

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/20/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G335	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/13/2025
NAME OF PROVIDER OR SUPPLIER RSI - CHRISTOPHER ROAD			STREET ADDRESS, CITY, STATE, ZIP CODE 802 CHRISTOPHER ROAD CHAPEL HILL, NC 27514		
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W 240	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(i)</p> <p>The individual program plan must describe relevant interventions to support the individual toward independence. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure client #1's Individual Program Plan (IPP) described relevant interventions to support his independence regarding the use of his gait belt. This effected 1 of 4 audited clients (#1). The finding is:</p> <p>Observations on 11/12/25 at 9:45am at the day program revealed Staff A was holding on a gait belt to assist client #1 when walking. Additional observations on 11/12/25 at 3:30pm in the home revealed client #1 did not wear a gait belt and walked independently.</p> <p>Interview on 11/12/25 with Staff A revealed that client #1 uses the gait belt when walking outside.</p> <p>Record review on 11/12/25 of client's #1 IPP dated 10/24/24 revealed no information regarding the use of a gait belt. Additional review on 11/13/25 of client #1 Occupational Therapy evaluations dated 9/25/25 revealed that he utilizes a gait belt.</p> <p>Inteviu on 11/13/25 with Home Supervisor revealed he wears the gait belt at the day program and when he walking outside.</p> <p>Interview on 11/13/25 with Director of Residential Services revealed there was not inforamtion regarding the gait belt in client #1's IPP</p>	W 240			
W 249	<p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p>	W 249			

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 249	Continued From page 1 As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure each client received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of food preparation, family style dining, and medication administration. This affected 2 of 4 audit clients (#3). The findings are: A. During evening observations in the home on 11/12/25, client #3 periodically walked in/out or through the kitchen area as Staff E prepared various food items and completed tasks such as using an electric can opener, placing chicken in a dish, pouring vegetables in pots, stirring and cutting food on a cutting board. With the exception of briefly operating a food chopper, client #3 was not encouraged to perform any other tasks. Interview on 11/13/25 with the Home Supervisor (HS) revealed client #3 and others in the home can participate with meal preparation tasks given assistance. Review on 11/13/25 of client #3's IPP dated	W 249			

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W 249	<p>Continued From page 2</p> <p>12/28/23 (most recent plan available) revealed a need to promote food preparation skills. Additional review of the client's Direct Care Evaluation 6/3/20 revealed, "[Client #3] is fairly adept when it is his turn to cook. He can follow simple instructions when support professionals read them to [Client #3]...he understands instructions such as add, mix simmer, and stir. He needs assistance when using a knife and measuring the correct amounts." Additional review of the evaluation noted, "He knows the stove is hot, to use pot holders when getting items out of the oven or microwave, and to use a cutting board."</p> <p>During an interview on 11/13/25, the Director of Residential Services (DRS) acknowledged all clients in the home can assist with meal preparation tasks at their own skill level.</p> <p>B. During evening observations in the home on 11/12/25 at 6:13pm, Staff E poured water into cups for four clients, including client #3, before the clients came to the table for dinner. At the dinner meal, Staff E scooped food from serving bowls onto client #3's plate without prompting him to assist. No family style dining (individual passing, pouring and serving) was observed.</p> <p>Review on 11/13/25 of client #3's Direct Care Evaluation dated 6/3/20 revealed client #3 is able to serve himself and can pour into a cup with verbal prompts from staff to prevent spills.</p> <p>Interview on 11/13/25 with the HS indicated the clients should participate in family style dining at the dinner meal and most can do so with assistance.</p>	W 249			

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W 249	<p>Continued From page 3</p> <p>During an interview on 11/13/25, the DRS acknowledged all clients in the home can assist perform some aspects of family style dining which usually occurs at dinner.</p> <p>C. During observations of medication administration in the home on 11/13/25 at 7:14am, client #3 assisted with the administration of his medications by punching his pills, ingesting his medications and throwing away his trash. The Medication Technician (MT) performed all other tasks.</p> <p>Review on 11/12/25 of client #3's IPP dated 12/28/23 revealed an objective to correctly identify the name and purpose of his medication independently 90% of measured opportunities for two consecutive months. The plan indicated a need for ongoing training on independence with medication administration.</p> <p>Interview on 11/13/25 with the MT (also the Home Supervisor) indicated client #3 does not have any formal objectives which are implemented during medication administration. Additional interview indicated the client participates by punching his pills.</p> <p>D. During observations of medication administration in the home on 11/13/25 at 7:40am, client #4 assisted with the administration of his medications by punching his pills, ingesting his medications and throwing away his trash. The MT performed all other tasks.</p> <p>Review on 11/12/25 of client #4's IPP dated 3/13/25 revealed a current objective to identify it is time for him to take his medications with an indirect verbal or less intrusive prompt 90% of</p>	W 249			

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W 249	Continued From page 4 measured opportunities for three consecutive months. Additional review of the plan indicated he had successfully completed an objective to accurately state his medication information with an indirect verbal or less intrusive prompt at least 85% of measured opportunities for two consecutive months. The plan noted, "Staff will try to complete with him at least a couple of times a month to ensure he still remembers the information and more frequently if he begins any new medications." Further review of the IPP identified a need for ongoing training on independence with medication administration. Continued review of client #4's Direct Care Evaluation dated 6/1/20 revealed, "[Client #4] is able to identify his medication bin and the medications he takes. His participation in the process currently consists of: identifying it is time for meds, closing the door, gathering the necessary supplies (cups, paper towel, water). waiting for the support professional to read the medication, storing medications based on the time he takes them, identifying each medication and its use, and then dispensing. Support professionals encourage his independence with the steps for administering medications..."	W 249			
W 260	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(2) At least annually, the individual program plan must be revised, as appropriate, repeating the	W 260			

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W 260	Continued From page 5 process set forth in paragraph (c) of this section. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to update the Individual Program Plan (IPP) annually as required for 2 of 4 audit clients (#1 and #3). The findings are: A. Review on 11/12/25 of client #1's record revealed an IPP dated 10/24/24. B. Review on 11/12/25 of client #3's record revealed an IPP dated 12/28/23. Interview on 11/13/25 with the Home Supervisor (HS) and Director of Residential Services (DRS) confirmed the plans were the most current and the interdisciplinary team had not met to have the annual team meetings for client #1 and client #3.	W 260			
W 263	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii) The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure a current written informed consent was obtained for restrictive Behavior Support Plans (BSP). This affected 3 of 4 audit clients (#3, #4 and #5). The findings are: A. Review on 11/12/25 of client #3's BSP dated 2/17/23 revealed objectives to address target behaviors of tantrums, physical aggression and making threats to harm others. The plan included the use of Trileptal, Abilify, Cogentin, and Lithium Carbonate. Additional review of the record did not	W 263			

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W 263	Continued From page 6 include a current written informed consent for the BSP. B. Review on 11/12/25 of client #4's BSP dated 2/22/23 revealed objectives to address target behaviors of anxiety in the home and at the vocational center. The plan included the use of Abilify and Zoloft. Additional review of the record did not include a current written informed consent for the BSP. C. Review on 11/12/25 of client #5's BSP dated 4/18/22 revealed objectives to address target behaviors of physical aggression, potentially harmful behaviors towards others and expressing racial slurs. The plan included the use of Neurontin, Prozac and Anantadine. Additional review of the record did not include a current written informed consent for the BSP. Interview on 11/12/25 with the Director of Residential Services (DRS) indicated current written informed consents for client #3, client #4 and client #5's BSPs have not been obtained and were not available for review.	W 263			
W 288	MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3) Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure techniques to manage inappropriate behaviors for 2 of 4 audit clients (#3 and #5) were included in a formal active treatment program. The findings are:	W 288			

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W 288	<p>Continued From page 7</p> <p>A. During observations in the home throughout the survey on 11/12 - 11/13/25, one of three bathrooms in the home contained a chime device secured to the bathroom door. Each time the door was opened by various staff and/or clients, the chime would sound.</p> <p>Interview on 11/13/25 with Staff C revealed the chime was on the bathroom door due to client #5's need to be monitored for a potential elopement risk.</p> <p>Review on 11/13/25 of client #5's Behavior Support Plan (BSP) 4/18/22 revealed objectives to address target behaviors of physical aggression, potentially harmful behaviors towards others and expressing racial slurs. Additional review of the BSP did not include the use of a chime on a bathroom door to address client #5's inappropriate behaviors.</p> <p>Interview on 11/13/25 with the Home Supervisor (HS) and Director of Residential Services (DRS) confirmed the use of a chime on the bathroom door was not included in client #5's BSP.</p> <p>B. During observations home throughout the survey on 11/12 - 11/13/25, a drawer in the kitchen remained locked. On 11/12/25, Staff E utilized a key to unlock the drawer to obtain a large knife while performing cooking tasks. The staff then returned the knife to the drawer and locked it.</p> <p>Immediate interview with Staff E revealed a sharp knives are kept locked due to aggressive behaviors and threats between client #4 and client #5 towards each other.</p>	W 288			

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W 288	Continued From page 8 Review on 11/12/25 of client #4's BSP dated 2/17/23 revealed objectives to address target behaviors of tantrums, physical aggression and making threats to harm others. Additional review of the plan did not include a technique of locking away sharp knives to address his inappropriate behaviors. Review on 11/13/25 of client #5's BSP 4/18/22 revealed objectives to address target behaviors of physical aggression, potentially harmful behaviors towards others and expressing racial slurs. Additional review of the BSP did not include a technique of locking away sharp knives to address client #5's inappropriate behaviors. Interview on 11/13/25 with the HS and DRS confirmed locking away the knives was not included in client #4 or client #5's BSP.	W 288			
W 312	DRUG USAGE CFR(s): 483.450(e)(2) be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure a drug used to manage client #3's behaviors was used only as an integral part of his Individual Program Plan (IPP). This affected 1 of 4 audit clients. The finding is: Review on 11/12/25 of client #3's Behavior Support Plan (BSP) dated 2/22/23 revealed objectives to address the target behavior of	W 312			

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W 312	Continued From page 9 anxiety at home and at the vocational center. Additional review of the plan identified the use of Abilify and Zoloft to address his behaviors. Further review of client #3's current physician's orders dated 10/8/25 also revealed orders for Ativan 1mg by mouth twice daily every morning and evening and 1/2 tab once daily at 3pm. The use of Ativan was not included in client #3's behavior plan.	W 312			
W 440	Interview on 11/13/25 with the Director of Residential (DRS) confirmed client #3 ingests Ativan for behavior control; however, the medication was not included in his behavior plan. EVACUATION DRILLS CFR(s): 483.470(i)(1) at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to ensure fire drills were conducted at least quarterly for each shift. The finding is: Review on 11/12/25 of the facility fire drill reports revealed no drills were conducted between July 2025 through September 2025. Interview on 11/13/25 with Director of Residential Services and Home Supervisor revealed no additional fire drills reports were available for review.	W 440			