

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL068-098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/02/2025
NAME OF PROVIDER OR SUPPLIER RSI-CLAYTON ROAD		STREET ADDRESS, CITY, STATE, ZIP CODE 417 CLAYTON ROAD CHAPEL HILL, NC 27514		
(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 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on June 2, 2025. A deficiency was 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 6. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p>	V 118		

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

TITLE

(X6) DATE

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V 118	<p>Continued From page 1</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 record reviews and interviews, the facility failed to keep the MAR current affecting two of three audited clients (#2 and #3). The findings are:</p> <p>Review on 5/29/25 of client #2's record revealed: -Admission date of 2/5/24. -Diagnoses of Mild Intellectual Disability, Hypopituitarism, Anxiety Disorder, Hypoglycemia, Trichotillomania, Attention Deficit Hyperactivity Disorder (ADHD), Neuromuscular Dysfunction of the bladder, Calculus of kidney and Lobulated fused and horseshoe kidney. -Physician's order dated 4/21/25 for the following medication: Sertraline 100 milligrams (mg) (Anxiety Disorder), one tablet daily Daily-Vite (Vitamin Deficiency), one tablet daily Fish Oil 1000 mg (Heart Health), 3 capsules daily Guanfacine Extended Release (ER) 1 mg (ADHD), one tablet daily -Physician's order dated 3/31/25 for Mupirocin 2% (Skin infections), spread topically to affected toes once daily. -Physician's order dated 9/23/24 for Ketoconazole Shampoo (Fungal infections), use as directed daily; Ketoconazole 2% cream, spread topically to affected area once daily and Hydrocortisone 2.5</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>% ointment (Skin conditions), spread topically to rough raised or red itchy spots twice daily.</p> <p>Review on 5/29/25 of MARs for client #2 revealed:</p> <p>May 2025:</p> <p>No staff initials to indicate the medication was administered for the following:</p> <ul style="list-style-type: none"> -Sertraline 100 mg on 5/7, 5/12, 5/18 and 5/19. -Daily-Vite on 5/7, 5/12, 5/18 and 5/19. -Fish Oil 1000 mg on 5/7, 5/12, 5/18 and 5/19. -Guanfacine ER 1 mg on 5/7, 5/12, 5/18 and 5/19. -Mupirocin 2% on 5/6 and 5/18. -Ketoconazole 2% cream on 5/4, 5/5 5/6, 5/11, 5/12, 5/13, 5/15, 5/17, 5/18, 5/19, 5/20, 5/24, 5/25 and 5/26. <p>March 2025:</p> <p>No staff initials to indicate the medication was administered for the following:</p> <ul style="list-style-type: none"> -Sertraline 100 mg on 3/24. -Fish Oil 1000 mg on 3/24. -Ketoconazole Shampoo on 3/1, 3/15 and 3/23. -Ketoconazole 2% cream on 3/24. -Hydrocortisone 2.5 % ointment on 3/15, 3/23 pm dose and 3/24 am dose. <p>Review on 5/29/25 of client 3's record revealed:</p> <ul style="list-style-type: none"> -Admission date of 4/1/25. -Diagnoses of Asperger's Syndrome and Obsessive Compulsive Disorder (OCD). -Physician's order dated 4/14/25 for the following medication: <p>Zoloft 100 mg (OCD), one and one half tablet once daily</p> <p>Seroquel 100 mg (Anxiety), one and one half</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>tablet once daily Diphenhydramine 25 mg (Insomnia), one tablet daily</p> <p>Review on 5/29/25 of client #3's May 2025 MAR revealed:</p> <p>No staff initials to indicate the medication was administered for the following: -Zoloft 100 mg on 5/5, 5/6 and 5/20. -Seroquel 100 mg on 5/5, 5/6 and 5/20. -Diphenhydramine 25 mg on 5/20.</p> <p>Interview on 5/29/25 with the Supervisor of Support Services revealed: -The clients got their prescribed medication daily. -"[Client #2] goes home a lot." -"[Client #3] also goes on home visits." -"Staff possibly forgot to sign off on the MARs because they were both out of the facility." -He confirmed the MARs were not kept current for clients #2 and #3.</p> <p>Interview on 6/2/25 with the Director of Autism Services confirmed: -The MARs were not kept current for clients #2 and #3.</p>	V 118		