


Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL068-094</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>09/20/2022</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>RSI - PINEY MOUNT</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>429 PINEY MOUNTAIN ROAD<br/>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 and follow up survey was completed on September 20, 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>This facility is licensed for six beds and currently has a census of five. The survey sample consisted of audits of 3 current clients.</p>  | V 000         |   |                    |
| V 114              | <p><b>27G .0207 Emergency Plans and Supplies</b></p> <p><b>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</b></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:<br/>Based on record reviews and interviews the facility failed to ensure fire and disaster drills were done quarterly on each shift. The findings are:</p> <p>Review on 9/16/22 of the facility's fire drill log revealed:</p> | V 114         |   |                    |

REPRESENTATIVE'S SIGNATURE:  TITLE: *Director of Adult Services* (X6) DATE: *10/26/22*  
 5899 564111 If continuation sheet 1 of 5

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| V 114              | <p>Continued From page 1</p> <ul style="list-style-type: none"> <li>-There were no 3rd shift drills for the 1st quarter of 2022.</li> <li>-There were no 1st and 2nd shift drills for the 3rd quarter of 2022.</li> <li>-There were no 3rd shift drills for the 4th quarter of 2021.</li> </ul> <p>Review on 9/16/22 of the facility's disaster drill log revealed:</p> <ul style="list-style-type: none"> <li>-There were no 2nd and 3rd shift drills for the 1st quarter of 2022.</li> <li>-There were no 3rd shift drills for the 2nd quarter of 2022.</li> <li>-There were no 3rd shift drills for the 4th quarter of 2021.</li> </ul> <p>Interview on 9/16/22 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> <li>-The drills were completed for this home.</li> <li>-She not sure where the additional documentation is located that shows the time and who completed the drills.</li> <li>-She confirmed staff failed to ensure fire and disaster drills were done quarterly on each shift.</li> </ul> | V 114         | QP has been retrained on the RSI fire and disaster drill procedure.   | 10.15.22           |
| 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</p>   | V 118         | QP has retrained on the RSI medication documentation procedure.   | 10.15.22           |

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| V 118              | <p>Continued From page 2</p> <p>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:<br/>(A) client's name;<br/>(B) name, strength, and quantity of the drug;<br/>(C) instructions for administering the drug;<br/>(D) date and time the drug is administered; and<br/>(E) name or initials of person administering the drug.<br/>(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:<br/>Based on record review and interview, the facility failed to have a physician order for the administered medications affecting one of three audited clients (#2). The findings are:</p> <p>Review on 9/15/22 of client #2's record revealed:<br/>-Admission dated of 1/2/01.<br/>-Diagnoses of Moderate Intellectual Disabilities, Autistic Disorder, Migraines and Secondary Hypertension Unspecified.</p> <p>Review on 9/16/22 of client #2's physician order dated 9/9/22 revealed:<br/>- Clonazepam Tab 1 milligram (mg); take 1 tab</p> | V 118         |   |                    |

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| V 118              | <p>Continued From page 3</p> <p>every morning.</p> <ul style="list-style-type: none"> <li>- Clonazepam Tab 0.5mg; take 1 and ½ tablets (0.75mg) at bedtime.</li> </ul> <p>Review on 9/16/22 of client #2's physician order dated 6/15/22 revealed:</p> <ul style="list-style-type: none"> <li>-Daily Vite; take one tablet every day with breakfast.</li> <li>-Vitamin B; take one capsule every morning with breakfast.</li> <li>-NAC 600mg; take two capsules every morning.</li> <li>-NAC 600mg; take one capsule at bedtime</li> <li>- Clind/Benz Per 1-5% Gel; spread topically to affected areas twice a day.</li> <li>- Fluoxetine Cap 40mg; take 1 capsule once daily.</li> <li>- Omeprazole Cap 40mg; take 1 capsule once daily.</li> <li>- Fexofenadine Tab 180mg; take 1 tablet every day.</li> <li>- Ondansetron Tab 4mg; take 1 tablet twice a day at the same time as NAC.</li> <li>-There was no physician order for the following:</li> <li>-Triamcinolone Cream 0.1%; Spread topically to affected areas twice a day.</li> </ul> <p>Observation on 9/16/22 at 12:55pm of client #2's medication bottles revealed:</p> <ul style="list-style-type: none"> <li>- Clonazepam Tab 1mg was available.</li> <li>- Clonazepam Tab 0.5mg was available.</li> <li>-Daily Vite was available.</li> <li>-Vitamin B was available.</li> <li>-NAC 600mg was available.</li> <li>- Clind/Benz Per 1-5% Gel was available.</li> <li>- Fluoxetine Cap 40mg was available.</li> <li>- Omeprazole Cap 40mg was available.</li> <li>- Fexofenadine Tab 180mg was available.</li> <li>- Ondansetron Tab 4mg was available.</li> <li>- Triamcinolone Cream 0.1% was available.</li> </ul> | V 118         |   |                    |

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| V 118              | <p>Continued From page 4</p> <p>Review on 9/16/22 of client #2's Medication Administration Record (MAR) from July 2022 through September 15, 2022 revealed the following:</p> <ul style="list-style-type: none"> <li>-July 2022 the MAR had times of 8am and 8pm typed and handwritten PRN.</li> <li>-August 2022 the MAR had times of 8am and 8pm typed and handwritten PRN.</li> <li>-September 2022 the MAR had times of 8am and 8pm typed and handwritten PRN.</li> </ul> <p>Interview on 9/16/22 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> <li>-She was not sure when the dosage changed to PRN.</li> <li>-Since had been working had always been PRN.</li> <li>-She would contact the doctor's office to get the current order.</li> <li>-She confirmed the facility failed to have a physician for the administered medication.</li> </ul> | V 118         | <p><b>DHSR - Mental Health</b></p> <p><b>NOV 07 2022</b></p> <p><b>Lic. &amp; Cert. Section</b></p>             |                    |



## 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

11/3/22

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

Dear Ms. ██████████

Enclosed, please find the plan of correction for deficiencies cited during the September 20, 2022, survey of RSI Piney Mountain Group Home. Please let me know if there are any questions or need additional information.

Sincerely,

██████████  
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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