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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL068-099	(X2) MULTIPLE CONSTRUCTION: A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/06/2023
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NAME OF PROVIDER OR SUPPLIER RSI-HAMILTON ROAD	STREET ADDRESS, CITY, STATE, ZIP CODE 237 HAMILTON ROAD CHAPEL HILL, NC 27517
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on March 6, 2023. 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 6 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</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 record review and interviews, the facility failed to ensure fire and disaster drills were conducted on each shift at least quarterly. The findings are:</p> <p>Review on 3/2/23 of the facility's fire and disaster</p>	V 114	<p>27G.0207 New employees have been trained on fire drill procedures. There are new procedures in place that include email reminders and monthly inspections of the fire drill record to ensure compliance. The email reminders are sent by administrative staff and employees of the vocational program inspect the fire drill record and report to the Operations Director any missing drills. The Operations Director then follows up with the house Supervisor and Director as needed to ensure all required drills are completed prior to the end of the quarter. All drills for the first quarter of 2023 have been completed.</p> <p style="text-align: center;">DHSR - Mental Health</p> <p style="text-align: center;">APR 10 2023</p> <p style="text-align: center;">Lic. & Cert. Section</p>	3/31/2023



REPRESENTATIVE'S SIGNATURE

Director of SL/IL service

TITLE

(X6) DATE

3/30/2023

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V 114	Continued From page 1 drill log for 2022 revealed: -There was one 1st shift fire drill conducted on 8/20. -There were 2nd shift fire drills conducted on 7/20, 8/30, and 10/9. -There were 2nd shift disaster drills conducted on 10/7 and 10/13. -There were no disaster drills conducted on 1st shift. -There were no fire and disaster drills conducted on 3rd shift. Interview on 3/2/23 with the Supervisor revealed: -The agency's policy was that fire and disaster drills were to be conducted every week each month. -There was only one staff that conducted fire and disaster drills. -She was not trained to conduct fire and disaster drills; therefore, she was unable to train other staff. -She confirmed fire and disaster drills were not conducted quarterly on each shift.	V 114	27D	5/1/2023
V 500	27D .0101(a-e) Client Rights - Policy on Rights 10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS (a) The governing body shall develop policy that assures the implementation of G.S. 122C-59, G.S. 122C-65, and G.S. 122C-66. (b) The governing body shall develop and implement policy to assure that: (1) all instances of alleged or suspected abuse, neglect or exploitation of clients are reported to the County Department of Social Services as specified in G.S. 108A, Article 6 or G.S. 7A, Article 44; and (2) procedures and safeguards are	V 500	27D.0101(a-e) Staff have been retrained to understand that the referigerator/freezer locks were put in place as part of Client #1's Behavior Support Plan. This Behavior Support Plan will be updated to ensure that proactive interventions are being taught related to her overnight food seeking and unsafe food hygiene.	5/1/2023

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V 500	<p>Continued From page 2</p> <p>instituted in accordance with sound medical practice when a medication that is known to present serious risk to the client is prescribed. Particular attention shall be given to the use of neuroleptic medications.</p> <p>(c) In addition to those procedures prohibited in 10A NCAC 27E .0102(1), the governing body of each facility shall develop and implement policy that identifies:</p> <p>(1) any restrictive intervention that is prohibited from use within the facility; and</p> <p>(2) in a 24-hour facility, the circumstances under which staff are prohibited from restricting the rights of a client.</p> <p>(d) If the governing body allows the use of restrictive interventions or if, in a 24-hour facility, the restrictions of client rights specified in G.S. 122C-62(b) and (d) are allowed, the policy shall identify:</p> <p>(1) the permitted restrictive interventions or allowed restrictions;</p> <p>(2) the individual responsible for informing the client; and</p> <p>(3) the due process procedures for an involuntary client who refuses the use of restrictive interventions.</p> <p>(e) If restrictive interventions are allowed for use within the facility, the governing body shall develop and implement policy that assures compliance with Subchapter 27E, Section .0100, which includes:</p> <p>(1) the designation of an individual, who has been trained and who has demonstrated competence to use restrictive interventions, to provide written authorization for the use of restrictive interventions when the original order is renewed for up to a total of 24 hours in accordance with the time limits specified in 10A NCAC 27E .0104(e)(10)(E);</p>	V 500		

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V 500	<p>Continued From page 3</p> <p>(2) the designation of an individual to be responsible for reviews of the use of restrictive interventions; and</p> <p>(3) the establishment of a process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention.</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interviews, the facility failed to implement a policy meeting general statue 122C-62 (b) (e) when restricting client rights for three of three clients (#1, #2, and #3). The findings are:</p> <p>Review on 3/2/23 of Client #1's record revealed: -Admission date of 5/18/15. -Diagnoses of Moderate Intellectual Disability and Autistic Disorder.</p> <p>Review on 3/2/23 of Client #2's record revealed: -Admission date of 12/17/03. -Diagnoses of Moderate Intellectual Disabilities, Down Syndrome, Ventricular Septal Defect and Celiac Disease.</p> <p>Review on 3/2/23 of Client #3's record revealed: -Admission date of 7/1/19. -Diagnoses of Moderate Intellectual Disability, Autism Spectrum Disorder, Disorder of Infancy Childhood Adolescence, Sensory Integration Disorder, Attention Deficit Hyperactivity Disorder, Hypothyroidism and Asthma.</p> <p>Observation on 3/2/23 at 9:30 a.m. revealed: -There was a silver thin cord with a lock wrapped around the refrigerator/freezer and stand-alone deep freezer.</p>	V 500		

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V 500	<p>Continued From page 4</p> <p>Review on 3/6/23 of a Behavior Support Plan document and Human Rights Committee minutes revealed:</p> <ul style="list-style-type: none"> -The behavior support plan document included a signature page with space for HRC members to sign. -The behavior support plan document included a signature from HRC representative. -No other HRC members signed the document. -The HRC document was for client #1. -The HRC document did not include client #2 and client #3. -There was no evidence of a behavior support plans provided to address concerns. <p>There were no interviews with clients #1, #2 and #3 due to limited communication skills or non-verbal.</p> <p>Interview on 3/2/23 with the Supervisor revealed:</p> <ul style="list-style-type: none"> -The locks were on the refrigerator/freezer and stand-alone deep freezer for all the clients. -She said the locks were supported by the Human Rights Committee and client's behavior support plan. <p>Interview on 3/6/23 with the Director of Supported-Independent Living Services revealed:</p> <ul style="list-style-type: none"> -The locked was on the refrigerator/freezer and stand-alone deep freezer due to issues with client #1. -Client #1 would not sleep at night and would go to the kitchen and go through the food. -Client #1 would consume food without cooking the food which was unsafe. -Touching and going through food causes germs and staff would have to throw food away. -Locking the refrigerator/freezer and stand-alone deep freezer was approved by HRC and to start 	V 500		

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V 500	Continued From page 5 August 2021. -They installed the locks August of last year.	V 500		