

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL068-099	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/12/2018
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NAME OF PROVIDER OR SUPPLIER RSI-HAMILTON ROAD	STREET ADDRESS, CITY, STATE, ZIP CODE 237 HAMILTON ROAD CHAPEL HILL, NC 27517
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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 on December 12, 2018. 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 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to conduct fire and disaster drills under conditions that simulate emergencies at least quarterly and repeated for each shift. The findings are:</p> <p>Record review on 12/12/18 of the facility's fire drill log revealed the following: -3/23/18- 1st shift. -1/9/18- 2nd shift.</p>	V 114		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 114	<p>Continued From page 1</p> <ul style="list-style-type: none"> -3/27/18- 3rd shift. -6/18/18- 1st shift. -4/13/18- 2nd shift. -6/14/18- 3rd shift. -11/7/18- 3rd shift. -For the third quarter of 2018, there were no fire drills for 1st, 2nd or 3rd shift. <p>Record review on 11/20/18 of the facility's disaster drill log revealed the following:</p> <ul style="list-style-type: none"> -2/10/18- 7 AM, 1st shift. -6/25/18- 3 PM, 2nd shift. -9/22/18- 11 PM, 3rd shift. -10/12/18- 10 AM, 1st shift. -There were no records on log for November or December 2017. -For the first quarter of 2018, there were no disaster drills for 2nd or 3rd shift. -For the second quarter of 2018, there were no disaster drills for 1st or 3rd shift. -For the third quarter of 2018, there were no disaster drill for 1st or 2nd shift. <p>Interview with client #2 on 12/12/18 revealed:</p> <ul style="list-style-type: none"> -Fire drills had been conducted at the home. -Disaster drill had been conducted at the home. <p>Interview with the Director of Operations on 12/12/18 revealed:</p> <ul style="list-style-type: none"> -Facility operates under three shifts. -She confirmed staff failed to conduct drills under conditions that simulate fire emergencies under each shift on each quarter. 	V 114		