135	B. WING		08/3	1/2018	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE			
RSI - EP	HESUS CHURCH ROA	AD	ESUS CHUP HILL, NC 27				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
V 118	-She administered she locked her medications since she dicationsClient #2 had been medications since she medications since she medicationsClient #2 always to prescribedThe June, July and blank for Client #2 hot have to complete administering her medicationsStaff at the home of PRN medicationsShe confirmed the MAR was kept current for Client #2 had been medications.	her own medications. Edications in her bedroom. Supervisor of Support Professional on 8/31/18 Professional on 8/31/18	V 118	DHSR - Mental Health SEP 2 4 2018 Lic. & Cert. Section			

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