

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL001-256</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/12/2022</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>R &amp; S INDEPENDENT HEALTH SERVICES, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>636 GUNN STREET BURLINGTON, NC 27217</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	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow-up survey was completed on January 12, 2022. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G.5600A Supervised Living for Adults with Mental Illnesshis facility is licensed for the following service category: 10A NCAC 27G.5600A Supervised Living for Adults with Mental Illness.</p> <p>The survey sample consisted of audits of 5 current clients, 0 former clients, and 0 deceased clients.</p>	V 000		
V 111	<p>27G .0205 (A-B) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to:</p> <ol style="list-style-type: none"> <li>(1) the client's presenting problem;</li> <li>(2) the client's needs and strengths;</li> <li>(3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission;</li> <li>(4) a pertinent social, family, and medical history; and</li> <li>(5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs.</li> </ol>	V 111		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL001-256</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/12/2022</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>R &amp; S INDEPENDENT HEALTH SERVICES, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>636 GUNN STREET BURLINGTON, NC 27217</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 111	<p>Continued From page 1</p> <p>(b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.</p> <p>This Rule is not met as evidenced by: Based on interview and record review the facility failed to complete an assessment that included their needs and strengths on 3 of 3 clients (#1, #2, #3). The findings are:</p> <p>Review on 1/7/22 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- admission date of 4/30/19.</li> <li>- diagnoses of Polysubstance Abuse and Schizophrenia</li> <li>- No written assesement including client #1's needs and strengths</li> </ul> <p>Review on 1/7/22 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- admission date of 11/25/16.</li> <li>- diagnoses of Schizophrenia (Paranoid Type), Personality Disorder</li> <li>- No written assesement including client #2's needs and strengths</li> </ul> <p>Review on 1/7/22 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- admission date of 1/13/17.</li> <li>- diagnoses of Intellectual Disability and</li> </ul>	V 111		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL001-256</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/12/2022</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>R &amp; S INDEPENDENT HEALTH SERVICES, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>636 GUNN STREET BURLINGTON, NC 27217</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 111	Continued From page 2  Schizophrenia - No written assesement including client #3's needs and strengths  During an interview on 1/7/22 the licensee stated: - " We did not complete an assessment on client #1, #2, and #3." - The Qualified Professional is responsible for completing all assessments for clients. - "She did not update the current assessment to include the needs and strengths."	V 111		
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 review and interview, the facility failed to assure disaster drills and fire drills were conducted at least quarterly on each shift. The findings are:	V 114		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL001-256</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/12/2022</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>R &amp; S INDEPENDENT HEALTH SERVICES, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>636 GUNN STREET BURLINGTON, NC 27217</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 114	<p>Continued From page 3</p> <p>During record review on 1/7/22 revealed no documentation of disaster and fire drills being conducted on a quarterly basis on each shift.</p> <p>During interview on 1/7/22 the Owner stated: - they were not conducting disaster and fire drills on a quarterly basis on each shift.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 114		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL001-256</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/12/2022</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>R &amp; S INDEPENDENT HEALTH SERVICES, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>636 GUNN STREET BURLINGTON, NC 27217</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 118	<p>Continued From page 4</p> <p>(D) date and time the drug is administered; and (E) name or initials of person administering the drug.</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 reviews and interviews, the facility failed to keep the MAR current for two of two audited clients (#1 and #3). The findings are:</p> <p>Review on 1/7/22 of client #1's record revealed: - admission date of 4/30/19. - diagnoses of Polysubstance Abuse and Schizophrenia - No written physician's order in client #1's record.</p> <p>Review on 1/12/22 of client #1's December 2021 MAR's revealed: -There was a blank boxes on 11/14/21 8am dose for Benzotropine Mes 2mg (One tablet twice daily)</p> <p>Review on 1/7/22 of client #3's record revealed: - admission date of 1/13/17. - diagnoses of Intellectual Disability and Schizophrenia -Physician's order dated 11/01/21 for Haloperidol 5mg (Take one tablet by mouth in the morning and 2 tablets at bedtime). Further review revealed Trihexyphenidyl HCL 2mg (Take 1 tablet by mouth daily)</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL001-256</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/12/2022</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>R &amp; S INDEPENDENT HEALTH SERVICES, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>636 GUNN STREET BURLINGTON, NC 27217</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 118	<p>Continued From page 5</p> <p>Review on 1/12/22 of the November 2021 MAR for client #3 revealed:</p> <ul style="list-style-type: none"> <li>-There were blank boxes on 11/13 and 11/19 for the 12 noon dose of Haloperidol 5mg.</li> <li>- There was a blank box on 11/19 for the 8pm dose of Haloperidol 5mg.</li> <li>-There were blank boxes on 11/15, 11/20, and 11/21 8am dose for Trihexyphenidyl HCL 2mg</li> </ul> <p>Interview with the Qualified Professional on 1/12/22 revealed:</p> <ul style="list-style-type: none"> <li>- "I haven't checked the the client's MAR'S since October (2021)."</li> <li>- Her reason for not checking the MAR'S was due to having a broke arm.</li> <li>- She confirmed her job duties as: Checking the MAR'S, training staff and meeting with the clients weekly.</li> <li>- She was unable to explain why clients #1 and #3's MAR's were blank.</li> </ul> <p>Interview with Owner on 1/11/22 revealed:</p> <ul style="list-style-type: none"> <li>- He acknowledged the facility staff failed to keep the MAR's current for clients #1 and #3.</li> <li>- He acknowledged the Qualified Professional and the Nurse were responsible in keeping the MAR's current.</li> </ul> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118		