

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-935	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/04/2023
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NAME OF PROVIDER OR SUPPLIER RUSMED III	STREET ADDRESS, CITY, STATE, ZIP CODE 5401 ORCHARD POND DRIVE RALEIGH, NC 27616
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on 10/4/23. 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 4 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.</p> <p>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.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>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;</p>	V 118		

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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>(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. (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 record review and interview, the facility failed to administer medications on the written order of a physician and failed to keep the MARs current affecting 3 of 3 audited clients (#1, #2, #4). The findings are:</p> <p>Review on 9/28/23 of client #1's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 4/23/20 - Diagnoses: Schizoaffective Disorder-Bipolar Type, Impulse Control Disorder, Intellectual Disability-Severe, and Seizure Disorder - No discontinuation (d/c) order for: <ul style="list-style-type: none"> - Lorazepam Tablet (tab), 2 milligrams (mg), as needed (PRN), (seizures) <p>Review on 9/28/23 of client #1's September 2023 MAR revealed:</p> <ul style="list-style-type: none"> - Lorazepam Tab 2 mgs, PRN - Was not initialed by staff as being administered the month of September <p>Observation on 9/28/23 approximately 2:00pm of client #1's medication box revealed Lorazepam</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>was not in the facility</p> <p>Review on 9/28/23 of client #2's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 3/21/20 - Diagnoses: Traumatic Brain Injury, Moderate Intellectual Disability - No physician order for : <ul style="list-style-type: none"> - Olanzapine 2.5 mgs, 1 tab twice a day (anxiety) - Trazadone 100 mgs, 1 tab nightly (anxiety) - FL2 dated 6/14/23 revealed: <ul style="list-style-type: none"> - Trazodone 100 mgs, 1 1/2 tab nightly (150 mgs) <p>Review on 9/28/23 of client #2's September 2023 MAR revealed:</p> <ul style="list-style-type: none"> - Olanzapine 2.5 mgs was initialed by staff twice a day as being administered the month of September - Trazodone 100 mgs, 1 tab nightly was initialed by staff as being administered the month of September - Trazodone 100mgs, 1 1/2 tabs nightly was not on the MAR <p>Review on 9/28/23 of client #4's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 8/14/23 - Diagnoses: Traumatic Brain Injury and Post-Traumatic Stress Disorder - No physician order for: <ul style="list-style-type: none"> - Polyethylene Glycol 33500 Powder, Mix 17 grams with fluid (constipation) - M-Natal Plus Tablet, 1 tab daily (vitamin deficiency) <p>Review on 9/28/23 of client #4's September 2023 MAR revealed:</p> <ul style="list-style-type: none"> - Polyethylene Glycol and M-Natal Plus were initialed by staff as being administered the month 	V 118		

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V 118	<p>Continued From page 3 of September</p> <p>Interview on 9/28/23 the House Manager #1 stated:</p> <ul style="list-style-type: none"> - Her job duty was to check the MARs and make sure the medications were correct - The facility's Registered Nurse (RN) checked the MARs and medications after her when she came to the facility - The RN came to the facility every 60 days or as needed - The RN made sure the physician orders and d/c orders were in the records - The last time the RN was at the facility was July 2023 <p>Interview on 9/28/23 the Qualified Professional/Chief Executive Officer stated:</p> <ul style="list-style-type: none"> - The RN and the House Manager #1 both reviewed the medications, the MARs and physician orders so nothing should have been missing from the records - The RN was just at the facility so she would check with the RN to see what she did while she was there - There must have been "some kind of communication breakdown" between the RN and the House Manager #1 - She would speak with them both to see what the problem was and how to correct it moving forward so that no orders, medications or MAR errors happened again <p>Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118		

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V 138	<p>27G .0404 (A-E) Operations During Licensed Period</p> <p>10A NCAC 27G .0404 OPERATIONS DURING LICENSED PERIOD</p> <p>(a) An initial license shall be valid for a period not to exceed 15 months from the date on which the license is issued. Each license shall be renewed annually thereafter and shall expire at the end of the calendar year.</p> <p>(b) For all facilities providing periodic and day/night services, the license shall be posted in a prominent location accessible to public view within the licensed premises.</p> <p>(c) For 24-hour facilities, the license shall be available for review upon request.</p> <p>(d) For residential facilities, the DHSR complaint hotline number shall be posted in a public place in each facility.</p> <p>(e) A facility shall accept no more clients than the number for which it is licensed.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to accept no more clients than the number for which it is licensed. The findings are:</p> <p>Review on 9/27/23 of client #1's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 4/23/20 - Diagnoses: Schizoaffective disorder-Bipolar type, Impulse Control Disorder, Intellectual Disability-Severe, and Seizure Disorder <p>Review on 9/27/23 of client #2's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 3/21/20 	V 138		

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V 138	<p>Continued From page 5</p> <ul style="list-style-type: none"> - Diagnoses: Traumatic Brain Injury, Moderate Intellectual Disability <p>Review on 9/27/23 of client #3's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 2/29/16 - Diagnoses: Autism, Mental Retardation, Mood Disorder, Attention Deficit-Hyperactivity Disorder, and Cerebral Palsy <p>Review on 9/27/23 of client #4's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 8/14/23 - Diagnoses: Traumatic Brain Injury and Post-Traumatic Stress Disorder <p>Review on 9/27/23 of client #A1's record revealed:</p> <ul style="list-style-type: none"> - Admitted to sister facility A: 12/27/22 - Diagnoses: Other Specified Disruptive, Impulse-Control and Conduct Disorder, Unspecified Depressive Disorder, Autism, and Attention Deficit-Hyperactivity Disorder <p>Review of license on 9/27/23 on the Division of Health Service Regulation's electronic record revealed:</p> <ul style="list-style-type: none"> - Facility licensed for 4 clients <p>Interview on 9/27/23 Client #A1 reported:</p> <ul style="list-style-type: none"> - He had not been staying at sister facility A - He had been staying at Rusmed III because he was the only client at sister facility A - His housemate was in the hospital - He was sleeping in the garage on the couch at Rusmed III because they already had 4 people living there and there was no bed available - He had been there about a month - He was told that "it's no need in keeping the house (sister facility A) open for 1 client" - His transportation to and from the day program picked him up from Rusmed III 	V 138		

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V 138	<p>Continued From page 6</p> <p>Interview on 9/27/23 Client #3 reported:</p> <ul style="list-style-type: none"> - Client #A1 stayed in the garage - She got along with client #A1 - Didn't know how long client #A1 had been living there <p>Interview on 9/27/23 Staff #2 reported:</p> <ul style="list-style-type: none"> - He had been working at Rusmed III since July 2023 - Client #A1 slept on the sofa in the garage - Client #A1 had been at Rusmed III for a couple of weeks - He had given client #A1 his medications at Rusmed III <p>Interview on 10/2/23 Client #A1's guardian reported:</p> <ul style="list-style-type: none"> - Client #A1 was sleeping at Rusmed III - He was sleeping there periodically - "It had to do with staffing" <p>Interview on 9/28/23 the Qualified Professional/Chief Executive Officer reported:</p> <ul style="list-style-type: none"> - Her current census was 4 clients - Client #A1 would ask to come to Rusmed III because he didn't want to be at sister facility A by himself - Client #A1 "may stay a night here and there but did not live at Rusmed III - Did not agree with him not being able to stay the night at Rusmed III if he wanted to 	V 138		
V 289	<p>27G .5601 Supervised Living - Scope</p> <p>10A NCAC 27G .5601 SCOPE</p> <p>(a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of</p>	V 289		

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V 289	<p>Continued From page 7</p> <p>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.</p> <p>(b) A supervised living facility shall be licensed if the facility serves either:</p> <p>(1) one or more minor clients; or</p> <p>(2) two or more adult clients.</p> <p>Minor and adult clients shall not reside in the same facility.</p> <p>(c) Each supervised living facility shall be licensed to serve a specific population as designated below:</p> <p>(1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses;</p> <p>(2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p> <p>(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</p>	V 289		

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V 289	<p>Continued From page 8</p> <p>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); (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).</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure 4 of 4 clients (#1, #2, #3 and #4) 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:</p> <p>Review on 9/27/23 of client #1's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 4/23/20 - Diagnoses: Schizoaffective disorder-Bipolar type, Impulse Control Disorder, Intellectual Disability-Severe, and Seizure Disorder <p>Review on 9/27/23 of client #2's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 3/21/20 - Diagnoses: Traumatic Brain Injury, Moderate Intellectual Disability 	V 289		

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V 289	<p>Continued From page 9</p> <p>Review on 9/27/23 of client #3's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 2/29/16 - Diagnoses: Autism, Mental Retardation, Mood Disorder, Attention Deficit-Hyperactivity Disorder, and Cerebral Palsy <p>Review on 9/27/23 of client #4's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 8/14/23 - Diagnoses: Traumatic Brain Injury and Post-Traumatic Stress Disorder <p>Observation on 9/27/23 approximately 2:55pm revealed:</p> <ul style="list-style-type: none"> - Client #A1 was dropped off at Rusmed III from his day program <p>Interview on 9/27/23 client #A1 reported:</p> <ul style="list-style-type: none"> - He had not been staying at sister facility A - His medications were at Rusmed III and administered to him by Rusmed III staff - He had been staying at Rusmed III for about a month - He only went to sister facility A if he had to get something from there <p>Interview on 9/27/23 client #3 reported:</p> <ul style="list-style-type: none"> - Client #A1 stayed in Rusmed III's garage - Didn't know how long he had been staying in the garage <p>Interview on 9/27/23 staff #2 reported:</p> <ul style="list-style-type: none"> - Client #A1 had been staying in Rusmed III's garage for a couple of weeks - He administered medications to client #A1 while at Rusmed III <p>Interview on 9/28/23 the Qualified Professional/Chief Executive Officer reported:</p> <ul style="list-style-type: none"> - Client #A1 asked to come to Rusmed III 	V 289		

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V 289	Continued From page 10 when his housemate was in the hospital - Client #A1 had a right to choose to come to Rusmed III when he wanted to - She did not know it was "an issue" that he was at Rusmed III 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 record review, observation and interview, the facility was not maintained in a safe manner. The findings are: Review on 10/3/23 of The NC State Residential Building Code Section 310.2.1 revealed: - "Emergency Egress - Every sleeping room shall have at least one operable window or exterior door approved for emergency egress. The units must be operable without the use of key or tool to a full clear opening. If a window is provided, the sill height may not be more than 44" above the floor. These must provide a clear opening of 4 square feet. The minimum height shall be 22 inches and minimum width is 20 inches (1996 Building Code). (For buildings built under the previous Residential Building Code the requirements allowed for a sill height of 48" and an opening of 432 square inches in area with a minimum dimension of 16")." Observation on 9/27/23 at approximately 2:20pm	V 736		

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V 736	<p>Continued From page 11</p> <p>of the facility's single car garage revealed the following:</p> <ul style="list-style-type: none"> - There was only 1 window - There was a door leading into the hallway of the facility - There was an overhead (roll up) door in the front of the garage <p>Interview on 9/27/23 Client #A1 reported:</p> <ul style="list-style-type: none"> - He was sleeping in the garage on the couch at Rusmed III <p>Interview on 9/27/23 Client #3 reported:</p> <ul style="list-style-type: none"> - Client #A1 stayed in the garage but didn't know how long he had been living in there <p>Interview on 9/27/23 Staff #2 reported:</p> <ul style="list-style-type: none"> - Client #A1 had been sleeping on the couch in the garage for a couple of weeks <p>Interview on 10/2/23 Client #A1's guardian reported:</p> <ul style="list-style-type: none"> - Client #A1 was periodically sleeping at Rusmed III <p>Interview on 9/28/23 & 10/2/23 the Division of Health Service Regulation's Construction Surveyor reported:</p> <ul style="list-style-type: none"> - The facility's garage window did not have a minimum opening of 16" with a total opening area of at least 432 square inches as required - The window in the garage would not stay open on it's own and fell when he let it go - The overhead door was not considered an egress door and could not count as an egress exit - The garage could not be used as a sleeping area - There was no emergency egress from the garage 	V 736		

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NAME OF PROVIDER OR SUPPLIER RUSMED III	STREET ADDRESS, CITY, STATE, ZIP CODE 5401 ORCHARD POND DRIVE RALEIGH, NC 27616
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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 736	<p>Continued From page 12</p> <p>Interview on 9/28/23 the Qualified Professional (QP)/Chief Executive Officer (CEO) reported:</p> <ul style="list-style-type: none"> - Client #A1 "may stay a night here and there" at Rusmed III - Client #A1 had a history of being suicidal and would often ask to come to Rusmed III because he didn't want to be at sister facility A by himself when his housemate was hospitalized - She didn't know it was "an issue" that client #A1 stayed overnight because "that was his choice" - Client #A1 thought of the garage as his "man cave" and chose to stay in the garage when he stayed overnight at Rusmed III - She would let him know that he could no longer stay overnight in the garage <p>Review on 9/28/23 of the Plan of Protection completed by the QP/CEO dated 9/27/23 revealed:</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care:</p> <ul style="list-style-type: none"> - The facility will not allow members nor staff to sleep in garage area. <p>Describe your plans to make sure the above happens.</p> <ul style="list-style-type: none"> - The facility will let member know that the garage can not be his man cave when visiting the home. He will not be able to sleep in there." <p>This facility serves clients whose diagnoses included: Schizoaffective disorder, Impulse Control Disorder, Intellectual Disability, Autism, Mood Disorder, Attention-Deficit/Hyperactivity Disorder, Post-Traumatic Stress Disorder, and Traumatic Brain Injury. Client #A1 was periodically staying overnight at this facility and sleeping in the garage. The garage had only one</p> 	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-935	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/04/2023
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NAME OF PROVIDER OR SUPPLIER RUSMED III	STREET ADDRESS, CITY, STATE, ZIP CODE 5401 ORCHARD POND DRIVE RALEIGH, NC 27616
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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 736	Continued From page 13 window and it wouldn't stay open. The window did not meet the minimum dimensions for emergency egress. Client #A1 would not have access to the outside in the event of an emergency. Based on the lack of available egress, this deficiency constitutes a Type A2 rule violation for substantial risk of serious harm and must be corrected within 23 days. An administrative penalty of \$500.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 736		