

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL068-132	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/10/2026
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NAME OF PROVIDER OR SUPPLIER RSI-FERRELL ROAD	STREET ADDRESS, CITY, STATE, ZIP CODE 1543 FERRELL ROAD CHAPEL HILL, NC 27517
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on April 10, 2026. Deficiencies were 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 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p>	V 112		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to schedule a review of a plan at least annually affecting one of three audited clients (#2). The findings are:</p> <p>Reviews on 4/9/26 and 4/10/26 of client #2's record revealed: -Admission date of 6/3/2024. -Diagnoses of Moderate ID, Polycystic Ovarian Syndrome, Migraines and Hypercholesterolemia. -Individualized Support Plan was dated 11/25/24. -There was no documentation of a current plan.</p> <p>Interviews on 4/9/26 and 4/10/26 with the Supervisor of Support Services revealed: -"My parents died a few months ago." -"My mother passed and then my father passed away a month later." -"I wasn't doing too well and my work fell through the cracks." -"I'm working on getting everything caught up now." -She confirmed there was no documentation of a current plan for client #2.</p>	V 112		
V 121	<p>27G .0209 (F) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p>	V 121		

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V 121	<p>Continued From page 2</p> <p>(f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.</p> <p>This Rule is not met as evidenced by: Reviews on 4/9/26 and 4/10/26 of client #1's record revealed: -Admission date of 9/30/1995. -Diagnoses of Mild Intellectual Disabilities and Overweight and obesity. -Physician's order dated 10/3/25 for Antifungal Powder 2% apply to affected areas twice daily, Aquaphor Ointment apply to affected areas topically every night, Atorvastatin 20mg 1 tablet once daily, Chlorthalid 25mg (Hypertension) 1 and ½ tablets by every morning, Drysol Sol 20% apply topically every night at bedtime, Losartan 50mg (High blood pressure), 1 tablet every morning, Norethindron 0.35 milligram (mg) 1 tablet once daily, Nystatin cream Apply topically to area under breasts twice daily, Ozempic 2mg inject 2mg subcutaneously once weekly, Tab Vite 1 tablet every evening, and Xerac-Ac Sol 6.25% apply topically at bedtime. -A drug regimen review was completed on 10/3/25. -There was no documentation of a drug regimen</p>	V 121		

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V 121	<p>Continued From page 3</p> <p>review completed within the last six months.</p> <p>Review on 4/9/26 of the April 2026 Medication Administration Record (MAR) revealed: -Staff documented client #1 was administered the above medication on 4/1 thru 4/9.</p> <p>Reviews on 4/9/26 and 4/10/26 of client #2's record revealed: -Admission date of 6/3/24. -Diagnosis of Moderate ID, Polycystic Ovarian Syndrome, Migraines and Hypercholesterolemia. -Physician's order dated 10/6/25 for Escitalopram 10mg, 1 tablet once daily, Fexofenadine 180mg (Allergy), 1 tablet at bedtime, Hydrochlorot 25mg (High blood pressure), Levothyroxin 50mcg (Hypothyroidism) 1 tablet every morning, Losartan 100mg (Hypertension) 1 tablet once daily, Metamucil Gummies Chew 1 gummy by mouth once daily, Metformin 500mg (Diabetes) 1 tablet every morning, Omeprazole 20mg (Acid reducer) 1 capsule at bedtime, Propranolol 60mg (High blood pressure), 1 capsule once daily, Rosuvastatin 5mg (Cholesterol) 1 tablet at bedtime, and Viorele 1 tablet every morning. -A drug regimen review was completed on 10/6/25. -There was no documentation of a drug regimen review completed within the last six months.</p> <p>Review on 4/9/26 of the April 2026 Medication Administration Record (MAR) revealed: -Staff documented client #2 was administered the above medication on 4/1 thru 4/9.</p> <p>Reviews on 4/9/26 and 4/10/26 of client #3's record revealed: -Admission date of 8/17/2016. -Diagnosis of Spastic quadriplegic cerebral palsy -Physician's order dated 10/7/25 for Benefiber</p>	V 121		

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V 121	<p>Continued From page 4</p> <p>Chew 1-2 gummies by mouth twice daily, Gabapentin 100mg 1 capsule twice daily, and Sertraline 50mg 1 tablet once daily. -A drug regimen review was completed on 10/7/25. -There was no documentation of a drug regimen review completed within the last six months.</p> <p>Review on 4/9/26 of the April 2026 Medication Administration Record (MAR) revealed: -Staff documented client #3 was administered the above medication on 4/1 thru 4/9.</p> <p>Interviews on 4/9/26 and 4/10/26 with the Supervisor of Support Services revealed: -"My parents died a few months ago." -"My mother passed and then my father passed away a month later." -"I wasn't doing too well and my work fell through the cracks." -"I'm working on getting everything caught up now." -She confirmed there was no documentation of a drug regimen review completed for clients #1 #2 and #3 within the last six months.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 121		
V 290	<p>27G .5602 Supervised Living - Staff</p> <p>10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the</p>	V 290		

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V 290	<p>Continued From page 5</p> <p>premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time.</p> <p>(c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present:</p> <p>(1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or</p> <p>(2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p>	V 290		

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V 290	<p>Continued From page 6</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to assess the capability for one of three audited clients (#2) to be unsupervised in the home and community. The findings are:</p> <p>Reviews on 4/9/26 and 4/10/26 of client #2's record revealed: -Admission date of 6/3/24. -Diagnosis of Moderate ID, Polycystic Ovarian Syndrome, Migraines and Hypercholesterolemia. -No documentation that client #1 had been assessed for capability of having unsupervised time in the home and community without staff supervision.</p> <p>Interviews on 4/9/26 and 4/10/26 with the Supervisor of Support Services revealed: -"My parents died a few months ago." -"My mother passed and then my father passed away a month later." -"I wasn't doing too well and my work fell through the cracks." -"I'm working on getting everything caught up now." -She confirmed there was no documentation that clients #2 had been assessed for capability of having unsupervised time in the home and community without staff supervision.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 290		