

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL068-135	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/04/2024
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NAME OF PROVIDER OR SUPPLIER RSI - EPHESUS CHURCH ROAD	STREET ADDRESS, CITY, STATE, ZIP CODE 1508 EPHESUS CHURCH ROAD CHAPEL HILL, NC 27517
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on September 4, 2024. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 6 and has a current census of 5. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p>	V 112		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to schedule a review of a plan at least annually affecting two of three audited clients (#1 and #2). The findings are:</p> <p>Reviews on 8/29/24 and 9/3/24 of client #1's record revealed: -Admission date of 1/9/04. -Diagnoses of Anxiety Disorder, Depressive Disorder and Mild Intellectual Disability. -Person Centered Plan (PCP) dated 8/1/23. -There was no documentation of a current plan.</p> <p>Reviews on 8/29/24 and 9/3/24 of client #2's record revealed: -Admission date of 9/15/23. -Diagnoses of Moderate Intellectual Disability and Epilepsy. -PCP dated 8/24/23. -There was no documentation of a current plan.</p> <p>Attempted interviews on 9/3/24 and 9/4/24 with the Director of Supported Living Services (DSL) revealed: -She was called and did not answer. -Text messages were sent requesting the calls be returned. -The calls were not returned prior to the exit on 9/4/24.</p> <p>Interview on 9/3/24 with the Support Services</p>	V 112		

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V 112	Continued From page 2 Supervisor revealed: -She just sent the DSLS a text to inquire about the PCPs for clients #1 and #2. -The DSLS texted and stated both plans expired at the end of August 2024. -The DSLS stated she didn't realize the plans expired for clients #1 and #2. -She confirmed the facility failed to schedule a review of a plan at least annually for clients #1 and #2.	V 112		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes. (b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies. (d) Each facility shall have a first aid kit accessible for use.	V 114		

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V 114	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure fire and disaster drills were done quarterly on each shift. The findings are:</p> <p>Review on 9/3/24 of the facility's fire and disaster drill log from November 2023-August 2024 revealed:</p> <ul style="list-style-type: none"> -There was no fire drill conducted for the day shift during the 2nd quarter (April, May, June) of 2024. -There was no fire drill conducted for the day shift during the 1st quarter of (January, February, March) of 2024. -There were no fire drills conducted during the 4th quarter (October, November, December) of 2023. -There was no disaster drill conducted for the day shift for the 2nd quarter (April, May, June) of 2024. -There was no disaster drill conducted for the day shift during the 1st quarter of (January, February, March) of 2024. -There were no disaster drills conducted during the 4th quarter (October, November, December) of 2023. <p>Interview on 9/3/24 with client #1 revealed:</p> <ul style="list-style-type: none"> -They did fire and disaster drills with staff. -They went outside to the mailbox for fire drills. -They went downstairs for disaster drills. <p>Interview on 9/3/24 with client #2 revealed:</p> <ul style="list-style-type: none"> -They went outside for fire drills. -They went downstairs for disaster drills. <p>Interview on 9/3/24 with client #3 revealed:</p> <ul style="list-style-type: none"> -They went outside to the mailbox for fire drills. -They went downstairs for tornado drills. <p>Attempted interviews on 9/3/24 and 9/4/24 with the Director of Supported Living Services</p>	V 114		

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V 114	Continued From page 4 revealed: -She was called and did not answer. -Text messages were sent requesting the calls be returned. -The calls were not returned prior to the exit on 9/4/24. Interview on 9/3/24 with the Senior Direct Support Coordinator revealed: -"The staff shifts are a little different in this facility." -Staff worked 3 pm to 9 pm. -Some staff did an overnight shift during the week. -Weekend staff worked 10 am to 6 pm and overnight. -Staff were doing fire and disaster drills. -She thought some of the documented drills were misplaced by staff.	V 114		
V 118	27G .0209 (C) Medication Requirements 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	V 118		

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V 118	<p>Continued From page 5</p> <p>current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(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 (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 observation, record reviews and interviews, the facility failed to keep the MARs current affecting one of three audited clients (#1) and failed to have physician's orders affecting three of three audited clients (#1, #2 and #3). The findings are:</p> <p>Reviews on 8/29/24 and 9/3/24 of client #1's record revealed:</p> <ul style="list-style-type: none"> -Admission date of 1/9/04. -Diagnoses of Anxiety Disorder, Depressive Disorder and Mild Intellectual Disability. -Physician's order dated 8/26/24 for Ketoconazole cream 2% (Dry, flaky skin), apply topically to affected area daily. -Physician's order dated 4/30/24 for Lorazepam 0.5 milligrams (mg) (Anxiety), one half tablet in morning and at 4 pm. -Physician's order dated 3/18/24 for D-Mannose 	V 118		
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V 118	<p>Continued From page 6</p> <p>500 mg (Urinary Tract Infection), one capsule in morning and Quetiapine 100 mg (Major Depressive Disorder), one tablet at bedtime</p> <p>Review on 9/3/24 of MARs for client #1 revealed:</p> <p>September 2024-</p> <ul style="list-style-type: none"> -There were no staff initials as administered for Ketoconazole cream 2% on 9/1 and 9/2. <p>July 2024-</p> <ul style="list-style-type: none"> -There were no staff initials as administered for D-Mannose 500 mg on 7/8 and 7/23; Lorazepam 0.5 mg on 7/13 4 pm dose and Quetiapine 100 mg on 7/4. <p>Interview on 9/3/24 with the Senior Direct Support Coordinator revealed:</p> <ul style="list-style-type: none"> -Client #1 had therapeutic leave in July 2024. -Staff possibly forgot to indicate that on her MAR. <p>Interview on 9/3/24 with the Support Services Supervisor revealed:</p> <ul style="list-style-type: none"> -She had no explanation for the blank boxes on client #1's MAR because that was not her facility. -She confirmed the MAR for client #1 was not current. <p>2. Reviews on 8/29/24 and 9/3/24 of client #1's record revealed:</p> <ul style="list-style-type: none"> -There were no physician's orders for the medications below. <p>Observation on 9/3/24 at approximately 11:30 am client #1's medication bin revealed: The following medications were available for administration-</p> <ul style="list-style-type: none"> -Nitrofurantoin 100 mg (Urinary Tract Infection) -Bupropion HCL 300 mg (Depression) -Ketoconazole Shampoo 2% (Itchy, flaky scalp) 	V 118		

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V 118	<p>Continued From page 7</p> <p>Reviews on 8/29/24 and 9/3/24 of client #2's record revealed: -Admission date of 9/15/23. -Diagnoses of Moderate Intellectual Disability and Epilepsy. -There were no physician's orders for the medications below.</p> <p>Observation on 9/3/24 at approximately 11:45 am client #2's medication bin revealed: The following medications were available for administration- -Acetyl-L-carnitine 500 mg (Depression) -Fluticasone 50 mg (Allergy symptoms)</p> <p>Reviews on 8/29/24 and 9/3/24 of client #3's record revealed: -Admission date of 8/14/04. -Diagnoses of Moderate Intellectual Disability, Major Depressive Disorder-single episode, Adjustment Disorder with mixed anxiety and depressed mood, Down Syndrome, Hearing Loss (right ear) and Hypothyroidism. -There were no physician's orders for the medications below.</p> <p>Observation on 9/3/24 at approximately at 11:20 am client #3's medication bin revealed: The following medications were available for administration- -Melatonin 3 mg (Sleep) -Facial moisturizer (Dry skin)</p> <p>Attempted interviews on 9/3/24 and 9/4/24 with the Director of Supported Living Services revealed: -She was called and did not answer. -Text messages were sent requesting the calls be returned.</p>	V 118		

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V 118	Continued From page 8 -The calls were not returned prior to the exit on 9/4/24. Interview on 9/3/24 with the Support Services Supervisor confirmed: -There was no documentation of physician's orders for clients #1, #2 and #3.	V 118		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or (2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients	V 290		

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V 290	<p>Continued From page 9</p> <p>present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on observation, record reviews and interviews, the facility failed to review the plan annually to ensure clients continue to be capable of remaining in the home without supervision for specified periods of time for two of three audited clients (#1 and #2). The findings are:</p> <p>Observation on 8/29/24 at approximately 11:15 an revealed: -Client #2 was at the facility alone upon surveyor's arrival.</p> <p>Reviews on 8/29/24 and 9/3/24 of client #1's record revealed: -Admission date of 1/9/04. -Diagnoses of Anxiety Disorder, Depressive Disorder and Mild Intellectual Disability. -Unsupervised time assessment dated 9/3/19-Client #1 had 90 minutes at the facility</p>	V 290		

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V 290	<p>Continued From page 10</p> <p>without staff supervision.</p> <p>-There was no documentation client #1's plan was reviewed in 2024 to ensure she remained capable of continuing unsupervised time at the facility.</p> <p>Reviews on 8/29/24 and 9/3/24 of client #2's record revealed:</p> <p>-Admission date of 9/15/23.</p> <p>-Diagnoses of Moderate Intellectual Disability and Epilepsy.</p> <p>-Person Centered Plan dated 8/24/23-He had 6 hours at the facility without staff supervision.</p> <p>-There was no documentation client #2's plan was reviewed in 2024 to ensure he remained capable of continuing unsupervised time at the facility.</p> <p>Interview on 9/3/24 with client #1 revealed:</p> <p>-She had unsupervised time at the facility.</p> <p>-She had 1 and 1/2 hours daily.</p> <p>-She had unsupervised at the facility for several years.</p> <p>-She stayed at the facility without staff 1 or 2 days a week.</p> <p>Interview on 9/3/24 with client #2 revealed:</p> <p>-He had unsupervised time at the facility.</p> <p>-"I stay at home (the facility) most of the day unsupervised."</p> <p>-He had unsupervised time since he was admitted to the facility last year in September 2023.</p> <p>Attempted interviews on 9/3/24 and 9/4/24 with the Director of Supported Living Services revealed:</p> <p>-She was called and did not answer.</p> <p>-Text messages were sent requesting the calls be returned.</p>	V 290		

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V 290	<p>Continued From page 11</p> <p>-The calls were not returned prior to the exit on 9/4/24.</p> <p>Interview on 9/3/24 with the Senior Direct Support Coordinator revealed:</p> <ul style="list-style-type: none"> -Client #2 had unsupervised time at the facility. -Client #2 had up to 6 hours each day at the facility. -Client #1 also had unsupervised at the facility. -Client #1 had 1 and 1/2 hours each day. -Client #1 had unsupervised time since she started working at the facility in 2017. -They just recently talked about increasing the unsupervised time for client #1. -She thought client #1's unsupervised time assessment had been updated since 2019. 	V 290		