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: _ MHL068-101 B. WING 01/31/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 203 OLEANDER DRIVE **RSI-OLEANDER** CARRBORO, NC 27510 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and follow up survey was completed on January 31, 2025. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 6 and currently has a census of 5. The survey sample consisted of audits of 3 current clients. V 118 27G .0209 (C) Medication Requirements V 118 Supervisor will retrain all employees 3/2/2025 certified in medication administration to 10A NCAC 27G .0209 MEDICATION administer and sign off on all REQUIREMENTS medications as scheduled in MAR and (c) Medication administration: to complete reviews of the MAR on a (1) Prescription or non-prescription drugs shall daily basis. Supervisor will monitor only be administered to a client on the written MAR on a weekly basis. order of a person authorized by law to prescribe (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 current. Medications administered shall be recorded immediately after administration. The RECEIVED MAR is to include the following: (A) client's name: MAR 0 3 2025 (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; **DHSR-MH Licensure Sect** (D) date and time the drug is administered; and (E) name or initials of person administering the drug. Division of Health Service Regulation

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

TITLE

(X6) DATE

Director of Supported / Independent Living Services

2/25/2025

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: 01/31/2025 B. WING MHL068-101 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 203 OLEANDER DRIVE RSI-OLEANDER CARRBORO, NC 27510 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 118 Continued From page 1 V 118 (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. This Rule is not met as evidenced by: Based on records reviews, interview, and observation, the facility failed to administer medications as ordered by the physician and maintain an accurate MAR affecting 2 of 2 current clients (#1 and #2). The findings are: Review on 1/31/25 of Client #1's record revealed: -Admission date of 5/13/14. -Diagnoses of Autism; Moderate IDD; Cerebral Palsy: Spinal Stenosis. -Physician orders dated 9/5/24 for earwax solution removal drops- Instill 5 drops in both ears every Friday. Observation on 1/31/25 at 10:40 am of Client #1's medications revealed: -Earwax solution removal drops was available. Review on 1/31/25 of Client #1's MARs for November 1, 2024 through January 31, 2025 revealed the following medication was not documented as administered: -January 2025: -Earwax solution removal drops- 1/3, 1/10, 1/17, 1/24 and 1/31. Review on 1/31/25 of www.webmd.com revealed: -Earwax Solution Removal was used to loosen

Division of Health Service Regulation STATE FORM

MKWS11

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 MHL068-101 B. WING 01/31/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 203 OLEANDER DRIVE **RSI-OLEANDER** CARRBORO, NC 27510 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETE **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 118 Continued From page 2 V 118 wax from ears. Review on 1/31/25 of Client #2's record revealed: -Admission date of 4/4/17. -Diagnoses of Type 2 Diabetes Mellitus Without Complications; Moderate Intellectual Disabilities; Epilepsy and Recurrent Seizures; Conductive Hearing Loss; Attention Deficit Disorder without Mention of Hyperactivity. -Physician orders dated 8/20/24 for Genteal Gel 0.3%-Provide 1/8 inch in medial corners of both eyes at bedtime. -There were no orders for Check and record Blood Glucose. Observation on 1/31/25 at 11:00 am of Client #2's medications revealed: -Genteal Gel 0.3% was available. Review on 1/31/25 of Client #2's MARs for November 1. 2024 through January 31, 2025 revealed the following medication or order was not documented as administered: -November 2024: -Genteal Gel 0.3%-11/1-11/3, 11/5-11/6. -Check and record Blood Glucose- 11/1-11/30. -December 2024: -Genteal Gel 0.3%- 12/1-12/6, 12/9. 12/11*12/20, 12/22-12/30 -Check and record Blood Glucose- 12/1-12/31. -January 2025: -Genteal Gel 0.3%- 1/1-1/30. -Check and record Blood Glucose-1/1-1/31. Review on 1/31/25 of www.webmd.com revealed: -Genteal Gel 0.3% was used as an eye lubricant. Interview on 1/31/25 with the Supervisor of

MKWS11

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: __ 01/31/2025 B. WING_ MHL068-101 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 203 OLEANDER DRIVE **RSI-OLEANDER** CARRBORO, NC 27510 (X5) COMPLETE DATE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 118 Continued From page 3 V 118 Support Services revealed: -She was not aware staff failed to mark all of the client's medications or orders on their MARs. -She knew Client #2's blood sugar checks were still being conducted, but did not know where staff were logging the results. -She acknowledged the facility failed to administer medications as ordered by the physician and maintain an accurate MAR. Due to the failure to accurately document RECEIVED medication administration, it could not be determined if clients #1 and #2 received their MAR U 3 2025 medications as ordered by the physician. This deficiency constitutes a re-cited deficiency **DHSR-MH Licensure Sect** and must be corrected within 30 days.

Division of Health Service Regulation STATE FORM