

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL068-099	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/05/2022
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NAME OF PROVIDER OR SUPPLIER RSI-HAMILTON ROAD	STREET ADDRESS, CITY, STATE, ZIP CODE 237 HAMILTON ROAD CHAPEL HILL, NC 27517
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on January 5, 2022. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G Supervised Living for Adults with Developmental Disabilities.</p> <p>The survey sample consisted of audits of 3 current clients.</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</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>implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on records review and interview, the facility failed to ensure staff had training in Cardiopulmonary Resuscitation and First Aid for one of three audited staff (#2). The findings are:</p> <p>Review on 1/4/22 of Staff #5's personnel files revealed: -Hire date of 5/27/15. -Staff #5 was hired as a Direct Support Professional -Cardiopulmonary Resuscitation and First Aid training expired on 6/4/21. -There was no documentation of updated training in Cardiopulmonary Resuscitation and First Aid for staff #5.</p> <p>Interview on 1/4/22 with the Human Resources Staff revealed: -He confirmed there was no updated documentation of training in Cardiopulmonary Resuscitation and First Aid for staff #5.</p> <p>Interview on 1/4/22 with the Director of Autism Services revealed: -Staff #5 worked alone with the clients.</p> <p>Interview on 1/5/22 with the Director of Supported-Independent Living Services revealed: -She confirmed there was no documentation of</p>	V 108		

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V 108	Continued From page 2 training in Cardiopulmonary Resuscitation and First Aid for staff #5.	V 108		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</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 review and interview, the facility failed to conduct fire and disaster drills under conditions that simulate emergencies quarterly and for each shift. The findings are:</p> <p>Review on 1/4/22 of the facility's fire drill log revealed: -There were no fire drills performed on any shifts since May of 2020.</p> <p>Review on 1/4/22 of the facility's disaster drill log revealed: -There were no disaster drills performed on any shifts since May of 2020.</p>	V 114		

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V 114	Continued From page 3 Interview on 1/4/22 with the Director of Autism Services revealed: -Due to COVID-19, facility had stopped conducting fire and disaster drills. -Facility had been very particular regarding client's safety and restricting activities for them due to COVID-19. -Clients had been on "lock-down" at the house in 2020, but had since returned to do some activities outside of the home such as going to work, workshop and/or day program. -She confirmed the facility failed to conduct disaster drills under conditions that simulate emergencies quarterly and for each shift	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;	V 118		

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V 118	<p>Continued From page 4</p> <p>(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. (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 reviews, observation and interviews, the facility management failed to assure physician's orders were available for all medications being administered affecting 2 of 3 clients (#1 and #2) The findings are:</p> <p>Review on 1/4/22 of Client #1's record revealed: - Admission date of 12/2/01. - Diagnoses of Autism; Moderate Intellectual Disability.</p> <p>Review on 1/4/22 of Client #1's physician orders revealed: -There were no orders for the following medications: -Quetiapine 100 mg- Take one tablet at bedtime. -Cephalexin- Take one capsule three times a day for 10 days. -Triamcinolone ointment 0.1 %- Spread on any itchy spot twice a day as needed. -Clobetasol 0.05%- Apply topically twice a day.</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>Observation on 1/4/22 at 12:00 pm of Client #1's medications revealed the following: -Quetiapine 100 mg was available. -Cephalexin was available. -Triamcinolone ointment 0.1 % was available. -Clobetasol 0.05% was available.</p> <p>Review on 1/4/22 of Client #1's Medication Administration Record (MAR) for November 2021 through January 2022 revealed: -Quetiapine 100 mg was marked as given from 11/1/21-1/3/22. -Cephalexin was marked as given from 11/26/21-12/3/21. -Triamcinolone ointment 0.1 % was marked as given from 11/1/21-1/3/22. -Clobetasol 0.05% was marked as given from 11/1/21-1/3/22.</p> <p>Review on 1/4/22 of Client #2's record revealed: -Admission date of 12/2/01. -Diagnoses of Unspecified Dementia; Unspecified Mood (affective) Disorder; Anxiety Disorder, Unspecified; Obsessive Compulsive Disorder; Profound Intellectual Disabilities; Epilepsy and recurrent Seizures; Disorder of Brain, Unspecified; Moya Moya Disease; Celiac Disease; Other Disorders of Bone Density and Structure; Ventricular Septal Defect; Down Syndrome.</p> <p>Review on 1/4/22 of Client #2's physician orders revealed: -There were no orders for the following medications: -Gabapentin 300 mg- Take one capsule in the morning. -Gabapentin 300 mg- Take one capsule midday.</p>	V 118		

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V 118	<p>Continued From page 6</p> <ul style="list-style-type: none"> -Gabapentin 300 mg- Take two capsules at bedtime. -Risperidone 1 mg- Take one tablet as needed for sundowning. <p>Observation on 1/4/22 at 11:00 am of Client #2's medications revealed the following:</p> <ul style="list-style-type: none"> -Gabapentin 300 mg- was available. -Gabapentin 300 mg was available. -Gabapentin 300 mg was available. -Risperidone 1 mg was available. <p>Review of Client #2's MAR for November 2021 through January 2022 revealed:</p> <ul style="list-style-type: none"> -Gabapentin 300 mg was marked as given from 11/1/21-1/3/22. -Gabapentin 300 mg was marked as given from 11/1/21-1/3/22. -Gabapentin 300 mg was marked as given from 11/1/21-1/3/22. -Risperidone 1 mg was marked as given from 11/1/21-1/3/22. 	V 118		
V 536	<p>27E .0107 Client Rights - Training on Alt to Rest. Int.</p> <p>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS</p> <p>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.</p> <p>(b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse</p>	V 536		

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V 536	<p>Continued From page 7</p> <p>or injury to a person with disabilities or others or property damage is prevented.</p> <p>(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.</p> <p>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <ol style="list-style-type: none"> (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing 	V 536		

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V 536	<p>Continued From page 8</p> <p>and de-escalating potentially dangerous behavior; and</p> <p>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the</p>	V 536		

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V 536	<p>Continued From page 9</p> <p>course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p>	V 536		

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V 536	<p>Continued From page 10</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 (#5 and #6) had current training in the use of alternatives to restrictive interventions. The findings are:</p> <p>Review on 1/4/21 of Staff #5's personnel file revealed:: -Hire date of 5/27/18. -Staff #5 was hired as a Direct Support Professional. -Staff #5's NCI plus- Prevention certificate expired on June 2021. -There was no updated documentation of training on alternatives to restrictive intervention.</p> <p>Review on 1/4/21 of Staff #6's personnel file revealed:: -Hire date of 2/26/18. -Staff #6 was hired as a Direct Support Professional. -Staff #6's NCI plus- Prevention certificate expired on January 2021. -There was no updated documentation of training on alternatives to restrictive intervention.</p> <p>Interview on 1/4/21 with the Human Resources Staff revealed: -The group home used "NCI plus- Prevention" as the curriculum for training on alternatives to restrictive intervention. -There was no updated documentation of training on alternatives to restrictive intervention for staff #5 and #6 on their personnel file.</p>	V 536		

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V 536	Continued From page 11 Interview on 1/4/21 with the Director of Supported-Independent Living Services revealed: -She confirmed staff #5 and #6 did not have updated documentation of training on alternatives to restrictive intervention.	V 536		