

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

PRINTED: 11/17/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G335</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>11/15/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>RSI - CHRISTOPHER ROAD</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>802 CHRISTOPHER ROAD CHAPEL HILL, NC 27514</b>		
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W 195	<p><b>ACTIVE TREATMENT SERVICES</b> CFR(s): 483.440</p> <p>The facility must ensure that specific active treatment services requirements are met.</p> <p>This <b>CONDITION</b> is not met as evidenced by: The facility failed to ensure: each client received a continuous active treatment program, which included aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services that was directed towards the acquisition of the behaviors necessary for the client to function with as much self determination and independence as possible (W196), specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment were developed in the individual program plan (IPP) (W227), that the IPP included specific information to assist each client towards independence (W240), each client received a continuous active treatment program consisting of supports and services in sufficient number to support the individual program plans (W249), data relative to the accomplishment of objectives identified in the IPP was collected as indicated (W252) and the IPP's were updated as appropriate at least annually (W260).</p> <p>The cumulative effect of these systemic practices resulted in the facility's failure to provide statutorily mandated active treatment services to the clients.</p>	W 195			
W 196	<p><b>ACTIVE TREATMENT</b> CFR(s): 483.440(a)(1)</p> <p>Each client must receive a continuous active treatment program, which includes aggressive,</p>	W 196			

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

TITLE

(X6) DATE

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 196	<p>Continued From page 1</p> <p>consistent implementation of a program of specialized and generic training, treatment, health services and related services described in this subpart, that is directed toward:</p> <p>(i) The acquisition of the behaviors necessary for the client to function with as much self determination and independence as possible; and</p> <p>(ii) The prevention or deceleration of regression or loss of current optimal functional status.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and confirmed by interviews with staff, the facility failed to provide an aggressive implementation of specialized treatment to 4 of 4 audit clients (#1, #3, #4 and #6) by not ensuring: the development of formal training to meet identified needs, development of the individual program plan (IPP) to describe clients level of independence, provision of consistent program implementation, collection of data as prescribed and ensuring the IPP's for 3 of 4 audit clients were reviewed annually. The findings are:</p> <p>A. Cross Refer W227. The facility failed to develop formal training objectives for 1 of 4 audit clients (#4) after needs were identified for him to learn the purpose of his medications and develop budgeting skills.</p> <p>B. Cross Refer W240. The facility failed to ensure the IPP accurately described 1 of 4 audit clients (#4)'s need for supervision and independence.</p> <p>C. Cross Refer W249. The facility failed to consistently implement 1 of 4 audit clients (#4) behavior support program (BSP).</p>	W 196			

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W 196	Continued From page 2  D. Cross Refer W252. The facility failed to collect data as prescribed for 2 of 4 audit clients (#3 and #4).	W 196			
W 227	E. Cross Refer W260. The facility failed to review the IPP's for 3 of 4 audit clients (#1, #3 and #6) at least annually.  INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)  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. This STANDARD is not met as evidenced by: Based on record review and interviews with staff, the facility failed to assure the individual program plan (IPP) for 1 of 4 audit clients (#4) included objective training to meet his priority training needs which included budgeting and medication administration. The finding is:  Review on 11/14/22 of client #4's IPP dated 8/26/22 revealed the interdisciplinary team had proposed development of new objectives in the areas of medication administration to help client #4 to identify the purpose of his medications and in the area of budgeting to assist him to save money from his employment at a local grocery store.  Further review on 11/14/22 of client #4's IPP revealed formal objectives in the following areas: identifying the time for medication administration, thoroughly cleaning his bedroom, washing his hands, completing chores in the facility, turning in receipts, initiating showering, brushing his teeth, making plans with friends and managing his	W 227			

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W 227	Continued From page 3 independent time. There was not training identified in the areas of identifying the purpose of his medications, budgeting and/or saving his money.	W 227			
W 240	Interview on 11/15/22 with the Director of ICF services confirmed objective training for client #4 had not been developed in the areas of identifying the purpose of his medications, budgeting and/or saving his money as discussed at his IPP meeting.  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 record review and confirmed by interviews with staff, the facility failed to ensure the individual program plan (IPP) for 1 of 4 audit clients (#4) included interventions to support the client toward independence in managing his unsupervised time in the community as well as developing budgeting and purchasing skills. The findings are:  During interview on 11/14/22 at the vocational program staff P stated client #4 was at the facility unsupervised until he left for his job in the community at a local grocery store around 12:30pm. Further interview with staff P revealed the clients leave for the vocational program daily around 8:30am and client #4 has unsupervised time at the facility until he leaves for work around 12:30pm three to four days a week.  During a phone interview on 11/14/22 with client	W 240			

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W 240	<p>Continued From page 4</p> <p>#4, he stated that he does not like to go to the vocational program and that he prefers to stay at home until he goes to work around 12:30pm. Client #4 further stated he calls for an "EZ Rider" driver to pick him up at the facility and the driver takes him to work. Additional interview revealed he also takes the "EZ Rider" shuttle home from work in the afternoons. Client #4 stated he has unlimited unsupervised time and does not require staff supervision in the facility or in the community. Client #4 stated he often goes for unsupervised community walks such as walking to the local University campus to see his sister who is a student there.</p> <p>Review on 11/14/22 of client #4's IPP dated 8/26/22 revealed he has Mild Intellectual Disabilities, Autism and a Bipolar Disorder. Further review of the IPP revealed "[client #4] has unsupervised time at home and in the community." Further review revealed he is able to dial 911 if needed in the case of an emergency. The facility will notify [client #4's Father] if needed. Additional review of the IPP does not provide any additional information regarding the amount of time client #4 can be unsupervised at the facility or in the community. The IPP also does not indicate where client #4 can walk or visit when he is unsupervised.</p> <p>Review on 11/14/22 of client #4's unsupervised time assessment dated 3/28/18 revealed client #4 has "limited" unsupervised time and can travel to the following: local commons area, local identified mall, the area around the corporate office, a local gas station, a local apartment complex and the local library. No time limits are given for the amount of time client #4 can be unsupervised.</p>	W 240			

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W 240	<p>Continued From page 5</p> <p>Review on 11/14/22 of client #4's behavior support program (BSP) undated, revealed client #4 has the following target behaviors: tantrums, physical aggression, making verbal threats and threats to harm himself. Further review of the program revealed he ingests several psychotropic medications which include: Trileptal, Abilify, Cogentin and Lithium to address symptoms of his Bipolar Disorder. Additional review of the BSP revealed the following information under Unsupervised time: Client #4 will have the opportunity to have unsupervised time at his residence when he chooses to remain at home rather than go on group outings. Unsupervised time is not contingent. Further review revealed client #4 will be privileged to be at home without supervision for up to 90 minutes. In addition, client #4 may independently shop and move about stores and malls for 90 minutes. Client #4 will be required to carry his cell phone and his wallet.</p> <p>Interview on 11/15/22 with the Director of ICF Services confirmed that client #4's IPP was not specific regarding the amount of time client #4 can be unsupervised and the locations he can walk to when he is unsupervised in the community. Further interview confirmed that the facility's intention was to work with client #4 to help manage his unsupervised time to whatever extent possible. Additional interview revealed she was unaware of the discrepancies between the information in the IPP, the unsupervised time assessment and the BSP. The ICF Director confirmed additional assessments regarding client #4's deficits in the areas of daily living, budgeting, meal preparation and community safety had not been completed.</p>	W 240			

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W 249 W 249	<p>Continued From page 6</p> <p><b>PROGRAM IMPLEMENTATION</b> CFR(s): 483.440(d)(1)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and confirmed by interviews with staff, the facility failed to ensure an active treatment program consisting of needed interventions, supports and services to ensure the continuous implementation of the individual program plans (IPP) for 1 of 4 audit clients (#4). The findings are:</p> <p>A. During interview on 11/14/22 at the vocational program staff P stated client #4 was at the facility unsupervised until he left for his job in the community at a local grocery store around 12:30pm.</p> <p>During a phone interview on 11/14/22 with client #4, he stated that he does not like to go to the vocational program and that he prefers to stay at home until he goes to work around 12:30pm. Client #4 further stated he calls for an "EZ Rider" driver to pick him up at the facility and the driver takes him back and forth to work. Client #4 stated he has unlimited unsupervised time and does not require staff supervision in the facility or in the community. Client #4 stated he often goes for</p>		W 249 W 249				

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W 249	<p>Continued From page 7</p> <p>unsupervised community walks such as walking to the local University campus to see his sister who is a student there.</p> <p>Review on 11/14/22 of client #4's individual program plan (IPP) dated 8/26/22 revealed he has Mild Intellectual Disabilities, Autism and a Bipolar Disorder. Further review of the IPP revealed "[client #4] has unsupervised time at home and in the community." Further review revealed he is able to dial 911 if needed in the case of an emergency. The facility will notify [client #4's Father] if needed. Additional review of the IPP does not provide any additional information regarding the amount of time client #4 can be unsupervised at the facility or in the community. The IPP also does not indicate where client #4 can walk or visit where he is unsupervised.</p> <p>Review on 11/14/22 of client #4's unsupervised time assessment dated 3/28/18 revealed client #4 has "limited" unsupervised time and can travel to the following: local commons area, local identified mall, the area around the corporate office, a local gas station, university place (local apartment complex) and the local library. No time limits are given for the amount of time client #4 can be unsupervised.</p> <p>Review on 11/14/22 of client #4's behavior support program (BSP) undated, revealed client #4 has the following target behaviors: tantrums, physical aggression, making verbal threats and threats to harm himself. Further review of the program revealed he ingests several psychotropic medications which include: Trileptal, Abilify, Cogentin and Lithium to address symptoms of his Bipolar Disorder. Additional review of the BSP</p>	W 249			



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W 249	<p>Continued From page 8</p> <p>revealed the following information under "Unsupervised time: [Client #4] will have the opportunity to have unsupervised time at his residence when he chooses to remain at home rather than go on group outings. Unsupervised time is not contingent." Further review revealed [client #4] will be privileged to be at home without supervision for up to 90 minutes. In addition, [client #4] may independently shop and move about stores and malls for 90 minutes.[Client #4] will be required to carry his cell phone and his wallet.</p> <p>During observations in the facility on 11/15/22 at 10:00am, client #4 told the ICF Services Director that he had made arrangements over the phone with his sister to walk to the local university campus to meet her for lunch. At 10:20am, He grabbed his jacket, cell phone and wallet to start walking through the neighborhood and over to the local university campus which is located 1.34 miles from the facility according to Google maps.</p> <p>Interview on 11/15/22 with the Director of ICF Services confirmed client #4's IPP was not specific regarding the amount of time client #4 can be unsupervised and the locations he can walk to when he is unsupervised in the community. When the ICF Services Director was asked if she was aware that client #4 can only be unsupervised in the facility for 90 minutes and that he can only be unsupervised in the community for 90 minutes, she stated the team had discussed increasing his unsupervised time but nothing definitive was developed. The ICF Services Director also confirmed client #4 had been allowed unlimited unsupervised time at the facility and in the community despite the information in the IPP with the 90 minute</p>	W 249			

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W 249	<p>Continued From page 9</p> <p>restriction. The ICF Director stated she was unaware that the local university campus was not indicated as a location that client #4 could walk to unsupervised. Additional interview revealed she was unaware of the discrepancies between the information in the IPP, the unsupervised time assessment and the BSP.</p> <p>B. During observations in the facility on 11/15/22 at 8:28am, client #4 was asked if the surveyor could see his bedroom. He asked for 5 minutes and then invited her to look at his bedroom through the open bedroom door. Clothes were scattered on the floor with some empty wrappers, books, CD's. His bed was unmade with clothes stacked on his bed. The drawers of his dresser were open and clothes were stuffed into the drawers and hanging over the outside of the drawers. There were also miscellaneous personal belongings on the floor, bed and on the floor outside of the closet.</p> <p>Review on 11/14/22 of client #4's individual program plan (IPP) dated 8/26/22 revealed he had a formal objective to clean his bedroom that was to be implemented daily and data was to be collected three times weekly. Review on 11/15/22 of the data for this objective revealed staff had recorded data four times on this formal objective since May 2022.</p> <p>Interview on 11/15/22 with the ICF Services Director confirmed client #4 does not like to clean his room and implementing this objective had been challenging because often he exhibits oppositional behavior when he is overprompted to clean his room. Further interview confirmed that direct care staff often avoid any additional prompts to get client #4 to clean his bedroom if</p>	W 249			

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W 249	<p>Continued From page 10</p> <p>he does not respond when they ask him. Additional interview confirmed this objective has not been consistently implemented. The ICF Director stated she was currently serving as the acting qualified intellectual disabilities professional (QIDP) for this facility,</p> <p>C. During observations in the facility on 11/15/22 from 7:30am until 10:30am client #4 was observed to be wearing a t-shirt and sweat pants with his hair uncombed and hair unwashed. Client #4 was noted to have a body odor. During observations in the facility on 11/15/22 at 10:00am, client #4 told the ICF Services Director that he had made arrangements over the phone with his sister to walk to the local university campus to meet her for lunch. The ICF Director asked client #4 if he had taken a shower the evening before or on the morning of 11/15/22. Client #4 told the ICF Director that he would take a shower when he returned because it did not make sense to take a shower when he was walking to and from lunch to meet his sister.</p> <p>Review on 11/14/22 of client #4's IPP dated 8/26/22 revealed he had a formal objective to initiate taking a shower that was to be implemented daily with data taken three times weekly. Review of the data indicated showering had been trained 9 times between May-November 2022 with 6 refusals.</p> <p>Interview on 11/15/22 with staff B revealed client #4 does not like to be reminded to take a shower and that he can become verbally combative when he is overprompted to take a shower.</p> <p>Interview on 11/15/22 with the ICF Services Director revealed client #4 does not like to be</p>	W 249			

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W 249	Continued From page 11 reminded to take a shower and that he can become verbally combative when he is overprompted to take a shower. Additional interview confirmed this formal objective has not been implemented as written due to client #4's non-compliance.	W 249			
W 252	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1)  Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.  This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure data relative to the accomplishment of objectives identified in the Individual Program Plan (IPP) was collected as indicated. This affected 2 of 4 audit clients (#3 and #4). The findings are:  A. Review on 11/14/22 of client #4's IPP dated 8/26/22 revealed 5 written training programs with insufficient data. Review of the data collection from May 2022-November 2022 revealed the following:  1. Will clean his room with less than intrusive prompts with 80% measured opportunities for 2 consecutive months. Data was to be collected at least three times weekly. May: 0 June: 0 July: 0 August: 2	W 252			

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W 252	<p>Continued From page 12</p> <p>September: 0 October: 2 with 5 refusals November: 0</p> <p>2. Will initiate showering daily. Data was to be collected at least three times weekly. May: 0 June: 4 July: 5 August: 0 September: 2 refusals- no other data October: 1 refusal-no other data November: 2 refusals-no other data</p> <p>3. Will initiate toothbrushing. Data was to be collected at least three times weekly. May: 0 June: 6 July: 6 and 2 refusals August: refused once when trying to train-no other data September: refused twice when trying to train-no other data October: refused three times when trying to train-no other data November: 0</p> <p>4. Identify when it is time to take his medications. Data was to be collected at least three times weekly. May: 2 June: 2 July: 2 August: 1 September: 2 October: 1 November: 1</p> <p>5. Will turn in receipt from petty cash for</p>	W 252			

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W 252	<p>Continued From page 13</p> <p>purchases with indirect verbal cue 80% measured opportunities for 2 consecutive months. Data was to be collected at least once weekly.</p> <p>May: 0 June: 0 July: 0 August: 1 September: 1 October: 0 November: 1</p> <p>Interview on 11/15/22 with the Director of ICF Services revealed she was not aware that data was insufficient for the majority of client #4's written formal objectives.</p> <p>B. Review on 11/14/22 of client #3's IPP dated 6/18/21 revealed four written training programs with insufficient data. Review of the data collection from August 2022-November 2022 revealed the following:</p> <p>1. Will correctly identify name and purpose of medications with 90% of measured opportunities for 2 consecutive months, Data was to be collected three times weekly. August: 0 September: 10 October: 9 November: 0</p> <p>2. Identify which community helper to assist him with 85% measured opportunities for 2 consecutive m months. Data was to be taken three times weekly. August: 0 September: 2 October: 4 November: 0</p>	W 252			

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W 252	Continued From page 14	W 252			
W 260	<p>3. Looking before crossing the street when out for a community walk. Data was to be taken three times weekly. August: 0 September: 1 October: 2 November: 2</p> <p>PROGRAM MONITORING &amp; 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. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the Individual Program Plans (IPP) for 3 of 4 audit clients (#1, #3 and #6) were updated as appropriate at least annually. The findings are:</p> <p>A. Review on 11/14/22 of client #1's IPP dated 6/30/21 revealed the interdisciplinary team met on that date to develop client #1's IPP for the coming year. There was no additional information to indicate if client #1's IPP had been updated since that time.</p> <p>Interview on 11/15/22 with the Director of ICF services confirmed client #1's IPP had not been updated since 6/30/21.</p> <p>B. Review on 11/14/22 of client #3's IPP dated 6/18/21 revealed the interdisciplinary team met on that date to develop client #3's IPP for the coming year. There was no additional information to indicate if client #3's IPP had been updated since that time.</p>	W 260			

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W 260	Continued From page 15  Interview on 11/15/22 with the Director of ICF services confirmed client #3's IPP had not been updated since 6/18/21.  C. Review on 11/14/22 of client #6's IPP dated 5/28/21 revealed the interdisciplinary team met on that date to develop client #6's IPP for the coming year. There was no additional information to indicate if client #6's IPP had been updated since that time.  Interview on 11/15/22 with the Director of ICF services confirmed client #6's IPP had not been updated since 5/28/21.	W 260			
W 262	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(i)  The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. This STANDARD is not met as evidenced by: Based on record review and confirmed by interviews with staff, the facility failed to obtain approval for 3 of 4 audit clients (#3, #4 and #6) restrictive behavior support programs (BSP) from the human rights committee (HRC). The findings are:  A. Review on 11/14/22 of client #3's BSP which was undated, revealed this plan addresses the target behaviors of anxiety and incorporates the use of Zoloft, Clonazepam, Abilify and Melatonin. Further review of this program revealed there was no signatures from the human rights committee (HRC) indicating this BSP had been discussed to	W 262			



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W 262	<p>Continued From page 16</p> <p>consider the risks versus benefits of this program.</p> <p>Interview on 11/15/22 with the Director of ICF Services confirmed there was no written confirmation that client #3's BSP had been discussed with the HRC.</p> <p>B. Review on 11/14/22 of client #4's BSP, which was undated, revealed this plan addresses the target behaviors of tantrums, physical aggression and making threats towards others. Further review of this program incorporated the use of Trileptal, Abilify, Cogentin and Lithium Carbonate. Additional review of this program includes the use of unsupervised time which requires that client #4 be allowed up to 90 minutes of unsupervised time in the community at designated locations. There was no documentation in this program that the HRC had reviewed client #4's BSP.</p> <p>Interview on 11/15/22 with the Director of ICF Services confirmed there was no written confirmation that client #4's BSP had been discussed with the HRC.</p> <p>C. Review on 11/14/22 of client #6's BSP, which is undated, revealed this program incorporates the use of Zoloft, Risperdal as well as Lorazepam (for dental appointments) for the target behaviors of physical aggression, self injurious behavior and intentional falls. Further review of this program revealed there was no signatures from the human rights committee (HRC) indicating this BSP had been discussed to consider the risks versus benefits of this program.</p> <p>Interview on 11/15/22 with the Director of ICF</p>	W 262			

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W 262	Continued From page 17	W 262			
W 263	<p>Services confirmed there was no written confirmation that client #6's BSP had been discussed with the HRC.</p> <p><b>PROGRAM MONITORING &amp; CHANGE</b> CFR(s): 483.440(f)(3)(ii)</p> <p>The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>This STANDARD is not met as evidenced by: Based on record review and confirmed by interviews with staff, the specially constituted committee, designated as the human rights committee (HRC) failed to obtain written informed consent for the restrictive behavior support programs (BSP) for 3 of 4 audit clients (#3, #4 and #6) The findings are:</p> <p>A. Review on 11/14/22 of client #3's BSP, which was undated, revealed this plan addresses the target behaviors of anxiety and incorporates the use of Zoloft, Clonazepam, Abilify and Melatonin.</p> <p>Review on 11/14/22 of client #3's individual program plan (IPP) dated 6/18/21 revealed client #3 has been adjudicated and that his Mother was appointed as his Guardian of the Person.</p> <p>Further review on 11/14/22 of client #3's BSP revealed no written informed consent from his legal guardian for his BSP which incorporates the use of psychotropic medications.</p> <p>Interview on 11/5/22 with the Director of ICF Services confirmed the facility had failed to obtain current written informed consent from client #3's legal guardian for the implementation of his BSP.</p>	W 263			

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W 263	<p>Continued From page 18</p> <p>B. Review on 11/14/22 of client #4's BSP, which was undated, revealed this plan addresses the target behaviors of tantrums, physical aggression and making threats towards others. Further review of this program incorporated the use of Trileptal, Abilify, Cogentin and Lithium Carbonate. Additional review of this program includes the use of unsupervised time which requires that client #4 be allowed up to 90 minutes of unsupervised time in the community at designated locations.</p> <p>Review on 11/14/22 of client #4's IPP dated 8/26/22 revealed he had been adjudicated and his Father was appointed as his legal Guardian of the Person.</p> <p>Interview on 11/5/22 with the Director of ICF Services confirmed the facility had failed to obtain current written informed consent from client #4's legal guardian for the implementation of his BSP.</p> <p>C. Review on 11/14/22 of client #6's BSP, which is undated, revealed this program incorporates the use of Zoloft, Risperdal as well as Lorazepam (for dental appointments) for the target behaviors of physical aggression, self injurious behavior and intentional falls.</p> <p>Review on 11/14/22 of client #6's IPP dated 5/28/21 revealed she has been adjudicated incompetent and appointed a Guardian of the Person.</p> <p>Interview on 11/5/22 with the Director of ICF Services confirmed the facility had failed to obtain current written informed consent from client #6's legal guardian for the implementation of her BSP.</p>	W 263			

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W 322 W 322	Continued From page 19  PHYSICIAN SERVICES CFR(s): 483.460(a)(3)  The facility must provide or obtain preventive and general medical care. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to assure 1 of 4 audit clients (#4) was referred to his Dentist and to the Endocrinologist as recommended. The finding is:  Review on 11/14/22 of client #4's record revealed he was seen by the Endocrinologist in August 2019, Review of his Nursing evaluation dated August 2022 revealed client #4 is due for a follow up at the Endocrinologist based on the physician's recommendations.  Review on 11/14/22 of client #4's dental visits revealed he was seen on 8/15/22 and that dental caries were noted and that a follow up appointment was needed to fill these cavities.  Interview on 11/15/22 with the Director of ICF Services confirmed that neither the follow up appointment at the Endocrinologist or the Dentist had been scheduled for client #4.	W 322 W 322			
W 440	EVACUATION DRILLS CFR(s): 483.470(i)(1)  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 quarterly fire evacuation drills were conducted for each shift of personnel for the review year. The finding is:  Review on 11/14/22 of the facility's fire evacuation	W 440			

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W 440	Continued From page 20 drill records revealed that from September 2021-January 25, 2022 and from February to September 20, 2022 there were no fire drills conducted in the facility.  Interview on 11/15/22 with the Director of ICF Services confirmed there were no additional records of fire drills during these time periods. Additional interview confirmed it is the company's policy to run fire drills once on each shift every quarter.	W 440			
W 508	COVID-19 Vaccination of Facility Staff CFR(s): 483.430(f)(1)-(3)(i)-(x)  § 483.430 Condition of Participation: Facility staffing. (f) Standard: COVID-19 Vaccination of facility staff. The facility must develop and implement policies and procedures to ensure that all staff are fully vaccinated for COVID-19. For purposes of this section, staff are considered fully vaccinated if it has been 2 weeks or more since they completed a primary vaccination series for COVID-19. The completion of a primary vaccination series for COVID-19 is defined here as the administration of a single-dose vaccine, or the administration of all required doses of a multi-dose vaccine. (1) Regardless of clinical responsibility or client contact, the policies and procedures must apply to the following facility staff, who provide any care, treatment, or other services for the facility and/or its clients: (i) Facility employees; (ii) Licensed practitioners; (iii) Students, trainees, and volunteers; and (iv) Individuals who provide care, treatment, or other services for the facility and/or its clients,	W 508			

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W 508	Continued From page 21 under contract or by other arrangement. (2) The policies and procedures of this section do not apply to the following facility staff: (i) Staff who exclusively provide telehealth or telemedicine services outside of the facility setting and who do not have any direct contact with clients and other staff specified in paragraph (f)(1) of this section; and (ii) Staff who provide support services for the facility that are performed exclusively outside of the facility setting and who do not have any direct contact with clients and other staff specified in paragraph (f)(1) of this section. (3) The policies and procedures must include, at a minimum, the following components: (i) A process for ensuring all staff specified in paragraph (f)(1) of this section (except for those staff who have pending requests for, or who have been granted, exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations) have received, at a minimum, a single-dose COVID-19 vaccine, or the first dose of the primary vaccination series for a multi-dose COVID-19 vaccine prior to staff providing any care, treatment, or other services for the facility and/or its clients; (iii) A process for ensuring the implementation of additional precautions, intended to mitigate the transmission and spread of COVID-19, for all staff who are not fully vaccinated for COVID-19; (iv) A process for tracking and securely documenting the COVID-19 vaccination status of all staff specified in paragraph (f)(1) of this section; (v) A process for tracking and securely	W 508			

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W 508	Continued From page 22 documenting the COVID-19 vaccination status of any staff who have obtained any booster doses as recommended by the CDC; (vi) A process by which staff may request an exemption from the staff COVID-19 vaccination requirements based on an applicable Federal law; (vii) A process for tracking and securely documenting information provided by those staff who have requested, and for whom the facility has granted, an exemption from the staff COVID-19 vaccination requirements; (viii) A process for ensuring that all documentation, which confirms recognized clinical contraindications to COVID-19 vaccines and which supports staff requests for medical exemptions from vaccination, has been signed and dated by a licensed practitioner, who is not the individual requesting the exemption, and who is acting within their respective scope of practice as defined by, and in accordance with, all applicable State and local laws, and for further ensuring that such documentation contains: (A) All information specifying which of the authorized COVID-19 vaccines are clinically contraindicated for the staff member to receive and the recognized clinical reasons for the contraindications; and (B) A statement by the authenticating practitioner recommending that the staff member be exempted from the facility's COVID-19 vaccination requirements for staff based on the recognized clinical contraindications; (ix) A process for ensuring the tracking and secure documentation of the vaccination status of staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations, including, but not limited to,	W 508			

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NAME OF PROVIDER OR SUPPLIER  <b>RSI - CHRISTOPHER ROAD</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>802 CHRISTOPHER ROAD CHAPEL HILL, NC 27514</b>		
(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 508	<p>Continued From page 23</p> <p>individuals with acute illness secondary to COVID-19, and individuals who received monoclonal antibodies or convalescent plasma for COVID-19 treatment; and</p> <p>(x) Contingency plans for staff who are not fully vaccinated for COVID-19.</p> <p>Effective 60 Days After Publication:</p> <p>(ii) A process for ensuring that all staff specified in paragraph (f)(1) of this section are fully vaccinated for COVID-19, except for those staff who have been granted exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations;</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to follow policies and procedures for COVID-19 relative to staff vaccinations and approved exemptions. The finding is:</p> <p>Review on 11/14/22 of the facility's staff COVID-19 vaccination records revealed for staff O did not have either a confirmation of her COVID-19 vaccination record or an approved religious or medical exemption on file with the facility.</p> <p>Interview on 11/15/22 with the ICF Director confirmed staff O did not have either a confirmation of her COVID-19 vaccination record or an approved religious or medical exemption on file with the facility. Further interview confirmed staff O had worked in the facility on 11/14/22. Additional interview confirmed that it was the facility's policy that all staff working in the facility had to have verification of COVID-19 vaccination</p>	W 508			



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

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W 508	Continued From page 24 or an approved religious or medical exemption on file by Human resources.	W 508			