Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER** COMPLETED A. BUILDING: B. WING MHL068-094 09/04/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **429 PINEY MOUNTAIN ROAD RSI - PINEY MOUNT** CHAPEL HILL, NC 27514 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual survey was completed on September 4, 2024. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 6 and has a current census of 6. The survey sample consisted of audits of 3 current clients. V 114 27G .0207 Emergency Plans and Supplies V 114 Fire Drills: Fire drills and disaster drills are conducted quarterly per shift in accordance with NFPA 101 and NFPA 10A NCAC 27G .0207 EMERGENCY PLANS 2800, respectively. RSI has two operational in-home periods: Day(9a-9p) and Night (9p-9a), which encompass the two AND SUPPLIES work periods of staffing and the needs of residents within the (a) Each facility shall develop a written fire plan home. Those times and names are referenced on the fire drill forms. The schedule allows for at least eight drills per and a disaster plan and shall make a copy of year with 2 waking residents from sleep (NFPA 101 these plans available 33.7.3.1). RSI also varies times (NFPA 101 2012 33.7.3.2). NC DHHS DHSR Construction Section and Chapel Hill Fire to the county emergency services agencies upon Marshal's Office have reviewed the facility's fire drill schedule request. The plans shall include evacuation in their inspections/surveys. It is common for staff to use standard nomenclature such as night shift, graveyard shift, procedures and routes. overnight, midnight shift, third shift, or late shift when (b) The plans shall be made available to all staff discussing working times. This is aided by some working a and evacuation procedures and routes shall be day program, an additional shift not included in the in-home operational needs posted in the Nomenclature and Shift Structure: It is common for staff to facility. use common nomenclature such as night shift, graveyard shift, overnight, midnight shift, third shift or late shift when (c) Fire and disaster drills in a 24-hour facility discussing working times. Some staff also work at a day shall be held at least quarterly and shall be program outside of the in-home program. Individuals also repeated for each shift. refer to their working schedules as different shifts. Neither is intended to replace the formal Fire Drill policy definition of a Drills shall be conducted under conditions that simulate the facility's response to fire Review of Drill Records: · Q1 2024: All required fire and disaster drills were completed emergencies. as scheduled. (d) Each facility shall have a first aid kit Q2 2024: Drills were completed, but records indicated gaps. We have addressed these gaps through corrective measures. accessible for use. Q3 2024: All drills were completed as required. Corrective Actions: RSI will monitor fire and disaster drills quarterly and provide corrective training accordingly. The results of said training can be observed in Q3 2024, following errors detected in Q2 Division of Health Service Regulation TITLE

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

Kymberlei Schmidt DAR STATE FORM

(X6) DATE

Director of Autism Services

SVZ211

If continuation sheet 1 of 6

RECEIVED BY MHL & C 9-25-24

PRINTED: 09/05/2024 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER**: COMPLETED A. BUILDING: _ MHL068-094 09/04/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **429 PINEY MOUNTAIN ROAD RSI - PINEY MOUNT** CHAPEL HILL, NC 27514 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) V 114 Continued From page 1 V 114 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: 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 shift during the 2nd quarter (April, May, June) of -There was no disaster drill conducted for the night shift for the 2nd quarter (April, May, June) of 2024. -There were no disaster drills conducted during the 4th quarter (October, November, December) of 2023. Interview on 8/30/24 with client #1 revealed: -He was distracted during the interview and kept looking at his tablet. -He was not asked about fire and disaster drills. Interview on 9/4/24 with client #2 revealed: -He could not be interviewed. -He kept repeating questions the surveyor asked him. Interview on 9/4/24 with client #3 revealed: -He could not be interviewed because he was nonverbal.

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February 2024.

Interview on 8/30/24 with the Senior Direct

-They had 3 separate staff shifts and "the shifts

-There was a Former Direct Support Coordinator (DSC) at the facility who left around January and

-"He (the Former DSC) wasn't doing his job."

Support Coordinator revealed:

will sometimes overlap."

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AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED							
MHL068-0		MHL068-094	B. WING		09/04/2024							
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY	STATE, ZIP CODE								
RSI - PINEY MOUNT 429 PINEY MOUNTAIN ROAD												
CHAPEL HILL, NC 27514												
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	ILD BE COMPLI							
V 114	Continued From page 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.												
V 118	revealed: -The safety committ form for fire and disa- "We really don't have their facilities." -The forms were set shiftsStaff worked a day -"Staff shifts vary de clients."	we a 1st, 2nd or 3rd shift for up to cover day and night or night shift at the facility. pending on the needs of the failed to conduct fire and rly on each shift.	V 118									
	10A NCAC 27G .020 REQUIREMENTS (c) Medication admir (1) Prescription or no only be administered order of a person au drugs. (2) Medications shall clients only when au client's physician. (3) Medications, inclu administered only by unlicensed persons t pharmacist or other I privileged to prepare (4) A Medication Adm all drugs administere	9 MEDICATION		On 9.11.24 medication administration and ordering procedures were reviewed wit medication certified staff curre trained at the home.								

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AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER	429 PINE	DDRESS, CITY, Y MOUNTAIN HILL, NC 27			
(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 CROSS-REFERENCED TO THE APPROF DEFICIENCY)	DBF	(X5) COMPLETE DATE
V 118	recorded immediate MAR is to include the (A) client's name; (B) name, strength, (C) instructions for a (D) date and time the (E) name or initials of drug. (5) Client requests for checks shall be reconsile followed up by any with a physician.	ely after administration. The le following: and quantity of the drug; administering the drug; le drug is administered; and of person administering the lor medication changes or orded and kept with the MAR appointment or consultation	V 118			
	facility failed to keep two of three audited findings are: Reviews on 8/29/24 arecord revealed: -Admission date of 1-Diagnoses of Severa Autistic Disorder, Imp Depression and Frag-Physician's order dashampoo 5% (dandru Review on 8/30/24 of revealed: -August 2024-Staff days given on 8/4, 8/1-July 2024-Staff docu	e Intellectual Disability, bulse Control Disorder, ille X Syndrome. ted 3/13/24 for Tar gel uff), use every other day. MARs for client #1 bocumented the shampoo				

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FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED B. WING MHL068-094 09/04/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **429 PINEY MOUNTAIN ROAD RSI - PINEY MOUNT** CHAPEL HILL, NC 27514 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 118 Continued From page 4 V 118 7/17, 7/19, 7/21, 7/22, 7/23, 7/25, 7/28, 7/29 and 7/30. (Staff documented the shampoo was given consecutive days 4 times, however the order was for every other day). Reviews on 8/29/24 and 8/30/24 of client #3's record revealed: -Admission date of 12/5/22. -Diagnoses of Autism, Obsessive Compulsive Disorder, Anxiety Disorder and Epilepsy with generalized tonic clonic seizures on awakening -Physician's order dated 3/8/24 for Dandruff shampoo, shampoo scalp with each shower. Review on 8/30/24 of MARs for client #3 revealed: -August 2024-No staff initials to indicate the shampoo was given on 8/1 am, 8/2 am/pm, 8/3 pm, 8/4 pm, 8/5 am, 8/6 thru 8/8 am/pm, 8/9 thru 8/16 am, 8/14 pm, 8/16 thru 8/18 pm, 8/19 thru 8/24 am, 8/21 pm, 8/23 pm, 8/24 pm, 8/26 thru 8/29 am and 8/26 pm. -July 2024-No staff initials to indicate the shampoo was given on 7/1 thru 7/3 am, 7/3 thru 7/9 pm, 7/10 am, 7/11 am, 7/13 am, 7/14 pm, 7/16 am, 7/18 pm, 7/19 & 7/20 am/pm, 7/22 thru 7/27 am, 7/26 pm, 7/27 pm and 7/29 thru 7/31 -June 2024-No staff initials to indicate the shampoo was given on 6/1 am, 6/2 pm, 6/3 am, 6/5 thru 6/8 pm, 6/7 am, 6/8 pm, 6/10 pm, 6/13 thru 6/15 am, 6/15 pm, 6/16 pm, 6/18 pm, 6/20

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took a shower.

am, 6/21 am, 6/22 pm, 6/25 pm, 6/26 thru 6/28

-He was aware staff had not been documenting the shampoo was given to client #1 whenever

Interview on 8/30/24 with the Senior Direct

am, 6/29 pm and 6/30 am.

Support Coordinator revealed:

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED MHL068-094 B. WING 09/04/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **429 PINEY MOUNTAIN ROAD RSI - PINEY MOUNT** CHAPEL HILL, NC 27514 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 118 Continued From page 5 V 118 -The shampoo was being given to client #1 whenever he took a shower, however it is not being documented by staff on the MAR. -He was also aware staff were not consistently documenting the shampoo was given to client #3 whenever he took a shower. -Client #1 went home visits some weekends and staff did not indicate the home visits on the MAR. -He 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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