

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL068-094</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/30/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>RSI - PINEY MOUNT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>429 PINEY MOUNTAIN 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) COMPLETE DATE
V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on September 30, 2021. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600 Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 114	<p><b>27G .0207 Emergency Plans and Supplies</b></p> <p><b>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</b></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 reviews and interviews, the facility failed to conduct fire and disaster drills under conditions that simulate emergencies at least quarterly and repeated for each shift. The findings are:</p> <p>Record review on 9/30/21 of the facility's fire drill log revealed the following: -4/1/21- 2nd shift. -9/28/21- 3rd shift.</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> <ul style="list-style-type: none"> <li>-For the fourth quarter of 2020, there were no fire drills for 1st, 2nd and 3rd shift.</li> <li>-For the first quarter of 2021, there were no fire drills for 1st, 2nd and 3rd shift.</li> <li>-For the second quarter of 2021, there were no fire drills for 1st and 3rd shift.</li> </ul> <p>Record review on 9/30/21 of the facility's disaster drill log revealed the following:</p> <ul style="list-style-type: none"> <li>-6/13/21- 3rd shift.</li> <li>-9/28/21- 3rd shift.</li> <li>-For the fourth quarter of 2020, there were no disaster drills for 1st, 2nd and 3rd shift.</li> <li>-For the first quarter of 2021, there were no disaster drills for 1st, 2nd and 3rd shift.</li> <li>-For the second quarter of 2021, there were no disaster drills for 1st, 2nd shift.</li> </ul> <p>Interview on 9/30/21 with the Back-up Supervisor revealed:</p> <ul style="list-style-type: none"> <li>-Facility operated under three shifts.</li> <li>-Due to the Pandemic, facility had stopped performing fire and disaster drills for risks of contaminating its residents.</li> <li>-He confirmed staff failed to conduct drills under conditions that simulate fire and disaster emergencies under each shift on each quarter.</li> </ul>	V 114		