

Division of Health Service Regulation

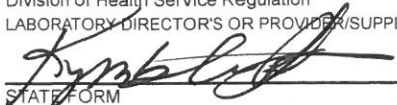
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL068-102	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/07/2024
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NAME OF PROVIDER OR SUPPLIER RSI-PUREFOY ROAD	STREET ADDRESS, CITY, STATE, ZIP CODE 102 PUREFOY ROAD CHAPEL HILL, NC 27514
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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
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on March 7, 2024. A deficiency was 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>The facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients.</p>	V 000	Staff received retraining on medication documentation. Completion date is 3.7.2024.	
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; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and</p>	V 118	<p>Staff received retraining on medication documentation. Completion date is 3.7.2024.</p> <p style="text-align: center;">RECEIVED MAR 20 2024 DHSR-MH Licensure Sect</p>	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE



(X6) DATE

3-15-24

Division of Health Service Regulation

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V 118	<p>Continued From page 1</p> <p>(E) name or initials of person administering the drug.</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 record review, observation and interview the facility failed to ensure the MAR's were current for two of three audited clients (#1 and #2). The findings are:</p> <p>A. Review on 3/7/24 of Client #1's record revealed: -Admission date of 7/1/89. -Diagnoses of Mild Intellectual Developmental Disability, Autistic Disorder, Fetishism, Mitochondrial Myopathy, Not Otherwise Specified and Psoriasis.</p> <p>Review on 3/7/24 of Client #1's physicians order dated 4/23/23 revealed: -NAC Cap 600 mg - take one capsule by mouth twice a day (immune support). -Triamcinolone Cream 0.1% 0 - apply a thin layer to affected area on lower leg twice daily (skin condition). -Aspirin Low Chew 81mg tablets - take one tablet by mouth once daily (heart health). -Gaviscon ES - take 15 mg by mouth four times a day (reflux suppression). -Gabapentin 300 mg - take one capsule orally three times a day (chronic pain).</p>	V 118	Staff received retraining on medication documentation. Completion date is 3.7.2024.	

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V 118	<p>Continued From page 2</p> <p>Observation on 3/7/24 at 10:00 a.m. of Client #1's medications revealed: -All medications mentioned were available.</p> <p>Review on 3/7/24 of Client #1's MAR for March 2024 revealed blanks on the following dates: -NAC Cap 600 mg - 3/2/24 at 8 a.m. -Triamcinolone Cream 0.1% - 3/2, 3/3 at 8 a.m. and 3/1 at 8 p.m. -Aspirin Low Chew 81mg tablets - 3/2, 3/3 at 8 a.m. -Gaviscon ES - 3/1 at 8 p.m. -Gabapentin 300 mg - 3/1 at 8 p.m.</p> <p>B. Review on 3/7/24 of Client #2's record revealed: -Admission date of 10/29/94. -Diagnoses of Mild Intellectual Developmental Disability, Unspecified Disorder of Psychological Development, Peripheral Corneal Degeneration Bilateral, Blindness Both Eyes, Plantar Fascial Fibromatosis and Other Specified Congenital Deformities of Feet.</p> <p>Review on 3/7/24 of Client #2's physicians order dated 9/20/23 revealed: -Aspirin Low Tablets 81mg EC - take one tablet every day (heart health). -Fish Oil Capsules 1000 mg - take one capsule by mouth twice a day (relieve and reduce pain). -Docusate Sodium Capsules 100 mg - take one capsule by mouth twice a day (soften stool). -Omeprazole Capsules 20 mg - take one capsule by mouth twice a day (reflux disease).</p> <p>Review on 3/7/24 of Client #2's MAR for March 2024 revealed blanks on the following dates: -Aspirin Low Tablets 81mg EC -3/1, 3/2 at 8 a.m. -Fish Oil Capsules 1000 mg - 3/1, 3/2 at 8 a.m.</p>	V 118	Staff received retraining on medication documentation. Completion date is 3.7.2024.	
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V 118	<p>Continued From page 3</p> <p>-Docusate Sodium Capsules 100 mg - 3/1, 3/2 at 8 a.m.</p> <p>-Omeprazole Capsules 20 mg - 3/1, 3/2 at 8 a.m.</p> <p>Observation on 3/7/24 at 11:00 a.m. of Client #2's medications revealed: -All medications mentioned were available.</p> <p>Interview on 3/7/24 with the Director of Autism Services revealed: -Staff would be retrained in medication administration. -The Qualified Professional was working on a schedule to get staff retrained.</p>	V 118	Staff received retraining on medication documentation. Completion date is 3.7.2024.	



Residential Services, Inc.

111 Providence Road
Chapel Hill, North Carolina 27514

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

www.rsi-nc.org
Scott A. Keller, Executive Director

03/15/24

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

Dear Ms. ██████████

Enclosed, please find the plan of correction for deficiencies cited during the March 7, 2024, survey of RSI Purefoy Group Home. Please let me know if there are any questions or need additional information.

Sincerely,

Kymberlei Putz
Director of Autism Services
Residential Services Inc.
111 Providence Rd
Chapel Hill, NC 27514

919-942-7391 x124

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