

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
--	--	--	--

NAME OF PROVIDER OR SUPPLIER RALPH SCOTT LIFESERVICES, INC/POPULAR STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 328 POPLAR STREET GRAHAM, NC 27253
--	--

(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 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	<p>W 249:</p> <p>The QIDP, by 5/25/18, will meet to review with staff, the diet consistency of client #1, as noted on the client's current "90 day orders". The staff will be reminded of the importance of diet consistencies and to ask questions for clarity in regard to client diet consistencies. Furthermore by 5/25/18, the QIDP will review with the staff the diet consistencies for all the individuals of the Poplar Street group home. A copy of training will be filed in staff training record. Members of coordinating staff will monitor implementation weekly and fade to monthly monitoring as requirements are maintained. A copy of the observations will be forwarded to the QP and Dir. of ICF for review.</p> <p style="text-align: right;">DHSR - Mental Health MAY 24 2018 Lic. & Cert. Section</p>	6/30/18
-------	---	-------	---	---------

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>B. Smoots</i>	TITLE <i>Dir. of ICF</i>	(X6) DATE 5/24/18
---	-----------------------------	----------------------

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: 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
NAME OF PROVIDER OR SUPPLIER RALPH SCOTT LIFESERVICES, INC/POPULAR STREET			STREET ADDRESS, CITY, STATE, ZIP CODE 328 POPLAR STREET GRAHAM, NC 27253		
(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 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	W 288: By 5/25/18, the QIDP and the psychologist will meet to review and discuss with staff the current behaviors of client #2 (according to his Behavior Support Plan). By 6/1/18, the psychologist will implement the revised BSP for client #2 . By 6/1/18, the psychologist will review the BSP (with focus on client restrictions) for all the individuals of the Poplar Street group home and changes to be made as needed. A copy of training will be filed in staff training record. Members of coordinating staff will monitor implementation weekly and fade to monthly monitoring as needs are addressed. A copy of the observations will be forwarded to the QP and Dir. of ICF for review.	6/30/18	

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
NAME OF PROVIDER OR SUPPLIER RALPH SCOTT LIFESERVICES, INC/POPULAR STREET			STREET ADDRESS, CITY, STATE, ZIP CODE 328 POPLAR STREET GRAHAM, NC 27253		
(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 2	W 288			
W 382	<p>medication room because he loses them all the time.</p> <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	<p>W 382:</p> <p>By 6/1/18, the consulting nurse will retrain staff in Medication Administration Procedure Review. This training will review medication administration, as well as the importance of keeping an unattended Med. room locked at all times. A copy of training will be filed in staff training record. Members of coordinating staff will monitor implementation weekly and fade to monthly monitoring as requirements are met. A copy of the observations will be forwarded to the QP and Dir. of ICF for review.</p>	6/30/18	

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
NAME OF PROVIDER OR SUPPLIER RALPH SCOTT LIFESERVICES, INC/POPULAR STREET			STREET ADDRESS, CITY, STATE, ZIP CODE 328 POPLAR STREET GRAHAM, NC 27253		
(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 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	<p>W 436:</p> <p>The QIDP and consulting RN will meet to review and discuss the current status for client #5's CPAP machine acquisition. The nurse will re-engage doctors and the QIDP will contact suppliers to fulfill the medical need for client #5. By 6/30/18, the IDT expects to be in compliance with medical equipment orders for Client #5 and staff trained to support client # 5 with his medical need for a CPAP machine. A copy of training will be filed in staff training record. The QIDP will document that the CPAP is in place for client #5.</p>	6/30/18	

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
NAME OF PROVIDER OR SUPPLIER RALPH SCOTT LIFESERVICES, INC/POPULAR STREET			STREET ADDRESS, CITY, STATE, ZIP CODE 328 POPLAR STREET GRAHAM, NC 27253		
(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 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		6/30/18	