

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/30/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G335	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 01/29/2024
NAME OF PROVIDER OR SUPPLIER RSI - CHRISTOPHER ROAD			STREET ADDRESS, CITY, STATE, ZIP CODE 802 CHRISTOPHER ROAD CHAPEL HILL, NC 27514		
(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) COMPLETION DATE	
W 000	INITIAL COMMENTS A revisit was conducted on 1/29/24 for all previous deficiencies cited on 11/28/23. All deficiencies were corrected, however, a new deficiency was cited. The facility remains out of compliance.	W 000			
W 104	GOVERNING BODY CFR(s): 483.410(a)(1) The governing body must exercise general policy, budget, and operating direction over the facility. This STANDARD is not met as evidenced by: Based on observation and interview, the governing body and management failed to exercise general policy and operating direction over the facility failed to complete repairs in the facility the heating, ventilation, and air conditioning unit. This affected 3 of 6 clients in the facility (#1, #4 and #5). The findings are: Observation on 1/29/24 at 9:30am of client #5 bedroom revealed blankets on the bed and laying on the foot board of her bed. Interview on 1/29/24 client #4 confirmed he did not have heat in his bedroom. Interview on 1/29/24 with the qualified intellectual disabilities professional (QIDP) revealed she submitted a ticket to the facility's maintenance confirming the heat in client #1, #4 and #5 bedrooms was not regulated. The QIDP confirmed staff will offer the clients extra blankets when their rooms are cold. The QIDP confirmed there is no thermostat in any of the clients bedrooms to know the exact temperature. When the temperature becomes to cold they have been instructed to take the clients to a hotel, but does	W 104			

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 104	Continued From page 1 not know at what temperature they should take the clients to a hotel. The ticket has been open with the maintenance department since December 15, 2023.	W 104			