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: \_ MHL068-099 B. WING 12/12/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 237 HAMILTON ROAD **RSI-HAMILTON ROAD** CHAPEL HILL, NC 27517 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual survey was completed on December 12, 2018. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. V 114 27G .0207 Emergency Plans and Supplies V 114 27G.0207 12/31/18 Staff were provided retraining on completion of quarterly fire drills. Fire drills were conducted on each shift (1st, 2nd, and 3rd) in the fourth quarter 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES of 2018. (a) A written fire plan for each facility and Moving forward, the DSP-Administrative Assistant area-wide disaster plan shall be developed and will be responsible for scheduling all fire and disaster drills with the home and monitoring that shall be approved by the appropriate local all drills are completed for each shift on a quarterly authority. basis. Monitoring will take place on a monthly basis. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. (d) Each facility shall have basic first aid supplies accessible for use. DHSR - Mental Health This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to conduct fire and disaster drills a cert. Section under conditions that simulate emergencies at least quarterly and repeated for each shift. The findings are: 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. Division of Health Service Regulation

STATE FORM

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

(X6) DATE

TITLE

Division	of Health Service Re	gulation			T	1101/51/
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL068-099	B. WING		12/12	2/2018
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
237 HAMILTON ROAD RSI-HAMILTON ROAD CHAREL HILL NC 27517						
CHAPEL HILL, NO 27011						
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	SHOULD BE COMPLETE	
V 114	Continued From pa	age 1	V 114			
V 114	-3/27/18- 3rd shift6/18/18- 1st shift4/13/18- 2nd shift6/14/18- 3rd shift11/7/18- 3rd shiftFor the third quart drills for 1st, 2nd or disaster drill log re-2/10/18- 7 AM, 1s-6/25/18- 3 PM, 2n-9/22/18- 11 PM, 3-10/12/18- 10 AM, -There were no recomber 2017For the first quart disaster drills for 2-For the second quart disaster drills for 1-For the third quart disaster drill for 1s Interview with client-Fire drills had been been been been been been been bee	er of 2018, there were no fire r 3rd shift.  11/20/18 of the facility's vealed the following: t shift. d shift. rd shift. 1st shift. cords on log for November or er of 2018, there were no nd or 3rd shift. Larter of 2018, there were no st or 3rd shift. ter of 2018, there were no st or 3rd shift. ter of 2018, there were no t or 2nd shift. ter of 2018, there were no t or 2nd shift. Director of Operations on : under three shifts. aff failed to conduct drills under nulate fire emergencies under				

January 2, 2018

Edgar Garrido Mental Health Licensure & Certification Section Division of Health Service Regulation 2718 Mail Service Center Raleigh, NC 27699-2718

Dear Mr. Garrido,

Please find the enclosed plan of correction for the deficiency cited during the December 2018 survey of RSI-Hamilton Road. Please let me know if there are any questions or need for additional information.

Sincerely,

Brandi Baker

Director of Supported Living Services

Brandi Balen, BA/ap

Residential Services, Inc.

111 Providence Rd.

Chapel Hill, NC 27514

919-942-7391 x131

DHSR - Mental Health

JAN 07 2013

Lic. & Cert. Section