

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL068-132	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/31/2022
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NAME OF PROVIDER OR SUPPLIER RSI-FERRELL ROAD	STREET ADDRESS, CITY, STATE, ZIP CODE 1543 FERRELL ROAD CHAPEL HILL, NC 27517
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(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>INITIAL COMMENTS</p> <p>An annual survey was completed on January 31, 2022. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>The survey sample consisted of 3 current clients.</p>	V 000		
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 reviews and interviews, the facility failed to conduct fire and disaster drills under conditions that simulate emergencies at least quarterly and repeated for each shift. The findings are:</p> <p>Record review on 1/27/22 of the facility's fire drill log for the last 12 months revealed:</p>	V 114		

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

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V 114	<p>Continued From page 1</p> <p>-3/10/21- 1st shift. -8/22/21- 1st shift. -There were no fire drills for 2nd and 3rd shift for the 1st quarter of 2021. -There were no fire drills for 1st, 2nd and 3rd shift for the 2nd quarter of 2021. -There were no fire drills for 2nd and 3rd shift for the 3rd quarter of 2021. -There were no fire drills for 1st, 2nd and 3rd shift for the 4th quarter of 2021.</p> <p>Record review on 1/27/22 of the facility's disaster drill log for the last 12 months revealed: -2/17/21- 2nd shift. -3/17/21- 2nd shift . -There were no disaster drills for 1st shift for the 1st quarter of 2021. -There were no disaster drills for 1st, 2nd and 3rd shift for the 2nd, 3rd and 4th quarters of 2021.</p> <p>Interview on 1/31/22 with the Director of Supported-Independent Living Services revealed: -Facility operated under three shifts. -Initially, due to the Pandemic, facility had stopped performing fire and disaster drills for risks of contaminating its residents. -Facility was in the process of training new staff on conducting the fire and disaster drills. -She confirmed staff failed to conduct drills under conditions that simulate fire and disaster emergencies under each shift on each quarter.</p>	V 114		