

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/12/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G335</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/12/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>RSI - CHRISTOPHER ROAD</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>802 CHRISTOPHER ROAD</b> <b>CHAPEL HILL, NC 27514</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) COMPLETION DATE	
W 000	INITIAL COMMENTS	W 000			
{W 440}	<p>A revisit was conducted on 1/12/2022 for all previous deficiencies cited on 9/8/2021. Some deficiencies have been corrected. W440 was recited.</p> <p><b>EVACUATION DRILLS</b> CFR(s): 483.470(i)(1)</p> <p>The facility must hold evacuation drills at least quarterly for each shift of personnel.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure fire drills were held at least quarterly for each shift. This potentially affected all clients residing in the home (#1, #2, #3, #4, #5 and #6). The finding is:</p> <p>Review on 1/12/22 of the facility's fire drill records revealed there were no fire drills recorded from 11/8/21-1/12/22.</p> <p>Interview on 1/12/22 with the qualified intellectual disabilities professional (QIDP) revealed there are no fire drills recorded during this time and that the facility did not conduct these drills as recorded in the plan of correction.</p>	{W 440}			

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.