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

PRINTED: 05/20/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G035	A. BUILDING _____ B. WING _____	05/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILO DRIVE FACILITY-CHAPEL HILL	111 SILO DRIVE CHAPEL HILL, NC 27514

(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
W 248	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(7) A copy of each client's individual plan must be made available to all relevant staff, including staff of other agencies who work with the client, and to the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on observations and interviews the facility failed to assure copies of the most current individual program plans (IPP) were available for staff at the home. This affected 3 of 3 audit clients (#1, #2 and #4) The finding is: Upon arrival to the home on 5/18/2021, there were no current IPPs in the home or in the computer program known as Therap. The staff working (staff A and B) and the staff working on second shift (C, D and E) all pointed to the same books or Therap to find the IPPs if there were IPPS for them to access. No books had them and Therap did not include them. Interview on 5/18/2021 with the director of ICF revealed she would obtain the IPPs as they had been done and she indicated the IPPs would be uploaded into Therap now.	W 248	All current Individual Support Plans will be uploaded in Therap. The Supervisor of Support Services will be responsible for uploading ISPs as updated. The Director of ICF/IID Services will ensure completion within 5 business days.	7/17/21
W 263	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii) The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.	W 263	All Behavior Support Plan approvals and signatures will be obtained as needed. The Supervisor of Support Services will be responsible for ensuring the written informed consent is obtained prior to implementation and the signed consent forms are uploaded to Therap. The Director will monitor completion at least quarterly and as plans are revised.	7/17/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Deborah Kerr. Director of ICF/IDD Services 6/17/21

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.

RECEIVED
By DHSR Mental Health Licensure & Certification at 3:10 pm, Jun 23, 2021

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

PRINTED: 05/20/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G035	A. BUILDING _____ B. WING _____	05/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILO DRIVE FACILITY-CHAPEL HILL	111 SILO DRIVE CHAPEL HILL, NC 27514

PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
W 263	Continued From page 1 This STANDARD is not met as evidenced by: Based on observations, record reviews and interview the facility failed to assure that 3 of 3 audit clients (#1,#2 and #4) had consent for their restrictive behavior plans prior to implementation of them. The finding is: A. Review on 5/19/2021 of client #1's most current behavior support plan (BSP) undated indicated he will reduce hostile interactions, property destruction and aggression. The plan included restriction of knives or sharps and prescription of medications (Dexedrine, Risperdal and Tegretol) and isolation. There was a consent page but it remains unsigned. B. Review on 5/19/2021 of client #2's most current BSP undated indicated he will not engage in aggression and reduce incidents of self-injury. The goal defined self-injury and aggression. Neither definition included eating food or raw food as part of the target behavior definitions. In the history and rationale section, it was noted that "food issues are significant." It went on to explain that he was significantly overweight upon admission and that he was "almost relieved when the refrigerator, freezer and pantry was locked." The plan included restrictive components of locking the areas for a non-target behavior and included restrictive use of medications (Prolixin and Depakote) to address other behaviors. There was a consent page but it remains unsigned. C. Review on 5/19/2021 of client #4's most current BSP undated indicated he will not engage in attempts to unfasten his seatbelt and his physical aggression will decrease. The plan included restrictive components of locking the	W 263		

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

PRINTED: 05/20/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G035	A. BUILDING _____ B. WING _____	05/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILO DRIVE FACILITY-CHAPEL HILL	111 SILO DRIVE CHAPEL HILL, NC 27514

(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
W 263	Continued From page 2 breaks on his wheelchair, isolation, secondary seatbelt and termination of his community outings. There was a consent page but it remains unsigned. Interview with the qualified intellectual disability professional (QIDP) on 5/19/2021 revealed the BSPs are current and implemented without consent.	W 263		
W 288	MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3) Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to assure all techniques to manage behavior were incorporated into a plan to reduce the behavior. This affected 1 of 3 audit clients (#2). The finding is: During observations on 5/18 and 5/19/2021, the refrigerator was locked with a chain and pad lock and the pantry was locked. This was locked and unlocked by staff when the individuals were working in the kitchen. Interview with staff C and the qualified intellectual disability professional (QIDP) on 5/19/2021 revealed the areas are locked due to client #2's behaviors of eating food, including raw food. Review of client #2's most current and active	W 288	Behavior support plan will be reviewed and revised to ensure all techniques to manage the individuals behavior (food issues contributing to unsafe behavior) are incorporated. Definitions, history,and current guidelines will be reviewed and revised as needed within the plan. The Supervisor of Support Services will be responsible for completion, obtaining informed signed consent, in-servicing staff on the revised/updated plan, and implementation. The Director of ICF/IID Services will be responsible for monitoring completion.	7/17/21

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

PRINTED: 05/20/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G035	A. BUILDING _____ B. WING _____	05/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILO DRIVE FACILITY-CHAPEL HILL	111 SILO DRIVE CHAPEL HILL, NC 27514

(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
W 288	Continued From page 3 behavior support plan (BSP), not dated, revealed a goal to engage in less incidents of aggression and less incidents of self - injury. The goal defined self-injury and aggression. Neither definition included eating food or raw food as part of the target behavior definitions. In the history and rationale section, it was noted that "food issues are significant." It went on to explain that he was significantly overweight upon admission and that he was "almost relieved when the refrigerator, freezer and pantry was locked." However, it did not address criteria to meet improved "food issues." It also did not address the reduction of the need for the rights restriction of locking up the areas. Interview with the QIDP on 5/19/2021 confirmed this is the current behavior plan that is being implemented without consent and that it did not address the food issues in the target behaviors of the goal.	W 288		

Residential Services, Inc
111 Providence Road
Chapel Hill, NC 27514
Phone: (919) 942-7391
Fax: (919) 933-4490
www.rsi-nc.org

FAX COVER SHEET

To: Mental Health Licesnsure and Certification Section

Fax Number: (919) 715-8078

From: Debbie Klein - Director of ICF/IID Services

Date: 6/17/21

Pages (including cover sheet): 5

Message:

Plan of Correction for Silo Group Home. Please let me know if there is anything else you need from us.

Thanks,
Debbie Klein
Director of ICF/IID Services
dklein@rsi-nc.org
(919) 368-1293

The information contained in this facsimile message is Residential Service Inc.'s privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, or copy of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone and return the original message to us at the above address via the U.S. Postal Service. Thank you.