

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL068-093	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/17/2021
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NAME OF PROVIDER OR SUPPLIER RSI-ABERDEEN GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 106 ABERDEEN COURT CARRBORO, NC 27510
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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
V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on September 17, 2021. Deficiency 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 conduct fire and disaster drills under the conditions that simulate emergencies at least quarterly and repeated for each shift. The findings are:</p> <p>Review on 9/16/21 at 9:20am and 9/17/21 at 4:10pm of the facility's fire drills revealed: -There was no evidence that fire drills had been conducted on 3rd shift during the 2nd and 3rd</p>	V 114		

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

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V 114	<p>Continued From page 1</p> <p>quarter of 2021.</p> <p>-There was no evidence that fire drills had been conducted during any shift for the 4th quarter of 2020.</p> <p>Review on 9/16/21 at 9:35am and 9/17/21 at 4:30pm of the facility's disaster drills revealed:</p> <p>-There was no evidence that disaster drills had been conducted on 3rd shift during the 2nd and 3rd quarter of 2021.</p> <p>-There was no evidence that disaster drills had been conducted during any shift for the 4th quarter of 2020.</p> <p>Interview on 9/17/21 with staff #1 revealed:</p> <p>-The shifts in the home were 1st shift 7am-3pm, 2nd shift 3pm-9pm and 3rd shift 9pm-7am.</p> <p>-Staff are one-on- one with clients in the home on shift.</p> <p>-During the COVID period all drills were completed as table talk with the clients.</p> <p>-During the Pre-COVID period all drills were completed announced and unannounced.</p> <p>-Drills were completed by staff working the shift on that day.</p> <p>Interview on 9/17/21 with the Director of Autism Services revealed:</p> <p>-Staff are aware that fire and disaster drills were to be completed.</p> <p>-Staff had a form that tells them when and what type of shift was completed.</p> <p>-During the COVID period all drills stopped from March 2020- December 2020 as a precaution.</p> <p>-She confirmed staff failed to conduct drills under conditions that simulate emergencies under each shift on each quarter.</p>	V 114		