Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL092-902	B. WING		09/2	0/2021
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE		
RUSME	0 1		, NC 27603			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
V 000	INITIAL COMMEN	rs	V 000			
	An annual and complaint survey was completed on 09/20/21. The complaint was substantiated (#NC00180717, #NC00180772,#NC00180630). Deficiencies were cited.					
V 112	27G .0205 (C-D) Assessment/Treatr	nent/Habilitation Plan	V 112			
	PLAN  (c) The plan shall the assessment, and in legally responsible of admission for clir receive services be (d) The plan shall if (1) client outcome (achieved by provisi projected date of ac (2) strategies;  (3) staff responsible (4) a schedule for annually in consultar responsible person (5) basis for evalua outcome achievem (6) written consent responsible party, or consultation of the consent responsible party, or consultation of the consent responsible party, or consent responsible party or consent responsible party or consent responsi	pe developed based on the partnership with the client or person or both, within 30 days ents who are expected to yond 30 days. Include: (a) that are anticipated to be on of the service and a chievement; (b) the plan at least atton with the client or legally or both; atton or assessment of				

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

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RUSME	0.1		NIE PLACE			
			, NC 27603			
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V 112	Continued From pa	ge 1	V 112			
	interview the facility implement strategie of three clients (#3)	view, observation and failed to develop and es in the treatment plan for one . The findings are:				
	Review on 9/14/21 of client #3's record revealed: -Admitted: 05/04/20 -Diagnoses: Autism Spectrum Disorder, Attention Deficit Hyperactivity Disorder, Severe Intellectual Disability -Order from psychologist dated 6/10/20 to wear "tough clothing"  Review on 9/14/21 of client #3's treatment plan dated 7/01/21 revealed: -No goals or strategies to address client #3's behavior of ripping and destroying his clothes					
	folding and hanging Residential Manager hangers and hangir office/medication roclothes were kept with mechanism on the Observation on 9/1-bedroom had no clothes.	4/21 at 12:30pm client #3 was a laundry. Client #3 and er were putting the clothes on the downstairs from closet. Closet door where was unlocked, had no locking door knob 4/21 at 1:45pm client #3's othes hanging in the closet er floor of the closet or in his				
	stated: -Client #3 ripped an -Client #3's clothes downstairs to keep his clothing -Thought it was in h	1 the Residential Manager ad destroyed his clothing were kept in the closet client #3 from tearing up all his treatment plan othes in the downstairs closet				

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RUSME	<b>)</b> 1	= . *	NIE PLACE NC 27603			
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V 112	Continued From pa	ge 2	V 112			
		ad been put in the downstairs been employed (hire date				
V 118	27G .0209 (C) Med	ication Requirements	V 118			
	only be administered order of a person and drugs.  (2) Medications shat clients only when and client's physician.  (3) Medications, include administered only bunlicensed persons pharmacist or other privileged to prepare (4) A Medication Administer current. Medication recorded immediate MAR is to include the (A) client's name;  (B) name, strength, (C) instructions for a (D) date and time the (E) name or initials drug.  (5) Client requests to checks shall be recorded.	inistration: non-prescription drugs shall ad to a client on the written uthorized by law to prescribe all be self-administered by uthorized in writing by the cluding injections, shall be by licensed persons, or by trained by a registered nurse, are legally qualified person and the and administer medications. Ininistration Record (MAR) of the document of the design				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	AULTIPLE CONSTRUCTION (X3) DATI COM		SURVEY LETED
		MHL092-902	B. WING		09/2	0/2021
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	•	
RUSME	01		NIE PLACE , NC 27603			
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V 118	Continued From pa	ge 3	V 118			
	interview the facility medications on the	et as evidenced by: view, observation and r failed to administer written order of a physician see clients (#2). The findings				
	-Admitted: 8/1/21 -Diagnoses: Severe II Disorder, Mixed A Disorder -Physician orders d - Lithium carbonate tablets, take 1 table - Polyethylene glyco (17grams) in 8 oundake by mouth ever	ER 450 milligram (mg) of by mouth twice daily of 3350 PQ, mix 1 packet ces beverage of choice and				
	medications -Lithium carbonate pack not administer	/21 at 10:45am of client #2's ER 450 mg were in the pill red for 9/1/21-9/9/21 I 3350 PQ was not available at				
	revealed: -Lithium carbonate as administered for	I 3350 PQ was not initialed as				

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RUSMED 1 2104 WINN			DRESS, CITY, S NIE PLACE , NC 27603	STATE, ZIP CODE		
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V 118	-Prilosec over the cadministered 8/18/2 Interview on 9/9/21 stated: -Lithium was stopp-Had not received a -Polyethylene glyco by the pharmacy -The mother requesclient #2 daily -She was aware than eeded a doctor's continuous interview on 9/9/21 -Lithium was held at to be given -Prilosec was writted mother requested to daily	ounter (OTC) was initialed as 21-9/9/21 the Residential Manager ed by request of the mother adoctor's order to stop I 3350 hadn't been delivered sted that Prilosec was given to at medications administered order	V 118			
	-Had not been to th medications -Residential Manag medication closet to present	e group home to look over er usually checked in the e ensure all medications are d be given according to the				
V 736	10A NCAC 27G .03 EXTERIOR REQUI (c) Each facility and maintained in a safe	ty and Grounds Maintenance 03 LOCATION AND REMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive	V 736			

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V 736	Continued From pa	ge 5	V 736			
	was not maintained manner. The finding manner is the floor between the ripped and torn with the other rip was the and was detached the manner of the sink faucet escutch sink and moved who off and working the company and it take done and it take d	on and interview the facility in a safe and attractive gs are:  4/21 at 1:45pm revealed: he office and kitchen was a one rip the size of a dollar bill e size of an mailing envelope from the foundation  the neon was detached from the en the water was turned on or room beside the kitchen was with several spots the size of a ring room floor  throom missing medicine cabinet  41's room light bulbs using from vanity  1 the Residential Manager en sold to a managing es a long time to get repairs omitted to the managing were waiting for contractors to				

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V 736	Continued From pa	ge 6	V 736			
	-The house was so and it has taken a li completed -Has had to comple	1 the License stated: Id to a managing company ittle longer to get repairs ete some repairs and pay out process takes so long				
V 752	27G .0304(b)(4) Ho	t Water Temperatures	V 752			
	EQUIPMENT (b) Safety: Each fa constructed and eq ensures the physica visitors. (4) In areas cexposed to hot water	cility shall be designed, uipped in a manner that al safety of clients, staff and of the facility where clients are er, the temperature of the tained between 100-116 t.				
	failed to ensure wat maintained between Observation on 9/14 revealed the followi	on, and interview the facility ter temperatures were n 100-116. The findings are:  4/21 at 1:00pm & 1:30pm ng water temperatures: clients' bathroom sink were				
	Manager stated: -Water temperature	9/14/21 the Residential es are usually that high order for the water temperature				

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