

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6899

65UC11

If continuation sheet 1 of 8

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL068-100	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/28/2025
NAME OF PROVIDER OR SUPPLIER RSI-WEST EPESUS		STREET ADDRESS, CITY, STATE, ZIP CODE 1400 EPHEBUS CHURCH ROAD CHAPEL HILL, NC 27517		
(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) COMPLETE DATE
V 114	<p>Continued From page 1</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 4/24/25 of the facility's fire and disaster drill log from (April 2024-April 2025) revealed:</p> <ul style="list-style-type: none"> -There was no fire drill conducted by day shift during the 1st quarter (January, February, March) of 2025. -There was no fire drill conducted by night shift during the 4th quarter (October, November, December) of 2024. -There was no fire drill conducted by day shift during the 3rd quarter (July, August, September) of 2024. -There was no disaster drill conducted by night shift during the 3rd quarter (July, August, September) of 2024. -There was no disaster drill conducted night shift during the 2nd quarter (April, May, June) of 2024. <p>Attempt to interview client #1 on 4/24/25 revealed:</p> <ul style="list-style-type: none"> -He could not be interviewed due to his limited communication skills. <p>Interview on 4/24/25 with client #3 revealed:</p> <ul style="list-style-type: none"> -They did fire and disaster drills with staff. -He would not explain the process for the drills. <p>Interview on 4/24/25 with the Supervisor of Support Services revealed:</p> <ul style="list-style-type: none"> -"It's a team effort to ensure the fire and disaster drills are done monthly." -They used a form to ensure the drills were being completed as required. -"I don't understand why staff are not consistently doing the drills." 	V 114		

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V 114	Continued From page 2 -He confirmed the facility failed to ensure fire and disaster drills were done quarterly on each shift.	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 current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (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. (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.	V 118	All medication certified staff trained at West Ephesus will receive supplemental training on medication requirements. By 5/15/25	

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V 118	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to keep the MAR current affecting two of three audited clients (#1 and #3). The findings are:</p> <p>Reviews on 4/23/25 and 4/24/25 of client #1's record revealed: -Admission date of 1/13/09. -Diagnoses of Profound Intellectual Disability, Graves' Disease, Congenital Malformations of the brain, Hyperthyroidism, Epilepsy and Apraxia. -Physician's order dated 3/24/25 for the following: Melatonin 5 milligrams (mg) (sleep), one tablet daily Cetirizine 10 mg (allergies), 2 tablets in evening Methimazole 5 mg (hypothyroidism), one tablet in the morning Levetiracetam 1000 mg (epilepsy), one tablet twice a day Carbamazepine ER 200 mg (epilepsy), two tablets in the morning</p> <p>Review on 4/24/25 of client #1's April 2025 MAR revealed:</p> <p>-No staff initials to indicate the medication was administered for the following: Melatonin 5 mg on 4/19. Cetirizine 10 mg on 4/13. Methimazole 5 mg on 4/9. Levetiracetam 1000 mg on 4/9 8am dose. Carbamazepine ER 200 mg on 4/9.</p> <p>Reviews on 4/23/25 and 4/24/25 of client #3's record revealed: -Admission date of 1/13/09.</p>	V 118		

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

RSI-WEST EPESUS

**1400 EPHEsus CHURCH ROAD
CHAPEL HILL, NC 27517**

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V 118	<p>Continued From page 4</p> <p>-Diagnoses of Mild Intellectual Disability, Generalized Anxiety Disorder, Obsessive Compulsive Disorder, Pervasive Developmental Disorder and Attention Deficit Hyperactivity Disorder.</p> <p>-Physician's order dated 2/21/25 for the following: Ear wax Solution Removal (soften ear wax), instill 5 drops once a week in each ear on Wednesdays Fluoxetine 20 mg (depression), one capsule daily</p> <p>Review on 4/24/25 of client #3's MARs revealed:</p> <p>April 2025-</p> <p>-No staff initials to indicate the medication was administered for the following: Ear wax Solution on 4/2, 4/9, 4/16 and 4/23. Fluoxetine 20 mg on 4/6.</p> <p>March 2025-</p> <p>-No staff initials to indicate the medication was administered for the following: Ear wax Solution on 3/5, 3/12 and 3/26. Fluoxetine 20 mg on 3/5.</p> <p>February 2025-</p> <p>-No staff initials to indicate the medication was administered for the following: Ear wax Solution on 2/12, 2/19 and 2/26</p> <p>Interview on 4/24/25 with staff #1 revealed:</p> <p>-The clients received their medication daily. -"We just forgot to sign off on the MAR." -He confirmed the MARs were not kept current for clients #1 and #3.</p> <p>Interview on 4/24/25 with the Supervisor of Support Services revealed:</p> <p>-Staff did administer medication to clients daily. -Staff were not consistently documenting on MARs that the medication was administered.</p>	V 118		

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V 118	Continued From page 5 -He confirmed the MARs were not kept current for clients #1 and #3.	V 118		
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.	V 291	DSC will receive supplemental training on following physicians orders. 5/15/25	

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V 291	<p>Continued From page 6</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to coordinate services affecting one of three audited clients (#3). The findings are:</p> <p>Reviews on 4/23/25 and 4/24/25 of client #3's record revealed: -Admission date of 1/13/09. -Diagnoses of Mild Intellectual Disability, Generalized Anxiety Disorder, Obsessive Compulsive Disorder, Pervasive Developmental Disorder and Attention Deficit Hyperactivity Disorder. -Notes from visit with physician on 3/4/25- He was diagnosed with white coat syndrome and his blood pressure was high. The physician wanted his blood pressure to be checked by staff at the facility.</p> <p>Review on 4/24/25 of physician's orders for client #3 revealed: -Order dated 3/4/25 for staff to check client #3's blood pressure twice daily for 7 days. -Order dated 3/19/25 for staff to check client #'s blood pressure once a day. -Order for blood pressure checks were discontinued by the physician on 4/22/25.</p> <p>Review on 4/24/25 of client #3's MARs revealed:</p> <p>April 2025- -No staff initials to indicate the blood pressure check was completed on 4/1, 4/2, 4/4 thru 4/19 and 4/21 thru 4/23.</p> <p>March 2025- -No staff initials to indicate the blood pressure check was completed on 3/5 and 3/9 am check; 3/8, 3/9, 3/10, 3/20 thru 3/31 pm check.</p>	V 291		

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V 291	<p>Continued From page 7</p> <p>Interview on 4/24/25 with staff #1 revealed: -He checked client #3's blood pressure "most" days. -"I forgot to check [client #3's] blood pressure a few of those days."</p> <p>Interview on 4/24/25 with the Supervisor of Support Services revealed: -Some of the staff were documenting the blood pressure checks for client #3 in the online system. -He was not sure why staff were not documenting the blood pressure check for client #3 on the MAR.</p>	V 291	<p>RECEIVED</p> <p>APR 29 2025</p> <p>DHSR-MH Licensure Sect</p>	



Residential Services, Inc.

111 Providence Road
Chapel Hill, North Carolina 27514

Phone: (919) 942-7391
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www.rsi-nc.org
Scott A. Keller, Executive Director

05.13.25

Kimberly Sauls

Mental Health Licensure & Certification Section
Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

Dear Ms Sauls,

Please find the enclosed plan of correction for deficiencies cited during the April 28, 2025, survey of RSI – West Ephesus Group Home. Please let me know if there are any questions or need additional information.

Sincerely,

Kymberlei Schmidt
Director of Autism Services
Residential Services Inc.
111 Providence Rd
Chapel Hill, NC 27514
919-942-7391 x 124

Board of Directors

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