STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL068-094	B. WING		09/0	4/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
RSI - PIN	IEY MOUNT		Y MOUNTAIN			
(V4) ID	STIMMADV STA	TEMENT OF DEFICIENCIES	HILL, NC 27	PROVIDER'S PLAN OF CORRECTI		(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	-S	V 000			
	An annual survey w 4, 2024. Deficiencie	as completed on September es were cited.				
	category: 10A NCA	sed for the following service C 27G .5600C Supervised h Developmental Disability.				
		sed for 6 and has a current arvey sample consisted of clients.				
V 114	27G .0207 Emerge	ncy Plans and Supplies	V 114			
	AND SUPPLIES  (a) Each facility sha and a disaster plan these plans availabte to the county emergencedures. The plans procedures and rout (b) The plans shall and evacuation proposted in the facility.  (c) Fire and disaster shall be held at least repeated for each some Drills shall be condustimulate the facility' emergencies.	gency services agencies upon shall include evacuation tes. be made available to all staff cedures and routes shall be r drills in a 24-hour facility at quarterly and shall be hift.				

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

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL068-094	B. WING		09/04/2024	
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1 03/0	77/2027
RSI - PIN	IEY MOUNT	429 PINE	MOUNTAIN	ROAD		
			HILL, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  ' MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
V 114	Continued From pa	ge 1	V 114			
	facility failed to ens	et as evidenced by: view and interviews, the ure fire and disaster drills were ach shift. The findings are:				
	Review on 9/3/24 of the facility's fire and disaster drill log from November 2023-August 2024 revealed: -There was no fire drill conducted for the night					
	2024. -There was no disa	quarter (April, May, June) of ster drill conducted for the nd quarter (April, May, June) of				
		aster drills conducted during cober, November, December)				
	-He was distracted looking at his tablet	4 with client #1 revealed: during the interview and kept about fire and disaster drills.				
	-He could not be int	with client #2 revealed: erviewed. questions the surveyor asked				
		with client #3 revealed: erviewed because he was				
	Support Coordinato -They had 3 separa will sometimes over -There was a Form (DSC) at the facility February 2024.	te staff shifts and "the shifts				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND I LAN OF CONNECTION		BENTI IO NI ON NOMBER.	A. BUILDING:			
		MHL068-094	B. WING		09/0	4/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
RSI - PIN	IEY MOUNT		MOUNTAIN			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ( MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 114	Continued From pa	ge 2	V 114			
	-The drills were possibly not done by staff at the end of 2023 and beginning of 2024He confirmed staff failed to conduct fire and disaster drills quarterly on each shift.  Interview on 9/4/24 with the Director of Autism					
	revealed: -The safety commit form for fire and dis-"We really don't hat their facilities." -The forms were seshiftsStaff worked a day-"Staff shifts vary defined to the safety of the	tee for the agency created the				
	clients." -She confirmed stated disaster drills quarte	ff failed to conduct fire and erly on each shift.				
V 118	27G .0209 (C) Med	ication Requirements	V 118			
	only be administered order of a person a drugs.  (2) Medications shactients only when a client's physician.  (3) Medications, incadministered only bunlicensed persons pharmacist or other privileged to prepar (4) A Medication Adall drugs administered					

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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	
		MHL068-094	B. WING		09/	04/2024
	PROVIDER OR SUPPLIER	429 PINE	DDRESS, CITY, S	ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 118	recorded immediate MAR is to include the (A) client's name; (B) name, strength, (C) instructions for (D) date and time the (E) name or initials drug.  (5) Client requests checks shall be recorded.	ely after administration. The	V 118			
	facility failed to kee two of three audited findings are:  Reviews on 8/29/24 record revealed: -Admission date of -Diagnoses of Seve Autistic Disorder, In Depression and Fra-Physician's order of shampoo 5% (dand Review on 8/30/24 revealed: -August 2024-Staff was given on 8/4, 8-July 2024-Staff do	tyiews and interviews, the p the MARs current affecting d clients (#1 and #3). The d and 8/30/24 of client #1's 10/1/92. The Intellectual Disability, inpulse Control Disorder, agile X Syndrome. In dated 3/13/24 for Tar gel druff), use every other day. In of MARs for client #1 documented the shampoo				

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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	
		MHL068-094	B. WING		09/	04/2024
	PROVIDER OR SUPPLIER	429 PINE	DRESS, CITY, S Y MOUNTAIN HILL, NC 27!			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
V 118	7/17, 7/19, 7/21, 7/2 7/30. (Staff docume consecutive days 4 for every other day) Reviews on 8/29/24 record revealed: -Admission date of -Diagnoses of Autis Disorder, Anxiety	22, 7/23, 7/25, 7/28, 7/29 and ented the shampoo was given times, however the order was and 8/30/24 of client #3's 12/5/22.  If and 8/30/24 of client #3's 12/5/22.  If and Epilepsy with onic seizures on awakening dated 3/8/24 for Dandruff of scalp with each shower.  If and RARs for client #3  It aff initials to indicate the non 8/1 am, 8/2 am/pm, 8/3 thru 8/18 pm, 8/19 thru 8/18 pm, 8/19 thru 8/18 pm, 8/26 thru sim.  Initials to indicate the non 7/1 thru 7/3 am, 7/3 thru 1/11 am, 7/13 am, 7/14 pm, 7/19 & 7/20 am/pm, 7/22 thru 7/27 pm and 7/29 thru 7/31  If initials to indicate the non 6/1 am, 6/2 pm, 6/3 am, 7 am, 6/8 pm, 6/10 pm, 6/13 pm, 6/16 pm, 6/18 pm, 6/20 pm, 6/25 pm, 6/26 thru 6/28 1/30 am.	V 118			

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	G:						
MHI 068-094 B. WING							
MHL068-094 B. WING		09/04/2024					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY	STATE, ZIP CODE						
RSI - PINEY MOUNT  429 PINEY MOUNTAIN ROAD							
CHAPEL HILL, NC 2							
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE					
V 118  Continued From page 5  -The shampoo was being given to client #1 whenever he took a shower, however it is not being documented by staff on the MARHe was also aware staff were not consistently documenting the shampoo was given to client #3 whenever he took a showerClient #1 went home visits some weekends and staff did not indicate the home visits on the MARHe confirmed the MARs were not kept current for clients #1 and #3.  Interview on 8/30/24 with the Support Services Supervisor revealed: -He didn't know staff were not documenting the shampoo was given on the MAR for clients #1 and #3 -He confirmed the MARs were not kept current for clients #1 and #3.							

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