

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/08/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G335</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/07/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>RSI - CHRISTOPHER ROAD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>802 CHRISTOPHER ROAD CHAPEL HILL, NC 27514</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) COMPLETION DATE
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W 192	<p><b>STAFF TRAINING PROGRAM</b> CFR(s): 483.430(e)(2)</p> <p>For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure staff were sufficiently trained in reporting seizures. This affected 1 of 4 audit clients (#1). The finding is:</p> <p>Staff were not adequately trained in reporting seizures.</p> <p>During evening observations in the home on 1/6/2020 at 4:39pm, client #1 had a seizure. Staff A was able to catch client #1 before he dropped to the floor. Further observations revealed Staff A assisting client #1 to the living room to sit down on the couch. Additional observations revealed there was no taking of the time for how long the seizure lasted.</p> <p>During an interview on 1/6/2020, Staff A revealed client #1 does have seizures.</p> <p>Review on 1/7/2020 of client #1's individual program plan (IPP) dated 12/11/19 stated, "[Client #1] continues to have frequent seizures...."</p> <p>Review on 1/7/2020 of client #1's nursing evaluation dated 11/20/19 revealed he has a diagnosis of Refractory Seizure Disorder. Further review stated, "Recommendations:...2. Seizures...C. Record all seizures on seizure record. D. Follow seizure protocol when seizures occur...."</p>	W 192		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 192	Continued From page 1  Review on 1/7/2020 of client #1's seizure protocol dated 5/8/18 stated, "...5. Note time seizure began....9. Document the seizure on the seizure record including the date, time, length and a description of the seizure."  During an interview on 1/7/2020, the qualified intellectual disabilities professional (QIDP) confirmed client #1 does have seizures. Further interview revealed a seizure report form should have been filled out yesterday (1/6/2020). The QIDP also stated staff have been trained to fill out the seizure report forms.	W 192		