

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

PRINTED: 05/10/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G022	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/02/2018
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NAME OF PROVIDER OR SUPPLIER RALPH SCOTT LIFESERVICES, INC/POPULAR STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 328 POPLAR STREET GRAHAM, NC 27253
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(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
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W 249	<p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and staff interviews, the facility failed to ensure a pattern of interactions supported the individual program plans (IPP) for 1 of 3 audit clients (#1), specific to diet consistency. The finding is:</p> <p>Client #1's diet consistency was not followed as written.</p> <p>During dinner observations at the home on 5/1/18, client #1 was served baked chicken, macaroni & cheese, and zucchini squash. All the food was chopped bite size consistency.</p> <p>During breakfast observations in the home on 5/2/18, client #1 was served ham, eggs, toast, cereal and milk to pour, a cup of juice and milk. All the food was chopped bite size consistency.</p> <p>Staff interviews (2) on 5/2/18 revealed client #1's diet is chopped bite size.</p> <p>Review on 5/2/18 of client #1's, nutritional evaluation dated 7/19/17, revealed chopped diet with all meats ground. Further review revealed a</p>	W 249		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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 physician's order dated 3/29/18, with the following information "chopped diet with ground meats." Interview on 5/2/18 with the qualified intellectual disabilities professional (QIDP) confirmed client #1's diet consistency should be chopped and all meats ground.	W 249			
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 record review and interview, the facility failed to ensure a behavior support plan (BSP) included a restrictive technique to manage a behavior. This affected 1 of 3 audit clients (#2). The finding is: The technique of locking client's glasses in the medication room was not included in client #2's BSP. Review on 5/2/18 of client #2's BSP dated 9/19/17, revealed no information concerning the client's glasses or the behavior of client #2, losing his glasses. The restriction for locking client #2's glasses in the medication was not mentioned. Interview on 5/2/18 with the qualified intellectual disabilities professional (QIDP) confirmed the locking of client #2's, glasses in the medication room was not included in the BSP. The QIDP revealed client #2s glasses were clocked in the	W 288			

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W 288	Continued From page 2 medication room because he loses them all the time.	W 288			
W 382	<p>DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2)</p> <p>The facility must keep all drugs and biologicals locked except when being prepared for administration.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to assure all medications were kept locked up to the point of administration. This potentially affected all clients residing in the facility. The finding is:</p> <p>The medication room and medications were left unlocked when the medications were not being administered.</p> <p>During observations on 5/2/18, at 7:10am, client #2 came down the hall mumbling and grumbling. The staff in the medication room heard him and left the room to go talk with him. She left the door and cabinets open with medication accessible to anyone. She then entered into client #2's room and closed the door. A minute or less later she came out and closed and locked the medication room door.</p> <p>Interview with the staff on 5/2/18 revealed she realized she should not have left the door open with the medications accessible.</p> <p>Interview with management on 5/2/18 also confirmed staff should not have left the medications unlocked even for a moment.</p>	W 382			

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W 436	<p>SPACE AND EQUIPMENT CFR(s): 483.470(g)(2)</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to assure all necessary equipment was provided to 1 of 3 audit clients (#5). The finding is:</p> <p>Client #5 was not provided with a continuous positive airway pressure machine (CPAP) as ordered by the doctor.</p> <p>Review of client #5's individual program plan (IPP) dated 6/22/17 revealed he was admitted to this home on 2/21/18 and had an initial IPP 3/20/18. Further review revealed at that time, client #5 did not have a CPAP due to it being broken at the previous home. The team recommended another sleep assessment which was completed on 9/20/17 and the need for client #5 to have a CPAP was confirmed by both his MD and his psychiatrist. The doctor wrote an order for the CP device and supplies to be used on 12/6/17.</p> <p>According to an interview with management on 5/2/18, when the surveyor asked to see the CPAP, management revealed that they did not have a CPAP for client #5. He also stated the CPAP was never received. The reason for the</p>	W 436			

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W 436	Continued From page 4 facility not having the CPAP was stated to be the fault of the medical equipment provider. However, no other medical equipment provider was contacted prior to 5/2/18. Management indicated a new order was written by the doctor and that they are still pursuing receipt of a CPAP.	W 436			