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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				3) DATE SURVEY COMPLETED	
			A. BUILDING:				
		MHL068-093	B. WING		10/2	7/2023	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
RSI-ABE	RSI-ABERDEEN GROUP HOME  106 ABERDEEN COURT  CARRBORO, NC 27510						
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRODEFICIENCY)	ILD BE	(X5) COMPLETE DATE	
V 000	INITIAL COMMEN	ΓS	V 000				
	An annual survey w 2023. Deficiencies	vas completed on October 27, were cited.					
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.						
		sed for 4 and currently has a urvey sample consisted of clients.					
V 114	27G .0207 Emerge	ncy Plans and Supplies	V 114				
	AND SUPPLIES  (a) A written fire platarea-wide disaster shall be approved be authority.  (b) The plan shall be and evacuation proposted in the facility (c) Fire and disaster shall be held at least repeated for each sunder conditions the	an for each facility and plan shall be developed and by the appropriate local are made available to all staff cedures and routes shall be are drills in a 24-hour facility at quarterly and shall be shift. Drills shall be conducted at simulate fire emergencies. all have basic first aid supplies					
	failed to ensure fire quarterly on each s Review on 10/27/23	et as evidenced by: view and interviews the facility and disaster drills were done hift. The findings are: 3 of the facility's fire and m October 2022-October 2023					

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

(X6) DATE TITLE

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DIVISION	of Health Service Re	egulation				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL068-093	B. WING		10/2	7/2023
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
RSI-ABERDEEN GROUP HOME 106 ABERD CARRBORG						
(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 CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
V 114	Continued From page 1		V 114			
	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)					

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Services revealed:

ZSF911 If continuation sheet 2 of 3

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL068-093	B. WING		10/2	7/2023	
NAME OF PROVIDER OR SUPPLIER  RSI-ABERDEEN GROUP HOME  STREET ADDRESS, CITY, STATE, ZIP CODE  106 ABERDEEN COURT  CARRBORO, NC 27510							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
V 114	-The facility had two -Staff were docume drills on a drill formThe fire and disast uploaded into the e -She had no way to and December 202 -They were unable November and Dec drillsShe had no explan not completed for the	o separate staff shifts. enting the fire and disaster er drills were supposed to be lectronic system. prove the drills for November 2 were completed by staff. to find documentation of the lember 2022 fire and disaster lation as to why the drills were the other times in 2023. If failed to conduct fire and	V 114				

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ZSF911 If continuation sheet 3 of 3