

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

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 11/28/2023
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 249	<p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 1 of 3 audit clients (#4) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of self care, grooming and home living. The finding is:</p> <p>Review on 11/27/23 of client #4's IPP dated 1/6/23 revealed he has formal objectives to take a shower daily and clean his bedroom twice a week.</p> <p>During observations on 11/27/23 at 4:00pm at the facility client #4 had a very strong body odor while he was talking to the surveyor.</p> <p>Interview on 11/27/23 with client #4 revealed he had worked all day at a local grocery store and usually showered before he goes to bed in the evenings. Further interview revealed direct care staff also usually ask to check his bedroom in the evenings to ensure that he has cleaned his room in conjunction with his formal training goal.</p>	W 249	<p>The Supervisor of Support Services will be responsible for retraining employees on expectations for documentation and consistent implementation of programs. If progress is not observed with consistent implementation of program and documentation, the programs will be revised as appropriate. If needed a meeting with the individual and some of his support team will be scheduled.</p> <p>The Supervisor is responsible for retraining, monitoring progress, and making revisions as needed and the Director is responsible for holding Supervisor accountable.</p>	1/27/24	

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

Debbie Klein

Director of ICF/IID Services

TITLE

(X6) DATE

12/10/23

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 249	<p>Continued From page 1</p> <p>During observation on 11/28/23 at 6:30am client #4 had a very strong body odor while he was talking to the surveyor. Additional observations revealed he had not combed his hair or shaved.</p> <p>Interview on 11/28/23 with client #4 revealed he was leaving for work in the next 20 minutes to start is shift at a local grocery store. Further interview revealed he may take a shower after work. Further interview revealed, " My room is mess, I will clean it later." Client #4 left for work about 7:20am.</p> <p>Review on 11/28/23 of a log that is used by staff to track client #4 showering, shaving and cleaning his room revealed the following:</p> <p>11/16/23: -chores/trash: blank -shower/wash hair: blank -toothbrushing/pm: blank -shave: blank -laundry: blank -room check: blank</p> <p>11/24/23: -chores/ trash: blank -shower: blank -toothbrushing/pm: blank -shave: No -room check: No</p> <p>11/26/23: -shaving: No -laundry: No -room check: No</p> <p>11/27/23: -shaving: blank -laundry: blank -room check: blank</p> <p>11/28/23: -shower: blank -shave: blank</p> <p>Interview on 11/28/23 with the qualified intellectual disabilities professional (QIDP)</p>	W 249		
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W 249	Continued From page 2 revealed client #4 was not always compliant with showering, shaving and clearing his bedroom in conjunction with his formal training programs. Further interview revealed direct care staff are often hesitant to encourage client #4 to comply with these tasks as he often becomes very upset and withdrawn when he is confronted about his personal hygiene, home living tasks which also includes cleaning his bedroom.	W 249		
W 430	HEATING AND VENTILATION CFR(s): 483.470(e)(2)(ii) Ensure that the heating apparatus does not constitute a burn or smoke hazard to clients. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to assure a heating apparatus did not create a burn hazard to clients. This potentially affected all clients (#1, #2, #3, #4, #5 and #6). The finding is: During observations two electric space heaters were noted in the bedrooms of client #4 and client #5. Interview on 11/28/23 with client #4 revealed he had unplugged his space heater in his bedroom as he preparing to leave for work. Interview on 11/28/23 with the qualified intellectual disabilities professional (QIDP) revealed she had purchased these space heaters about 2 weeks prior when clients #4 and #5 had mentioned their bedrooms get cold at night. Further interview revealed the facility had contacted a heating and air conditioning repair company who advised the ventilation system underneath the facility was in need of extensive	W 430	Heaters have been removed from home and work orders for heating repairs have been submitted.	12/10/23

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W 430	Continued From page 3 repair and had not been fixed.	W 430		
W 440	<p>Interview on 11/28/23 with a surveyor with the DHSR construction section advised that individual space heaters were not allowed in ICF/IID facilities as this could present a burn and/or fire hazard to the clients in the facility.</p> <p>EVACUATION DRILLS CFR(s): 483.470(i)(1)</p> <p>at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure fire evacuation drills were conducted at least quarterly on each shift. This potentially affected all clients residing in the home (#1, #2, #3, #4, #5 and #6). The finding is:</p> <p>Review on 11/27/23 of the fire drill records for the facility from 11/11/22-11/7/23 revealed only 1 fire drill conducted between the hours of 10pm-7am (third shift). The one fire drill conducted between the hours of 10pm-7am was completed on 11/7/23 at 5:09am.</p> <p>Interview on 11/28/23 with the qualified intellectual disabilities professional (QIDP) revealed she was aware that the requirement for fire drills was one drill per shift per quarter but that the facility had only recently become aware that staff had not completed fire drills on third shift for several quarters during the past year.</p>	W 440	<p>RSI Form PRO 07-03 Fire Drill Summary was updated include improved distinction between the two shifts. Form to be implemented Jan 1 2024.</p> <p>Monthly monitoring of drill process in in place to ensure compliance with the standard.</p> <p>Drills for Q4 are in process and monitored for compliance with the standard.</p> <p>QP is responsible for performing drills, and Director is responsible for holding the QP accountable.</p>	1/1/24