

## Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL068-100</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>10/22/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RSI-WEST EPESUS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1400 EPHEMUS CHURCH ROAD CHAPEL HILL, NC 27517</b>		
(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	INITIAL COMMENTS  An annual survey was completed on October 22, 2021. Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.	V 000			
V 108	27G .0202 (F-I) Personnel Requirements  10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (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. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and	V 108	Director of Autism Services will review RSI new employee training and documentation procedure with the Supervisor of Support Services		

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

TITLE

(X6) DATE

STATE FORM

6899

8UIH11

If continuation sheet 1 of 7

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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	Supervisor will review fire and disaster drill procedure with DSC's to include modified fire and/or disaster drills when residents are in pandemic quarantine.	

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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	Supervisor will review MAR documentation procedure with medication certified staff	

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



## Residential Services, Inc.

111 Providence Road  
Chapel Hill, North Carolina 27514

Phone: (919) 942-7391  
Fax: (919) 933-4490

[www.rsi-nc.org](http://www.rsi-nc.org)  
Scott A. Keller, Executive Director

10/28/21

Kimberly R Sauls  
Mental Health Licensure & Certification Section  
Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2718

Dear Ms. Sauls,

Please find the enclosed plan of correction for deficiencies cited during the October 22, 2021 survey of RSI – West Ephesus Group Home. Please let me know if there are any questions or need for additional information.

Sincerely,

Kymberlei Putz  
Director of Autism Services  
Residential Services Inc.  
111 Providence Rd  
Chapel Hill, NC 27514

919-942-7391 x124

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