

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL068-132</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/10/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>RSI-FERRELL ROAD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1543 FERRELL 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>An annual and follow-up survey was completed on March 10, 2023. 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 6. 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: Based on records review and interview, the facility failed to conduct fire and disaster drills under conditions that simulate emergencies quarterly and for each shift. The findings are:</p> <p>Review on 3/10/23 of the facility's fire drill log</p>	V 114		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 114	<p>Continued From page 1</p> <p>revealed the following:</p> <ul style="list-style-type: none"> <li>-There were no Fire drills conducted for 1st or 2nd shift for the second quarter of 2022.</li> <li>-There were no Fire drills conducted for 1st or 2nd shift for the third quarter of 2022.</li> <li>-There were no Fire drills conducted for 1st shift for the fourth quarter of 2022.</li> </ul> <p>Review on 3/10/23 of the facility's disaster drill log revealed the following:</p> <ul style="list-style-type: none"> <li>-There were no Disaster drills conducted for 1st or 2nd shift for the second quarter of 2022.</li> <li>-There were no Disaster drills conducted for 1st or 2nd shift for the third quarter of 2022.</li> <li>-There were no Disaster drills conducted for 1st or 2nd shift for the fourth quarter of 2022.</li> </ul> <p>Interview on 3/10/23 with the Supervisor of Support Services revealed:</p> <ul style="list-style-type: none"> <li>-She started working for the agency in November 2022.</li> <li>-She was still being trained on some of the things that needed to be done. One of them was how and when to do the fire and disaster drills.</li> <li>-Facility was operating under two different shifts. First shift was "day shift." Second shift was "night shift."</li> <li>-Some of the drills had been conducted, but had not been recorded.</li> <li>-She confirmed the facility failed to conduct fire disaster drills under conditions that simulate emergencies quarterly and for each shift.</li> </ul> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 114		