

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL068-101	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/18/2022
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NAME OF PROVIDER OR SUPPLIER RSI-OLEANDER	STREET ADDRESS, CITY, STATE, ZIP CODE 203 OLEANDER DRIVE CARRBORO, NC 27510
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on January 18, 2022. Deficiencies were cited.</p> <p>This facility is licensed for the following service: 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 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 implement policies and procedures for identifying,</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>reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure three of three audited staff (#1, #2 and Qualified Professional (QP)) had training to meet the needs of the clients as specified in the treatment/habilitation plan. The findings are:</p> <p>Review on 1/12/22 of Staff #1's personnel file revealed: -Hire date of 10/17/21. -She was hired as Direct Support Professional. -No evidence that Staff #1 had completed training to meet the mental health and developmental disability needs of the clients.</p> <p>Review on 1/12/22 of Staff #2's personnel file revealed: -Hire date of 4/24/21. -She was hired as Direct Support Professional. -No evidence that Staff #2 had completed training to meet the mental health and developmental disability needs of the clients.</p> <p>Review on 1/12/22 of the QP's personnel file revealed: -Hire date of 7/18/21. -She was hired as the Qualified Professional. - No evidence that QP had completed training to meet the mental health and developmental disability needs of the clients.</p>	V 108		

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V 108	<p>Continued From page 2</p> <p>Interview on 1/14/22 with Staff #1 revealed: -Began working with the agency October 2021. -Been out of work due to recovering from COVID 19. -She is missing a few trainings per her supervisor. -Upon her return will complete the trainings.</p> <p>Interview on 1/18/22 with Staff #2 revealed: -Been with the agency for 1.5 years. -Started working during start of COVID 19 and some trainings were not done. -Believed she has completed them all now as have had some trainings with supervisor.</p> <p>Interview on 1/18/22 with the Director revealed: -Due to COVID-19 some staff had not completed trainings. -Management has scheduled for staff to complete the missing training. -She confirmed there was no documentation of training to meet the mental health and developmental disability needs of the clients for Staff #1, Staff #2 and QP.</p>	V 108		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>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</p>	V 114		

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V 114	<p>Continued From page 3</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to conduct fire and disaster drills under conditions that simulate emergencies quarterly for each shift. The findings are:</p> <p>Review on 1/13/22 of the facility's fire drill log revealed: -There were no fire drills performed on any shift since May 2021.</p> <p>Review on 1/13/22 of the facility's disaster drill log revealed: -There were no disaster drills performed on any shift since May 2021.</p> <p>Interview on 1/18/22 with the Qualified Professional revealed: -Been with the agency for 5 months. -She is responsible for completion of the fire and disaster drills in the home. -Dealing with COVID 10 and shortage of staff, did not complete drills quarterly.</p> <p>Interview on 1/18/22 with the Director revealed: -Due to COVID- 19, the facility failed to complete disaster and fire drills. -Facility focused on client safety and limiting activities due to COVID 19. -Facility had staff changes and tasks were not completed routinely. -She confirmed the facility failed to conduct fire</p>	V 114		

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V 114	Continued From page 4 and disaster drills under conditions that simulate emergencies quarterly 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; (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.	V 118		

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V 118	<p>Continued From page 5</p> <p>This Rule is not met as evidenced by: Based on records review and interview, the facility failed to ensure medication was administered only by licensed person, or by unlicensed person trained by a registered nurse, pharmacist or legally qualified person and privileged to prepare and administer medications affecting two of three audited staff (#1, and Qualified Professional (QP)). The findings are:</p> <p>Review on 1/12/22 of Staff #1's personnel file revealed: -Hired on 10/17/21. -She was hired as a Direct Support Professional. -There was no documentation of medication administration training.</p> <p>Review on 1/12/22 of the QP's personnel file revealed: -Hired on 7/8/21. -She was hired as the Qualified Professional. -There was no documentation of medication administration training.</p> <p>a. Review on 1/12/22 of client #1's record revealed: -Admission date of 12/15/19. -Diagnoses of Mild Intellectual Disability, Seizure Disorder, Ocular Motor and Apraxia Syndrome.</p> <p>Review on 1/13/22 of Medication Administration Record's (MAR's) for client #1 revealed: -January 2022 MAR- QP's initials were listed. -December 2021- MAR- QP's initials were listed. -November 2021 MAR- QP's initials were listed.</p> <p>b. Review on 1/13/22 of client #2's record</p>	V 118		

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V 118	<p>Continued From page 6</p> <p>revealed:</p> <ul style="list-style-type: none"> -Admission date of 8/25/16. -Diagnoses of Mild Intellectual Disability, Obsessive Compulsive Disorder, Schizoaffective Disorder and Tachypnea. <p>Review on 1/13/22 of Medication Administration Record's (MAR's) for client #2 revealed:</p> <ul style="list-style-type: none"> -January 2022 MAR- QP's initials were listed. -December 2021- MAR- QP's initials were listed. -November 2021 MAR- QP's initials were listed. <p>c. Review on 1/13/22 of client #3's record revealed:</p> <ul style="list-style-type: none"> -Admission date of 4/4/17. -Diagnoses of Moderate Intellectual Developmental Disability, Epilepsy and Diabetes. <p>Review on 1/13/22 of Medication Administration Record's (MAR's) for client #3 revealed:</p> <ul style="list-style-type: none"> -January 2022 MAR- QP's initials were listed. -December 2021- MAR- QP's initials were listed. -November 2021 MAR- QP's initials were listed. <p>Interview on 1/14/22 with Staff #1 revealed:</p> <ul style="list-style-type: none"> -Been with the agency since October 2021. -She only worked on Sundays first shift. -She worked with another staff during her shift. -The other staff would administer medication to clients. <p>Interview on 1/18/22 with the QP revealed:</p> <ul style="list-style-type: none"> -She did administer medication to the clients when she worked at the group home. -COVID 19 caused staff shortages in the home. -Her being hired during COVID-19 was challenging in completing trainings. -She had recently completed the medication administration training. -She thought she had submitted the 	V 118		

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V 118	Continued From page 7 documentation to management to put in her record. Interview on 1/18/22 with the Director revealed: -Medication administration training had been scheduled. -Due to COVID 19 and staff shortages, the priority was to ensure safety and coverage for the clients. -She confirmed there was no documentation of medication training in the personnel folder for staff #1 and the QP.	V 118		