

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/09/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G335	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/08/2021
NAME OF PROVIDER OR SUPPLIER RSI - CHRISTOPHER ROAD			STREET ADDRESS, CITY, STATE, ZIP CODE 802 CHRISTOPHER ROAD CHAPEL HILL, NC 27514	
(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) COMPLETION DATE
W 227	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #4's individual program plan (IPP) included objectives to meet his self care and daily living needs. This affected 1 of 4 audit clients. The finding is:</p> <p>During observations on 9/7/21 in the facility from 2:15pm-6:30pm client #4 spent a short time in the living area, he participated in medication administration, consumed a yogurt for snack and was observed during supper. The remainder of the afternoon, he chose to spend time in his bedroom. During observations in the facility a strong body odor could be detected as client #4 stood close to the surveyor.</p> <p>Interview on 9/7/21 with client #4 about his daily routine revealed he usually chooses to take a shower in the evenings. Further interview revealed since the COVID-19 pandemic, his routine has been disrupted. Client #4 stated since he has not been working, he has not been motivated to shower daily.</p> <p>Review on 9/7/21 of client #4's individual program plan (IPP) dated 3/6/21 revealed client #4 has Mild Intellectual Disabilities, Bipolar Disorder, Attention Deficit Hyperactivity Disorder. Further review of the IPP revealed formal training</p>	W 227	The Supervisor of Support Services will be responsible for implementing an objective to meet the individual's self care and daily living needs and monitoring progress at least monthly. Objectives proposed at an individual's ISP meeting will be implemented within the individual's plan within 30 days of the ISP meeting. Completion will be monitored by the Director of ICF/IID Services at least monthly.	11/8/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Debbie Klein

TITLE

Director of ICF/IID Services

(X6) DATE

9/21/21

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 227	Continued From page 1 programs to: identify medications, clean his room, initiate washing his hands, complete a chore or activity, turn in receipts to petty cash after outings and a behavior support program to address tantrums, reduce physical aggression, decreasing threats of harming others or himself. Additional review of the IPP revealed there was discussion at the meeting to implement goals to initiate taking a shower, further develop medication administration skills and further develop budgeting skills. During observations in the facility on 9/8/21 during the medication administration pass at 8:05am, a very strong body odor was detected on client #4. Interview on 9/8/21 with the qualified intellectual disabilities professional (QIDP) revealed she was not aware if client #4 had taken a shower on the evening of 9/7/21. During further interview the QIDP acknowledged client #4 often is very sensitive about being reminded to take a shower and often will choose to decline bathing. Additional interview with the QIDP acknowledged further training had not been developed in the area of bathing, although this had been discussed at the IPP meeting on 3/6/21.	W 227		
W 240	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(i) The individual program plan must describe relevant interventions to support the individual toward independence. This STANDARD is not met as evidenced by: Based on interviews and record review, the	W 240	The Supervisor or Support Services will be responsible for updating the assessment for the individual's independent time at least annually with the individual's support plan. The Supervisor of Support services will be responsible for ensuring progress for the intervention are documented and reviewed at least monthly. The Director will be responsible for monitoring completion.	11/8/21

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W 240	<p>Continued From page 2</p> <p>facility failed to ensure client #4's individual program plan (IPP) included information to support his independence during his daily schedule which includes unsupervised time at home and in the community. This affected 1 of 4 audit clients. The finding is:</p> <p>During interview on 9/7/21 with client #4, he explained he has scheduled opportunities for unsupervised time in the community and at the facility during each week. Client #4 stated he can be unsupervised at the facility up to 90 minutes each day and can be unsupervised up to an hour daily out of the facility to go for walks in the community. Client #4 stated he is required to take his wallet, identification card, his mask and his cellphone. He stated that often he walks to a convenience store nearby and purchases snacks.</p> <p>Review on 9/8/21 of a community based unsupervised time assessment dated 3/28/18 revealed the interdisciplinary team agreed for client #4 to have unsupervised time with staff in the vicinity up to 4 hours. Further review of this assessment revealed he can go on unsupervised neighborhood walks up to 1 hour for a maximum distance of 2 miles.</p> <p>Review on 9/7/21 of client #4's individual program plan (IPP) dated 3/6/21 revealed client #4 has Mild Intellectual Disabilities, Bipolar Disorder, Attention Deficit Hyperactivity Disorder. Further review of the IPP revealed formal training programs to: identify medications, clean his room, initiate washing his hands, complete a chore or activity, turn in receipts to petty cash after outings and a behavior support program (BSP) to address tantrums, reduce physical aggression, decreasing threats of harming others or himself.</p>	W 240		

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W 240	Continued From page 3 Review on 9/7/21 of his BSP dated January 2018 revealed his target behaviors are: tantrum behaviors, physical aggression, threatening to harm others or himself. Review on 9/7/21 of his behavior data revealed during the past several months, he has experienced no episodes of exhibiting any of these target behaviors. Review on 9/7/21 revealed the IPP does include a statement that client #4 is given unsupervised time at home and in the community weekly. Further review of this assessment revealed it was completed by the interdisciplinary team, however there is no further information in the IPP to indicate how it will be determined if client #4 is using this time successfully or under what circumstances this unsupervised time may be re-evaluated. Interview on 9/18/21 with the qualified intellectual disabilities professional (QIDP) confirmed the IPP lacked additional information about how the interdisciplinary would evaluate client #4's success of using his unsupervised time and under what circumstances client #4's use of unsupervised time would need to be revisited.	W 240			
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.	W 249	The Supervisor of Support Services will be responsible for implementing all objectives proposed at the individual's ISP meeting. Objectives proposed at an individual's ISP meeting will be implemented within the individual's plan within 30 days of the ISP meeting. Completion will be monitored by the Director of ICF/IID Services at least monthly.	11/8/21	

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W 249	Continued From page 4 This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure 1 of 4 audit clients (#4) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of medication administration, community living skills and budgeting. The finding is: During observations on 9/7/21 in the facility from 2:15pm-6:30pm client #4 spent a short time in the living area, he participated in medication administration, consumed a yogurt for snack and was observed eating supper. The remainder of the afternoon, he chose to spend time in his bedroom. During observations of medication administration he retrieved his pill cup, his cup for water and punched out his pills. Client #4 was able to identify several of his medications by reading the label on the bubble packs. Interview on 9/7/21 with client #4 revealed he is responsible for taking the trash out to the road once a week. Client #4 stated he has outings to the convenience store weekly and showed the surveyor a bag of snacks that he had purchased earlier that day. Client #4 stated he had attended a local high school and graduated. When asked what formal programs he is working on, he deferred to staff and walked away. Review on 9/7/21 of client #4's individual program plan (IPP) dated 3/6/21 revealed client #4 has Mild Intellectual Disabilities, Bipolar Disorder, Attention Deficit Hyperactivity Disorder. Further	W 249			

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W 249	<p>Continued From page 5</p> <p>review of the IPP revealed formal training programs to: identify medications, clean his room, initiate washing his hands, complete a chore or activity, turn in receipts to petty cash after outings and a behavior support program to address Tantrums, reduce physical aggression, decreasing threats of harming others or himself. Additional review of the IPP revealed there was discussion at the meeting to implement goals to initiate taking a shower, further develop medication administration skills, learn to purchase an EZ Ride pass for the public bus system and further develop budgeting skills.</p> <p>Further review on 9/7/21 of the IPP revealed there were no formal goals developed in the areas of further developing medication administration skills (identifying purpose of his medications), learning to purchase a public bus pass and developing budgeting skills.</p> <p>Interview on 9/8/21 with the qualified intellectual disabilities professional (QIDP) revealed formal training had not been developed after client #4's IPP on 3/6/21 in the areas of furthering his medication administration skills, budgeting and purchasing a bus pass, although these were identified as areas for potential training programs.</p>	W 249		
W 260	<p>PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(2)</p> <p>At least annually, the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the</p>	W 260	<p>The Supervisor of Support Services has scheduled the needed ISP meeting. ISP meetings will be scheduled and completed at least annually. The Director of ICF/IID Services will monitor to ensure they are completed in a timely manner.</p>	11/8/21

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W 260	Continued From page 6 qualified intellectual disabilities professional (QIDP) failed to ensure client (#2's) individual program plan (IPP) was revised at least annually. This affected 1 of 4 audit clients. The finding is: Review on 9/7/21 of client #2's IPP revealed it was dated 11/4/19. Further review of the IPP revealed client #2 has severe intellectual disabilities, Autism, is non verbal and was admitted to the facility on 7/29/94. Further review of the IPP revealed she is adjudicated incompetent and has a legal guardian who resides in New York. Interview on 9/7/21 with the QIDP revealed the interdisciplinary team has not completed a review of client #2's IPP since 11/4/19. Further interview revealed the guardian plans to visit the facility in a few weeks and the team is planning to meet with her in person.	W 260		
W 350	DENTAL SERVICES CFR(s): 483.460(e)(3) The facility must provide education and training in the maintenance of oral health. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to assure ongoing training and education was provided to maintain the oral health for 1 of 4 audit clients (#4). The finding is: Review on 9/8/21 of client #4's dental records revealed he was seen by the Dentist in March 2020 and that his overall oral hygiene was rates as "Fair". Review on 9/8/21 of his individual program plan (IPP) dated 3/6/21 revealed he	W 350	The Supervisor of Support Services will be responsible for implementing a formal training program for the individual's oral hygiene to assist with improving his overally oral hygiene rating and monitor the progress at least monthly. The Director of ICF/IID Services will be responsible for monitoring completion.	

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W 350	Continued From page 7 currently does not have formal training in the area of toothbrushing. Interview with the qualified intellectual disabilities professional (QIDP) on 9/8/21 revealed client #4 can independently brush his teeth but needs reminders to be thorough as he sometimes does not brush all surfaces of his teeth. Further interview revealed the interdisciplinary team has not developed further training to improve his oral hygiene or sought assistance from his Dentist for training for direct care staff to assist client #4 to thoroughly brush his teeth.	W 350		
W 440	EVACUATION DRILLS CFR(s): 483.470(i)(1) The facility must hold evacuation drills at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure fire drills were held at least quarterly for each shift. This potentially affected all clients residing in the home (#1, #2, #3, #4, #5 and #6). The finding is: Review on 9/7/21 of the facility's fire drill records revealed there were no fire drills recorded from 3/8/20-12/19/20. There were also no fire drills recorded from 12/19/20-3/1/21. Interview on 9/7/21 with the qualified intellectual disabilities professional (QIDP) revealed she was not working as QIDP during that time and there appeared to be no documentation of fire drills during the time periods reviewed.	W 440	Fire drills will be conducted at various times during all shifts following the schedule of at least one fire drill on each shift per quarter. The Supervisor of Support Services will monitor completion of drills at varied times by reviewing the fire drill notebook every month. If a drill was not completed as scheduled for a specific shift, the Supervisor of Support Services will conduct the appropriate drill. This system was implemented as of 9/20/21.	11/8/21