STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-902	A. BUILDING: _____ B. WING _____	R 10/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RUSMED 1	3319 TRAWICK ROAD RALEIGH, NC 27604

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V 000	INITIAL COMMENTS An annual and follow up survey was completed on 10/4/23. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 3 and currently has a census of 2. The survey sample consisted of audits of 1 current client. A sister facility is identified in this report. The sister facility will be identified as sister facility A. Staff and clients will be identified using the letter of the facility and a numerical identifier.	V 000		
V 113	27G .0206 Client Records 10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address	V 113		

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V 113	Continued From page 1 and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain copies of lab test results affecting 1 of 2 clients (#1). The findings are: Review on 9/27/23 of client #1's record revealed: - Admitted: 12/27/22 - Diagnoses: Other Specified Disruptive, Impulse-Control and Conduct Disorder, Unspecified Depressive Disorder, Autism, and Attention Deficit-Hyperactivity Disorder - Physician's order dated 9/12/23 revealed: - Lithium Carbonate tablet (tab) 450 milligrams Extended Release, 1 tab twice daily	V 113		

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V 113	Continued From page 2 (mood stabilizer) - No documentation of lab test results Interview on 9/27/23 the House Manager #1 reported: - The doctor's office didn't give her a copy of client #1's lab results - She would call the doctor's office to get a copy of the most recent one Interview on 10/2/23 the Office Manager at client #1's doctor's office reported: - When a patient is on Lithium, labwork is required every 6 months Interview on 10/2/23 the Qualified Professional/Chief Executive Officer reported: - She didn't know about the Lithium and labwork - The Registered Nurse and House Manager #1 were responsible for the medications and doctor's appointments - She was sure that House Manager #1 took client #1 for his labwork and would check with her - She would make sure that the most recent lab reports were in client #1's record	V 113		
V 289	27G .5601 Supervised Living - Scope 10A NCAC 27G .5601 SCOPE (a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence. (b) A supervised living facility shall be licensed if	V 289		

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V 289	Continued From page 3	V 289		

the facility serves either:
(1) one or more minor clients; or
(2) two or more adult clients.
Minor and adult clients shall not reside in the same facility.
(c) Each supervised living facility shall be licensed to serve a specific population as designated below:
(1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses;
(2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses;
(3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;
(4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;
(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or
(6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7)(A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16);

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V 289	Continued From page 4 (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1)(i); 10A NCAC 27G .0203; 10A NCAC 27G .0205(a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e)(1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL). This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 1 of 2 clients (#1) had a home environment where the primary purpose of these services were the care and rehabilitation of individuals who reside in this facility with a developmental disability. The findings are: Interview on 9/27/23 client #1 reported: - He had not been staying at Rusmed 1 - His medications were at sister facility A and administered to him by sister facility A's staff - He had been staying in the garage at sister facility A for about a month - He only went to Rusmed 1 if he had to get something Interview on 9/27/23 client #A3 reported: - Client #1 stayed in sister facility A's garage - Didn't know how long he had been staying in the garage Interview on 9/27/23 staff #A2 reported: - Client #1 had been staying in sister facility A's garage for a couple of weeks	V 289		

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V 289	Continued From page 5 - He administered medications to client #1 while at sister facility A Interview on 9/28/23 the Qualified Professional/Chief Executive Officer reported: - Client #1 asked to go to sister facility A when his housemate was in the hospital - Client #1 had a right to choose to go to sister facility A when he wanted to - She did not know it was "an issue" that he was at sister facility A and periodically stayed overnight	V 289		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview the facility failed to maintain the facility in a safe, clean, attractive and orderly manner. The findings are: Observation on 9/27/23 approximately 10:23am revealed the following: Client #1's bedroom: - 2 out of 5 dresser drawers were missing - broken slats on the blinds by the bed - no sheets or covers on the bed Bathroom: - multiple brown stains around the tile at the bottom of the shower - multiple stains in the inside of the light fixture	V 736		

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V 736	Continued From page 6 in the ceiling Client #2's bedroom: - 1 out of 2 lightbulbs missing in the light fixture in the ceiling - no cover over the light fixture in the ceiling Interview on 9/27/23 the House Manager #2 reported: - there is an electrical issue with client #2's light fixture in the ceiling - an electrician was needed to fix the light - repairs are reported to the Qualified Professional/Chief Executive Officer (QP/CEO) and she sends maintenance to fix it - repairs didn't take long to get completed once reported Interview on 9/27/23 the QP/CEO reported: - she was working on getting repairs done - she would have maintenance come out This deficiency has been cited 3 times since the original cite on 9/20/21 and must be corrected within 30 days.	V 736		