

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL068-135</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/31/2019</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>RSI - EPHESUS CHURCH ROAD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1508 EPHESUS CHURCH ROAD CHAPEL HILL, NC 27517</b>
--	--

(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><b>INITIAL COMMENTS</b></p> <p>An annual and follow-up survey was completed on July 31, 2019. 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 118	<p><b>27G .0209 (C) Medication Requirements</b></p> <p><b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b></p> <p>(c) Medication administration:</p> <p>(1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p>	V 118		

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

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL068-135</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/31/2019</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>RSI - EPHESUS CHURCH ROAD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1508 EPHESUS CHURCH ROAD CHAPEL HILL, NC 27517</b>
--	--

(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 118	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure medications were available as ordered by a physician for one of three audited clients (#1). The findings are:</p> <p>Review on 7/31/19 of client #1's record revealed: -Admission date of 1/9/04. -Diagnoses of Mild Intellectual Disabilities; Anxiety Disorder Unspecified; Depressive Disorder NOS.</p> <p>Review on 7/31/19 of client #1's physician's order dated 1/9/19 revealed: -Lorazepam 0.5 mg - Take one tablet as needed for anxiety.</p> <p>Observation on 7/31/19 at 12:00 p.m. of client #1's medication revealed the following medication was not available: -Lorazepam 0.5 mg - Take one tablet as needed for anxiety.</p> <p>Review on 7/31/19 of client #1's MAR for May-July 2019 revealed -Medication order was still active. -It had not been administered in the last three months. -There was no control substance medication countdown sheet.</p> <p>Interview on 7/31/19 with the Supervisor of Support Services revealed: -She no longer worked directly with the home, but still knew the residents and staff.</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL068-135</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/31/2019</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>RSI - EPHESUS CHURCH ROAD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1508 EPHESUS CHURCH ROAD CHAPEL HILL, NC 27517</b>
--	--

(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 118	<p>Continued From page 2</p> <ul style="list-style-type: none"> <li>-She was not familiar with current operations.</li> <li>-She was not aware that client #1's Lorazepam was not available.</li> <li>-The Qualified Professional (QP) was responsible to make sure PRN medications were available at the home.</li> <li>-She communicated with the QP and was informed that it was not available.</li> <li>-She confirmed that facility failed to ensure medications were available as ordered by a physician.</li> </ul> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118		