

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL068-099</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/28/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>RSI-HAMILTON ROAD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>237 HAMILTON ROAD</b> <b>CHAPEL HILL, NC 27517</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>A limited follow up survey for the Type A1 was completed on November 28, 2022. This was a limited follow up survey only, 10A NCAC 27G .0205 Assessment/Treatment/Habilitation Plan (Tag 112) and 10A NCAC 27G .0209c Medication Requirements (Tag 118) were reviewed for compliance. The following were brought back into compliance 10A NCAC 27G .0205 Assessment/Treatment/Habilitation Plan (Tag 112) and 10A NCAC 27G .0209c Medication Requirements (Tag 118). No 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>The facility is licensed for four beds and currently has a census of three. The survey sample consisted of audits of 2 current clients and 1 former client.</p>	V 000		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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