

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-935	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 12/23/2019
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NAME OF PROVIDER OR SUPPLIER RUSMED III	STREET ADDRESS, CITY, STATE, ZIP CODE 5401 ORCHARD POND DRIVE RALEIGH, NC 27616
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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
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V 000	<p>INITIAL COMMENTS</p> <p>An Annual and Follow Up Survey was completed December 23, 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 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 review and interview, the facility failed to assure fire and disaster drills were completed at least quarterly on each shift. The findings are:</p> <p>Review on 12/16/19 of the facility's records revealed no fire or disaster drills</p> <p>During interview on 12/17/19, client #2 reported: -the staff had not conducted fire or disaster</p>	V 114	<p>DHSR-Mental Health</p> <p>JAN 16 2020</p> <p>Lic. & Cert. Section</p> <p><i>QP will coordinate with House manager to schedule fire and disaster drills quarterly. QP</i></p>	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Ammy Russell Meadows* TITLE *CEO* (X6) DATE *1/14/2020*

STATE FORM 6899 XK0X11 If continuation sheet 1 of 2

Division of Health Service Regulation

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V 114	Continued From page 1 drills "in a long time" During interview on 12/17/19, the House Manager reported she: -could not locate the fire and disaster drill logs	V 114	Will monitor this monthly. QP will train House Manager on proper protocol to ensure <u>All</u> staff will be trained.	
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NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

January 7, 2020

Tammy Russell Meadows, CEO
Russell Meadows Institute
308-C West Millbrook Road
Raleigh, NC 27615

Re: Annual and Follow Up Survey completed December 23, 2019
Rusmed III, 5401 Orchard Pond Drive, Raleigh, NC 27616
MHL # 092-935
E-mail Address: Rusmed6@gmail.com

Dear Mrs. Tammy Russell Meadows:

Thank you for the cooperation and courtesy extended during the Annual and Follow Up Survey completed December 23, 2019.

As a result of the Follow Up Survey, it was determined that all of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- A standard level deficiency.

Time Frames for Compliance

- Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is February 21, 2020.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records.
Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

January 7, 2020
Mrs Tammy Russell Meadows
Russell Meadows Institute

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

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

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Renee Kowalski-Ames, team leader at 919-552-6847.

Sincerely,



India Vaughn-Rhodes
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: DHSR@Alliancebhc.org
Pam Pridgen, Administrative Assistant