

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-902</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/15/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>RUSMED 1</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2104 WINNIE PLACE RALEIGH, NC 27603</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) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed 10/15/18. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the governing body failed to assure the facility was maintained in an attractive manner. The findings are:</p> <p>Observation on 10/12/18 between 11:00 - 11:13 AM revealed:</p> <ul style="list-style-type: none"> <li>- dents and semi-circle shaped crack in the stairwell wall as well as multiple scuff marks</li> <li>- a hole in the wall at door knob level in client #2's room and the smoke detector was down</li> <li>- the smoke detector in client #1's room was down (smoke detector in hall on this level was in tact)</li> <li>- the commode tank lid and shower curtain in the upstairs bathroom was missing, the door to the medicine cabinet was missing and a hole was in the wall behind the door at door knob level</li> <li>- there was a 1 foot crack in the top right quadrant</li> </ul>	V 736		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 736	<p>Continued From page 1</p> <p>of client #3's room door and the door frame was cracked</p> <p>Observation at 11:32 AM revealed client #2 knocking objects off a cabinet near where the surveyor was working.</p> <p>During an interview on 10/12/18, the Manager explained the appearance of the house was due to numerous and repeated episodes of property destruction by the clients. The Manager explained repair work was frequently done at the facility.</p>	V 736		