

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL068-098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>04/07/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>RSI-CLAYTON ROAD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>417 CLAYTON ROAD CHAPEL HILL, NC 27514</b>
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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><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on April 7, 2022. A deficiency was 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>This facility is licensed for 6 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.</p>	V 000	<p>Director will close out with surveyor at which time will be notified of surveyor citations and provide additional documentation (attached) to demonstrate rule has been met.</p>	
V 121	<p><b>27G .0209 (F) Medication Requirements</b></p> <p><b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b> (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview the facility failed to obtain drug reviews every six months for two of three clients (#2 and #3) who received psychotropic drugs. The findings are:  Review on 4/7/22 of Client #2's record revealed</p>	V 121	<p><b>DHSR - Mental Health</b></p> <p><b>APR 22 2022</b></p> <p><b>Lic. &amp; Cert. Section</b></p>	

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Kymberly A. [Signature]* Director of Antimicrobials

TITLE

(X6) DATE

*4/21/22*

Division of Health Service Regulation

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V 121	<p>Continued From page 1</p> <p>the following:</p> <ul style="list-style-type: none"> <li>-Admission date of 8/10/81.</li> <li>-Diagnoses of Mild Intellectual Disabilities; Epilepsy and recurrent seizures; Cerebral Palsy.</li> <li>-Physician's order dated 7/30/21.                             <ul style="list-style-type: none"> <li>-Divalproex Sodium 250 milligram (mg), take two tablets twice a day.</li> <li>-Vimpat 200 mg, Take two tablets twice a day.</li> </ul> </li> <li>-The February, March and April 2022 Medication Administration Record (MAR) revealed Client #2 was administered the above medications daily.</li> <li>--There was no evidence of a psychotropic drug review for Client #2's medications in the last six months. Last review was conducted on 7/30/21.</li> </ul> <p>Review on 4/7/22 of Client #3's record revealed the following:</p> <ul style="list-style-type: none"> <li>-Admission date of 11/8/95.</li> <li>-Diagnoses of Generalized Anxiety Disorder; Major Depressive Disorder, recurrent; Mild Mental Retardation; Epilepsy.</li> <li>-Physician's order dated 7/13/21.                             <ul style="list-style-type: none"> <li>-Divalproex Sodium 250 milligram (mg), take one tablet twice a day.</li> <li>-Levetiraceta 500 mg, take two tablets in the morning.</li> <li>-Levetiraceta 500 mg, take three tablets in the evening.</li> <li>-Primidone 250 gm, take one tablet once a day.</li> <li>-Risperidone 0.25 mg, take one tablet at bedtime.</li> <li>-Sertraline 100 mg, take two tablets once a day.</li> </ul> </li> <li>-The February, March and April 2022 Medication Administration Record (MAR) revealed Client #2 was administered the above medications daily.</li> <li>-There was no evidence of a psychotropic drug review for Client #2's medications in the last six</li> </ul>	V 121		

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V 121	<p>Continued From page 2</p> <p>months. Last review was conducted on 7/13/21.</p> <p>Interview on 4/7/22 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> <li>-Medication reviews for Clients #2 and #3 had been completed, but they did not receive any information from their physicians.</li> <li>-Staff had been trying to receive required documentation, but physician's office staff had never sent it in.</li> <li>-She acknowledged that the six months medication reviews for psychotropic medications for Clients #2 and #3 were not obtained.</li> </ul> <p>Interview on 4/7/22 with the Director of Autism Services revealed:</p> <ul style="list-style-type: none"> <li>-Agency relied on physicians to conduct the client 's medications reviews every six months instead of the pharmacists.</li> </ul>	V 121		
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# T-Log

**Form ID:** [REDACTED]  
**Status:** Submitted  
**Individual Name:** [REDACTED] Client 2  
**Program:** Clayton  
**Provider:** Residential Services, Inc., RSI-NC  
**Entered By:** Amanda DeVore MS/QP, Supervisor of Support Services on 04/20/2022  
 12:26 PM  
**Time Zone:** US/Eastern

## T-Log Details

**Summary** \*late entry\* Neurology appointment 2/21/22  
**Type** Health  
**Notification Level** Low  
**Description** Linh T Ngo, FNP at 02/21/22 0900  
 Assessment:  
 [REDACTED] is a [REDACTED] y.o. old male with PMH for cerebral palsy, right arm paresis, mild intellectual disability who is being contacted for evaluation of improved seizure while on Vimpat.  
 Last seizure was on 10/2/2020. Prior events were July 18 GTC and mild seizure on July 19th, June, 2020, December 11, 2019 and 2018.  
  
 Patient is accompanied by Amanda, care taker, [REDACTED] Assisted with history and medical management  
  
 Type: partial complex with secondary generalized  
 Etiology: perinatal trauma/ cerebral palsy  
  
 Prior AEDs: levetiracetam- ineffective; Dilantin with level fluctuation and dizziness- tapered Jan. 2018. Carbamazepine- DRESS.7/2020. LTG 2016 prescribed, but did not take; ZNS in 2017-2020- szs at 700mg daily dose  
  
 Plan:  
 I personally spent 30 minutes face-to-face and non-face-to-face in the care of this patient, which includes all pre, intra, and post visit time on the date of service.  
  
 Seizures  
 Divalproex DR 250mg 2 tabs twice a day. Decrease due to tremor  
 Vimpat 200mg twice a day.  
 UTI symptoms  
 UA- consistent with UTI. ciprofloxacin 500mg twice a day for 7 days. Follow up with primary in a week for improvement or further evaluation of kidneys or prostate involvement. encouraged increase fluid intake  
  
 9/30/2021 lacosamide 11.7/ VPA level was 76.7. Unremarkable including CBC, platelets 149, CMP- LFTs stable with slight AST elevation at 40.  
  
 The following issues were discussed: Antiepileptic medication side effects discussed and written information given. Encouraged patient to contact me if he/she experience intolerable medication side effects or worsening seizures.  
  
 Return to clinic for follow up in 9-12 months  
  
 Epilepsy HPI



Left handed. Right hemiparesis.

Description of seizure: seconds of warning that a seizure is coming on. Then fall forward to the ground with convulsion and tongue biting. Postictal confusion and drowsiness.

MRI of brain 10/18/2012: IMPRESSION: Encephalomalacia in bilateral occipital and right temporal lobe as well as a left frontoparietal resection cavity are unchanged in appearance in comparison with the 2007 CT. There is no abnormal enhancement.

Since last visit, 1/28/2021:

Patient was in the ED on 10/2/2021 for a witnessed convulsive seizure lasting 3 minutes. No clear provoking factor. Seizure diary: 9/6; 8/23; 7/22; 7/12/2020.

One episode for facial injury probably not related to seizure due to lack of post-ictal confusion or weakness on 5/25/2021.

The patient and care giver reports experiencing no new symptoms. Lessened hand tremor. Baseline symptoms include: good appetite, stable mood, dysarthria, weekly headache lasting just for minutes- much improved from last visit. Patient has rare occasional dizziness and off balance.

Patient complained that within the last few days, he has urinary frequency, urinary retention and urgency, dysuria without hematuria, no body ache, fever or chill, no abdominal pain.

Medications:

Current Outpatient Medications

- cholecalciferol, vitamin D3, (CHOLECALCIFEROL) 1,000 unit tablet  
Take 1,000 Units by mouth daily. Frequency:QD Dosage:1000 UNIT  
Instructions: Note:Dose: 1000UNIT

- divalproex (DEPAKOTE) 250 MG DR tablet  
Take 2 tablets (500 mg total) by mouth Two (2) times a day.  
120 tablet

- 5  
•  
famotidine (PEPCID) 20 MG tablet  
Take 1 tablet (20 mg total) by mouth Two (2) times a day.  
60 tablet

- 1  
•  
flaxseed oil Oil  
2,000 mg by Miscellaneous route daily.

- hydroCHLORothiazide (HYDRODIURIL) 25 MG tablet  
TAKE ONE TABLET BY MOUTH DAILY  
30 tablet

- 5  
•  
hydroOXYzine (ATARAX) 25 MG tablet  
Take 1 tablet (25 mg total) by mouth every six (6) hours as needed for itching (if benadryl ineffective).  
30 capsule

- 0  
•  
ibuprofen (ADVIL) 200 MG tablet



Take 1 tablet by mouth daily as needed.

- lacosamide (VIMPAT) 200 mg tablet  
Take 1 tablet (200 mg total) by mouth Two (2) times a day.  
60 tablet  
5

- MEDICAL SUPPLY ITEM  
CPAP at 12 cm H2O Mask: Quattro Air- size Medium. heated humidifier is  
needed. Please provide new equipment and supply  
1 Units  
0

- multivitamin (THERAGRAN) per tablet  
Take 1 tablet by mouth daily. Frequency:QD Dosage:0.0 Instructions:  
Note:Dose: 1 TAB

- omeprazole (PRILOSEC) 20 MG capsule  
Take 1 capsule (20 mg total) by mouth daily.  
90 capsule  
3

- POLYETHYLENE GLYCOL 3350 (MIRALAX ORAL)  
Take 17 g by mouth daily.

- PROPYLENE GLYCOL/PEG 400 (SYSTANE ULTRA OPHT)  
Administer 1 drop to both eyes Take as directed.

- triamcinolone (KENALOG) 0.1 % ointment  
Apply topically Two (2) times a day. Apply to red, raised, itching areas on chest  
and upper back  
80 g  
2

- verapamiL (CALAN-SR) 180 MG CR tablet  
Take 1 tablet (180 mg total) by mouth daily.  
30 tablet  
5

No current facility-administered medications for this visit.

ROS: Full 10 Points of Review of System are reviewed and negative except  
stated above in HPI

PMH, surgical History, FMH, Medications and Allergies were reviewed in Epic  
and updated

Physical examination  
BP 136/83 (BP Site: L Arm, BP Position: Sitting, BP Cuff Size: Medium) | Pulse



88 | Resp 18 | Ht 165.1 cm (5' 5") | Wt 92.1 kg (203 lb 1 oz) | BMI 33.79 kg/m<sup>2</sup>

General: no distress. Bright affect and communicative today.  
HEENT: Pupil round, reactive to light and accommodation. The patient has excessive drooling.

Extremities: right side hemiparesis.

NEUROLOGIC: He is alert, oriented to person, place and time. His speech is dysarthric. Able to provide history. Cranial nerves II through XII intact with right facial droop and right hemiparesis. He has disconjugate gaze with right eye fixed to the right lateral gaze. Coordination: no tremor to outstretched arm. No dysmetria. Romberg with swaying. Tandem walk not attempted. His gait is stable with wide base and spastic on right side.

**Patient Instructions**

Linh T Ngo, FNP at 02/21/22 0900  
Continue with the same medication for seizures  
Will contact you if you have a urinary infection.

Linh Ngo FNP  
UNC Neurology Department  
Epilepsy Division  
300 Meadowmont Village Circle, Suite 202  
Chapel Hill NC 29517  
Clinic Main line: 984-974-4401.  
Clinic Fax number: 984-974-2287

**Reporter**

**Reported On**

**Attachments**

**Document  
Attachment  
Photo**



# T-Log

**Form ID:** [REDACTED]  
**Status:** Submitted  
**Individual Name:** [REDACTED] *Client 3*  
**Program:** Clayton  
**Provider:** Residential Services, Inc., RSI-NC  
**Entered By:** Amanda DeVore MS/QP, Supervisor of Support Services on 04/20/2022  
 12:33 PM  
**Time Zone:** US/Eastern

## T-Log Details

**Summary** \*late entry\* Annual Physical 2/10/22  
**Type** Health  
**Notification Level** Low  
**Description** [REDACTED] was seen at CHIM for his annual physical Below are the notes from Dr. Krasovitch

Name: [REDACTED]  
 DOB: [REDACTED]  
 Today's Date: 2/10/2022  
 Age: [REDACTED] y.o. Sex: male  
 Assessment/Plan:

1. Routine general medical examination at a health care facility
2. Aortic valve prosthesis present
3. Long term current use of anticoagulants with INR goal of 2.5-3.5
4. Seizure disorder (CMS-HCC)
5. First degree heart block by electrocardiogram
6. Status post thoracic aortic aneurysm repair

Will be seeing endocrine next week for severe osteoporosis, I dont think he is symptomatic from the wedge fractures at this time, he continues with PT Set up with cardiology for general follow up for mechanical valve, updated heart exam and guidance for bridging for anticoagulation when not in range, bill wants to avoid lovenox, I dont think that is safe Severe OA is managed with PT and voltaren twice daily Increase his exercise to 4 days weekly Routine general medical examination at a health care facility Healthy exam today, reviewed labs from 11/2021 - no need for updated at this time Encouraged regular aerobic exercise

-Shingles, Pneumovax 23, and tetanus/pertussis completed, Pevnar 13 completed; repeat pneumovax 23 age 65, tetanus booster due 2023,

-Flu vaccine yearly





-Colon cancer screening declined due to difficulty with prep and group home situation; patient is low risk with no family hx; ifobt is possible but likely false positive with anticoagulation

Has regular eye doctor, dentist, and dermatologist.

Seizure disorder (CMS-HCC)

On treatment with no events in years, seen by neurology who confirmed current course

The following preventive services were advised:

Preventive services are currently up to date

Importance of regular aerobic & resistance exercise reviewed, aiming for 30 minutes daily.

Orders Placed This Encounter

Procedures

•

Ambulatory referral to Cardiology

Requested Prescriptions

No prescriptions requested or ordered in this encounter

There are no discontinued medications.

Return in about 6 months (around 8/10/2022) for wellness with OV.

Subjective

Subjective:

Patient ID [REDACTED] is a [REDACTED] y.o. male is here today for an annual physical.

HPI

[REDACTED] year old with cognitive and developmental disability, seizure d/o , monocular blindness, AV replacment on coumadin, knee oa, compression fractures and HTN

Doing well, exercising on bike 10 minutes 3 days weekly, denies pain in back or knees

Retired from maild room at bcbs after >40 years of work, and happy, lives in group home, parents are still around and available but less involved on day to day basis, care is coordinated thru group home

Does not seem to be having issues with fecal incontinence these days, on scheduled immodium

General Health

PHQ-2 Score:

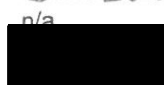
PHQ-9 Score:

Screening complete, no depression identified / no further action needed today

- Audit-C Score: 0

- Exercise: exercise bike 10 minutes 3 days weeklyfr

- HM:



ROS

General: Negative for fatigue, fever or malaise.  
Eyes: No diplopia or blurred vision.  
ENT: No earache, sore throat, or runny nose.  
Psychological: Negative for anxiety or depression.  
Respiratory: No cough, shortness of breath, or wheezing.  
Cardiovascular: No chest pain or dyspnea on exertion.  
Gastrointestinal: No abdominal pain, change in bowel habits, or black or bloody stools.  
Genito-Urinary: No dysuria, trouble voiding, or hematuria.  
Musculoskeletal: Negative for joint pain, joint stiffness, muscle pain or muscular weakness  
Dermatological: Negative for rash or discoloration.  
Endocrine: Negative for heat or cold intolerance, polyuria, or polydipsia.  
Hematological: No easy bruising or bleeding.

Updated History:

As part of today's comprehensive wellness visit, I have reviewed and updated the following portions of the patient's history in the electronic record: allergies, current medications, past medical history, past surgical history, past family history, past social history and active problem list.

BP 130/76 | Pulse 88 | Temp 36.4 °C (97.5 °F) (Temporal) | Ht 165.1 cm (5' 5") | Wt 59.2 kg (130 lb 9.6 oz) | SpO2 98% | BMI 21.73 kg/m<sup>2</sup>

Physical Exam

General: Alert, cooperative, no distress, appears stated age.  
EYES: left eye congenital blindness and opaque sclera, non reactive pupil, right normal, Conjunctiva clear.  
ENT: normal non nodular thyroid  
LYMPH: No cervical or supraclavicular lymphadenopathy.  
ENDO: normal thyroid without nodules  
CV: Regular rate and rhythm. No murmurs. No carotid bruits. Peripheral pulses normal. Mechanical AV noted without murmur  
RESP: Lungs clear to auscultation bilaterally, Respiratory effort unremarkable. No wheezes or rhonchi.  
GI: Abdomen soft and non-tender. No organomegaly or masses.  
MSK: . . Normal strength and tone. Kyphoscoliosis, Severe bony enlargement and valgus deformities of both knee with great rom, ankle laterally rotated, boutonniere deformity of both 2nd toes  
SKIN: Warm and dry. No rashes. No abnormal-appearing skin lesions. Scalp lipomas, many seb keratosis, thickened discolored 1-2nd toenails  
NEURO: Alert and oriented to place and time. CN II-XII grossly intact. Gait antalgic without supportive devices  
PSYC: Mood and affect appropriate for situation.  
BREAST: Declined (shared decision)  
GU: Declined (shared decision)

Reporter

Reported On

Attachments

Document  
Attachment  
Photo

Medicaid Number  
Date of Birth

n/a





# Residential Services, Inc.

111 Providence Road  
Chapel Hill, North Carolina 27514

Phone: (919) 942-7391  
Fax: (919) 933-4490

www.rsi-nc.org  
Scott A. Keller, Executive Director

4/20/22  
10/28/21

Edgar Garrido  
Mental Health Licensure & Certification Section  
Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2718

**DHSR - Mental Health**

**APR 22 2022**

**Lic. & Cert. Section**

Dear Mr Garrido,

Please find the enclosed plan of correction for deficiencies cited during the April 7, 2022 survey of RSI – Clayton Group Home. Please let me know if there are any questions or need for additional information.

Sincerely,

Kimberlei Putz  
Director of Autism Services  
Residential Services Inc.  
111 Providence Rd  
Chapel Hill, NC 27514

919-942-7391 x124

### Board of Directors

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