

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL068-100	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2021
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NAME OF PROVIDER OR SUPPLIER RSI-WEST EPESUS	STREET ADDRESS, CITY, STATE, ZIP CODE 1400 EPHEBUS CHURCH ROAD CHAPEL HILL, NC 27517
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on October 22, 2021. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p>	V 000		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and</p>	V 108		

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

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V 108	<p>Continued From page 1</p> <p>clients.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure two of three audited staff (staff #1 and staff #2) had training to meet the needs of the clients as specified in the treatment/habilitation plan. The findings are:</p> <p>a. Review on 10/21/21 of the facility's personnel files revealed: - Staff #1 had a hire date of 8/7/21. - Staff #1 was hired as a Direct Support Coordinator. - Staff #1 had no documentation of training to meet the mental health and developmental disability needs of the clients.</p> <p>b. Review on 10/21/21 of the facility's personnel files revealed: - Staff #2 had a hire date of 9/14/21. - Staff #2 was hired as a Direct Support Professional. - Staff #2 had no documentation of training to meet the mental health and developmental disability needs of the clients.</p> <p>Interview with the Human Resources Staff on 10/21/21 revealed: -The agency generally gives staff 60 days to complete the client specific trainings after they are hired. -Staff #1 and staff #2 had not received the client specific training. -He confirmed there was no documentation of</p>	V 108		

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V 108	Continued From page 2 training to meet the mental health and developmental disability needs of the clients for staff #1 and staff #2. Interview with the Director of Autism Services on 10/22/21 confirmed: -Staff #1 and staff #2 had no documentation of training to meet the mental health and developmental disability needs of the clients.	V 108		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. (d) Each facility shall have basic first aid supplies accessible for use. 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. The findings are: Review of the facility's fire drill log on 10/22/21 revealed:	V 114		

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V 114	<p>Continued From page 3</p> <ul style="list-style-type: none"> -7/6/21-2nd shift -4/2/21-2nd shift -4/1/21-1st shift -2/3/21-3rd shift -1/8/21-2nd shift -1/6/21-1st shift -10/22/20-2nd shift -10/14/20-1st shift -11/10/20-3rd shift -There was no fire drill conducted for 3rd shift during the 2nd quarter of 2021. -There were no fire drills conducted during 1st and 3rd shifts for the 3rd quarter of 2021. <p>Review of the facility's disaster drill log on 10/22/21 revealed:</p> <ul style="list-style-type: none"> -4/9/21-2nd shift -4/8/21-1st shift -2/5/21-3rd shift -1/15/21-2nd shift -1/13/21-1st shift -10/28/20-2nd shift -10/24/20-1st shift -11/14/20-3rd shift -There was no disaster drill conducted for 3rd shift during the 2nd quarter of 2021. -There were no disaster drills conducted during the 3rd quarter of 2021. <p>Interview on 10/22/21 with the Supervisor of Support Services revealed:</p> <ul style="list-style-type: none"> -They were doing some fire and disaster drills in 2021, however they were told to stop doing the drills due to COVID. -They started doing the drills again during the summer. -He knew staff had not done enough fire and disaster drills. -He confirmed staff failed to conduct fire and disaster drills under conditions that simulate 	V 114		

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V 114	Continued From page 4 emergencies. Interview on 10/21/21 with the Director of Autism Services revealed: -They were not doing any fire and disaster drills during the pandemic due to health and safety protocols. -She confirmed staff failed to conduct fire and disaster drills under conditions that simulate emergencies.	V 114		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug.	V 118		

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V 118	<p>Continued From page 5</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to keep the MAR current affecting one of three clients (#2). The findings are:</p> <p>Review on 10/21/21 of client #2's record revealed: -Admission date of 8/1/06. -Diagnoses of Mild Intellectual Developmental Disability, Generalized Anxiety Disorder, Obsessive Compulsive Disorder, Pervasive Developmental Disorder and Attention Deficit Hyperactivity Disorder.</p> <p>Review of a physician's order for client #2 on 10/22/21 revealed: -Order dated 5/21/21 for staff to clip toenails twice a week on Wednesday and Saturday.</p> <p>Review on 10/22/21 of a MAR for client #2 revealed: -September 2021-There were blank boxes every Wednesday and Saturday in September for the toenails to be clipped.</p> <p>Interview with the Supervisor of Support Services on 10/22/21 revealed: -He thought staff did clip client #2's toenails, however they forgot to document it was done.</p>	V 118		

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V 118	<p>Continued From page 6</p> <p>-He confirmed staff failed to keep the MAR current for client #2.</p> <p>Interview with the Director of Autism Services on 10/22/21 confirmed:</p> <p>-Staff failed to keep the MAR current for client #2.</p>	V 118		