

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

PRINTED: 02/04/2026
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 R 02/04/2026
NAME OF PROVIDER OR SUPPLIER RSI - CHRISTOPHER ROAD			STREET ADDRESS, CITY, STATE, ZIP CODE 802 CHRISTOPHER 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) COMPLETION DATE	
W 000	INITIAL COMMENTS	W 000			
{W 263}	<p>A revisit was conducted on 2/4/26 for deficiencies cited on 11/12 - 11/13/25. Three deficiencies were not corrected. The facility remains out of compliance.</p> <p>PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii)</p> <p>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:</p> <p>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 include a current written informed consent for the BSP.</p> <p>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.</p> <p>C. Review on 11/12/25 of client #5's BSP dated 4/18/22 revealed objectives to address target</p>	{W 263}			

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.

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

PRINTED: 02/04/2026
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 R 02/04/2026
NAME OF PROVIDER OR SUPPLIER RSI - CHRISTOPHER ROAD			STREET ADDRESS, CITY, STATE, ZIP CODE 802 CHRISTOPHER 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) COMPLETION DATE	
{W 263}	Continued From page 1 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. During a follow-up on 2/4/26, interview with the Home Manager (HM) revealed the Psychologist is in the process of completing new restrictive behavior plans for client #3, client #4 and client #5. The HM indicated as of the date of the follow-up, no current written informed consents have been obtained for the identified clients.	{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: 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	{W 288}			

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 R 02/04/2026
NAME OF PROVIDER OR SUPPLIER RSI - CHRISTOPHER ROAD			STREET ADDRESS, CITY, STATE, ZIP CODE 802 CHRISTOPHER 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) COMPLETION DATE	
{W 288}	<p>Continued From page 2</p> <p>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> <p>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</p>	{W 288}			

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 R 02/04/2026
NAME OF PROVIDER OR SUPPLIER RSI - CHRISTOPHER ROAD			STREET ADDRESS, CITY, STATE, ZIP CODE 802 CHRISTOPHER 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) COMPLETION DATE	
{W 288}	Continued From page 3 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. During a follow-up on 2/4/26, interview with the Home Manager (HM) revealed knives in the home remain locked and a chime device remains on the bathroom door. Additional interview indicated the door chime was used to address client #5 elopement behaviors and the knives are kept locked to address client #4 and client #5's aggressive behaviors. Review of client #4 and client #5's behavior plans dated 1/12/26 and 1/15/26, respectively, did not include techniques of locking away knives or using a door chime to address elopement behaviors. Interview with the HM confirmed the restrictive techniques should be included in client #4 and client #5's behavior plans, however, the Psychologist must have forgotten to add it.	{W 288}			
{W 312}	DRUG USAGE CFR(s): 483.450(e)(2)	{W 312}			

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

PRINTED: 02/04/2026
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 R 02/04/2026
NAME OF PROVIDER OR SUPPLIER RSI - CHRISTOPHER ROAD			STREET ADDRESS, CITY, STATE, ZIP CODE 802 CHRISTOPHER 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) COMPLETION DATE	
{W 312}	<p>Continued From page 4</p> <p>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.</p> <p>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:</p> <p>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 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.</p> <p>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.</p> <p>During a follow-up on 2/4/26, review of client #3's current BSP dated 1/15/26 revealed objectives to address leaving a store when prompted, asking a stranger to purchase an item for him and perservaling and intrusive behaviors. Additional review of the plan identified the use of Abilify, Zoloft and Melatonin.</p> <p>Interview on 2/4/26 with the Home Manager (HM)</p>	{W 312}			

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

PRINTED: 02/04/2026
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 R 02/04/2026
NAME OF PROVIDER OR SUPPLIER RSI - CHRISTOPHER ROAD			STREET ADDRESS, CITY, STATE, ZIP CODE 802 CHRISTOPHER 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) COMPLETION DATE	
{W 312}	Continued From page 5 confirmed client #3 continues to receive Ativan 1mg by mouth twice daily and a 1/2 tablet in the afternoon to address behaviors. She also confirmed the client's current BSP does not include the use of Ativan.	{W 312}			