

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL068-100	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 04/20/2023
NAME OF PROVIDER OR SUPPLIER RSI-WEST EPESUS			STREET ADDRESS, CITY, STATE, ZIP CODE 1400 EPHEBUS CHURCH ROAD CHAPEL HILL, NC 27517		
(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	INITIAL COMMENTS An annual and follow-up survey was completed on April 20, 2023. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.	V 000			
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (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. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by 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: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug.	V 118			

RECEIVED
MAY 01 2023
DHSR-MH Licensure Sect

Division of Health Service Regulation

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

TITLE

(X6) DATE

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V 118	<p>Continued From page 1</p> <p>(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: Based on records review and interview the facility failed to keep the MAR current for 1 of 3 clients (#2). The findings are:</p> <p>Review on 4/20/23 of client #2's record revealed: -Admission date of 8/8/92. -Diagnoses of Mild Intellectual Disability; Schizoaffective Disorder, Bipolar Type. -Physician orders dated 12/23/22 revealed: -Lidocaine 4% pain relief patch, Apply 1 patch topically every day for 12 hours then remove for 12 hours off. -Ocusoft Lid Pad Scrub, Provide to cleanse affected eye twice a day. -Refresh Celluv 1% gel, Instill 1 drop in each eye 4 times a day. -Diclofenac gel 1%, Spread 2 gram topically to lower back 4 times a day. -Moxifloxacin Solution 0.5%, Apply 1 drop into the operative eye 4 times a day. -Valacyclovir 500 mg, Take 1 tablet four times a day.</p> <p>Observation on 4/20/23 at about 12:50 pm of client #2's medications revealed: -Ocusoft Lid Pad Scrub was not available. -Lidocaine 4% pain relief patch, box was expired. -Refresh Celluv 1% gel, Diclofenac gel 1%,</p>	V 118	<p>Medication Administration policy and procedure was reviewed with all full-time staff currently working in the home.</p>	4/26/23

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

RSI-WEST EPESUS

**1400 EPHEBUS CHURCH ROAD
CHAPEL HILL, NC 27517**

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V 118	<p>Continued From page 2</p> <p>Moxifloxacin Solution 0.5%, Valacyclovir 500 mg were available.</p> <p>Review on 4/20/23 of client #2's MARs for February 2023 through April 20, 2023 revealed:</p> <p>-The following dates were not initialed as given by staff:</p> <p>-March:</p> <p>-Valacyclovir 500 mg- 3/27 @ 4:00 pm, 3/28 @ 4:00 pm.</p> <p>-April:</p> <p>-Lidocaine 4% pain relief patch- 4/1-4/13 @ 8:00 pm, 4/20 @ 8:00 am.</p> <p>-Refresh Celluv 1% gel- 4/8-4/9 @ 12:00 pm, 4/15-4/16 @ 12:00 pm.</p> <p>-Diclofenac gel 1%- 4/8-4/9 @ 12:00 pm, 4/15-4/16 @ 12 pm.</p> <p>-Moxifloxacin Solution 0.5%- 4/8-4/9 @ 12:00 pm, 4/15-4/16 @ 12:00 pm.</p> <p>-Valacyclovir 500 mg- 4/8-4/9 @ 12:00 pm, 4/15-4/16 @ 12pm.</p> <p>-Ocusoft Lid Pad Scrub was initialed as given by staff from 4/1-4/20.</p> <p>Interview on 4/20/23 with the Supervisor/Qualified Professional revealed:</p> <p>-He was not aware that there were dates on client #2's MAR that had not been initialed by staff.</p> <p>-Reported that client #2's Ocusoft Lid Pad had been discontinued.</p> <p>-He was not aware that staff had initialed Ocusoft Lid Pad as given for client #2 for dates in April.</p> <p>-He knew that Ocusoft Lid Pads had not been given to client #2 because there were none at the house.</p> <p>-He acknowledged facility staff failed to keep the MAR current for client #2.</p>	V 118		

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V 118	Continued From page 3 This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118			



Residential Services, Inc.

111 Providence Road
Chapel Hill, North Carolina 27514

Phone: (919) 942-7391
Fax: (919) 933-4490

www.rsi-nc.org

Executive Director

04/26/2023

[REDACTED]
Mental Health Licensure & Certification Section
Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

Dear [REDACTED]

Please find the enclosed plan of correction for deficiencies cited during the April 20, 2023, survey of RSI – West Ephesus Group Home. Please let me know if there are any questions or need additional information.

Sincerely, [REDACTED]

[REDACTED]
Director of Autism Services
Residential Services Inc.
111 Providence Rd
Chapel Hill, NC 27514
919-942-7391 x 124

Board of Directors



Accredited by the
Joint Commission