	-	ID HUMAN SERVICES				FOR	M APPROVED
							D. 0938-0391
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· <i>·</i>			· /	E SURVEY PLETED
		34G304	B. WING			10	/02/2018
NAME OF PI	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
RAI PH SO	COTT LIFESERVICES, IN	C/VETERANS DRIVE			500 VETERANS DRIVE		
101211101	,			I	ELON COLLEGE, NC 27244		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)) BE	(X5) COMPLETION DATE
E 006	Plan Based on All Ha CFR(s): 483.475(a)(1	zards Risk Assessment)-(2)	E	006	5		
	and maintain an eme	The [facility] must develop rgency preparedness plan d, and updated at least ust do the following:]					
	facility-based and cor	include a documented, nmunity-based risk an all-hazards approach.*					
	on and include a docu community-based risk	§483.73(a)(1):] (1) Be based umented, facility-based and c assessment, utilizing an , including missing residents.					
	and include a docume community-based risk	3.475(a)(1):] (1) Be based on ented, facility-based and c assessment, utilizing an , including missing clients.					
	(2) Include strategies events identified by the	ofor addressing emergency ne risk assessment.					
	strategies for address identified by the risk a management of the c failures, natural disas that would affect the h care.	18.113(a)(2):] (2) Include sing emergency events assessment, including the onsequences of power ters, and other emergencies nospice's ability to provide not met as evidenced by:					
	Based on interview a failed to develop spec into an all hazards ris their emergency plan	and record review, the facility cific facility-based strategies k assessment as part of (EP). The finding is:					
	-	evelop an all hazards risk n the specific challenges					

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

TITLE

(X6) DATE

PRINTED: 10/03/2018

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.

	S FOR MEDICARE &					O. 0938-039
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	LE CONSTRUCTION		E SURVEY IPLETED
		34G304	B. WING		1	0/02/2018
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
RALPH S	COTT LIFESERVICES, IN	C/VETERANS DRIVE		500 VETERANS DRIVE ELON COLLEGE, NC 27244		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETIO DATE
E 006	Continued From page	e 1	E 006	5		
	they may encounter g located.	jiven where the facility is				
W 189	to contain information the facility staff may e tornadoes, extremely and hurricanes. The e did not contain an all that was specific to th of the facility's EP rev the residents of the g the general informatio information face shee Interview on 10/1/18 revealed no informatii hazards the direct can the facility's specific le STAFF TRAINING PF CFR(s): 483.430(e)(1 The facility must prov initial and continuing	cold weather, bomb threats emergency plan however, hazards risk assessment he facility. Continued review vealed information regarding roup home was limited to on contained on an et. with the Associate Director on regarding any specific re staff may encounter given ocation. ROGRAM) ride each employee with training that enables the his or her duties effectively,	W 189			
	Based on observatio interviews, the facility sufficiently trained to effectively. This affect	not met as evidenced by: ns, record review and r failed to ensure staff were perform their jobs cted 2 audit clients(#2, #3) ts (#5 and #6). The findings				
	1. Direct care staff did client #5 during self c	d not protect the privacy of				

If continuation sheet Page 2 of 13

DEPARTMENT OF HEALTH A						PPROVED
CENTERS FOR MEDICARE & STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING	E CONSTRUCTION		OMB NO. 0 (X3) DATE SU COMPLET	RVEY
	34G304	B. WING			10/02/	/2018
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STA	TE, ZIP CODE		
RALPH SCOTT LIFESERVICES,	INC/VETERANS DRIVE		500 VETERANS DRIVE ELON COLLEGE, NC 27	244		
PREFIX (EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION TIVE ACTION SHOULD BE CED TO THE APPROPRIA EFICIENCY)	- 1	(X5) COMPLETION DATE
W 189 Continued From page	ge 2	W 189				
care staff took cliem opened the door with in the bathroom tolk was also in the bath Interview on 10/2/18 revealed she was tr and bedroom doors may be toileting or of forgot to knock befor where client #5 was revealed clients #5 their own privacy wh without the assistant Interview on 10/2/18 disabilities profession care staff are trained entering bathroom a privacy of the clients 2. Direct care staff or received her nutrition by the physician. During observations meal at 6pm, client dining room table to least 4 times to enco dining room table to cues and physical a walk her into the dir walked away every supplement was give	8 with direct care staff ained to knock on bathroom before entering where clients dressing. She stated she are entering the bathroom to toileting. Additional interview and #6 are not able to protect hile toileting and dressing are of direct care staff. 8 with the qualified intellectual onal (QIDP) revealed direct d to always knock first before and bedrooms to protect the s in the facility. 8 on 10/1/18 of the supper #3 refused to come to the to eat. Direct care staff tried at ourage her to come to the to eat but she refused. Verbal ssistance were provided to hing room area however, she time. No nutritional					

	-	ID HUMAN SERVICES				FORM): 10/03/2018 1 APPROVED
STATEMENT (DF DEFICIENCIES CORRECTION	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION	-	(X3) DATE COMPI	
		34G304	B. WING			10//	02/2018
NAME OF P	ROVIDER OR SUPPLIER		S	STREET ADDRESS, CITY, S	TATE, ZIP CODE	-	
RALPH SC	COTT LIFESERVICES, IN	C/VETERANS DRIVE		00 VETERANS DRIVE	27244		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION ECTIVE ACTION SHOULD BE ENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 189	come to the dining roo cues and physical ass her into the dining roo stay in the dining roo stay in the dining roo was given to client #3 Review on 10/2/18 of physician orders date receive Ensure BID (t Review on 10/2/18 re the October medicatio (MAR) for client #3 in given on 10/1/18 or of Phone interview on 10 revealed direct care s can of Ensure on 10/2 supper and on 10/2/15 breakfast. 3. Direct care staff did assist in modifying the During observations in 5:30pm-5:50pm direct kitchen using the food chops, apples, squast the assistance of clien #2 and #3 were in the them a book. During observations in 6:30am direct care staft the food processor to and toast. Client #3 w	om to eat breakfast. Verbal sistance were used to walk om however, she refused to m. No nutritional supplement 3. I client #3's quarterly d 4/12/18 revealed she is to twice daily) for meal refusal. Vealed no documentation on on administration record dicating any Ensure was n 10/2/18. 0/2/18 with the facility Nurse staff should have offered a 1/18 when client #3 refused 8 when she refused d not encourage clients to eir food. n the facility on 10/1/18 at	W 189				

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		ID HUMAN SERVICES MEDICAID SERVICES				FORM	D: 10/03/2018 MAPPROVED D. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		E CONSTRUCTION	(X3) DATE	
		34G304	B. WING			10/	02/2018
NAME OF P	ROVIDER OR SUPPLIER		•	s	STREET ADDRESS, CITY, STATE, ZIP CODE	•	
RALPH S	COTT LIFESERVICES, IN	C/VETERANS DRIVE			500 VETERANS DRIVE ELON COLLEGE, NC 27244		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPR DEFICIENCY)		(X5) COMPLETION DATE
W 189	Review on 10/2/18 of program plan (IPP) da receives a 1800 calor pureed textured foods improve daily routine Review on 10/2/18 of 4/12/18 revealed she weight reduction pure calorie vegetables on IPP revealed she requi- blender mixer and food Interview on 10/2/18 of disabilities profession clients #2 and #3 can processor and should food prior to meals. 4. Direct care staff did needed to correctly and clients. During observations of administration pass of care staff administered 0.5mg. cutting the pill scissors in the medical Interview on 10/2/18 of revealed client #2 had emergency room of the evening of 10/1/18. Shad written a new ord administer anytime cli Additional interview re- to call the nurse befor Lorazepam. She state	 client #3's individual ated 7/26/18 revealed she is heart healthy diet with s. She has a need to tasks. client #2's IPP dated receives a 2,000 calorie ed diet with seconds of low ly. Additional review of the uires assistance using the od processor. with the qualified intellectual al (QIDP) revealed both assist with using the food I assist with modifying their d not demonstrate the skills dminister medications to of the medication n 10/2/18 at 6:15am direct ed Lorazepam (Ativan) in half with a large pair of ation room to client #2. with direct care staff d been seen at the ne local hospital on the he stated the ER physician ler for Lorazepam 0.5 mg. to ient #2 has a seizure. evealed she was instructed 	W	189			

Facility ID: 954539

If continuation sheet Page 5 of 13

	DF DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
ND PLAN OF	CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING		COMPLETED
		34G304	B. WING		10/02/2018
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
RALPH SC	COTT LIFESERVICES, IN	C/VETERANS DRIVE		500 VETERANS DRIVE ELON COLLEGE, NC 27244	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLE
W 189	She stated another di	seizure upon awakening. rect care staff had	W 189		
	answered the phone and relayed the message to her from the facility Nurse to administer half of the Lorazepam 0.5mg. Additional interview confirmed she did not talk to the Nurse directly and she did not clarify the physician order. In addition, direct care staff indicated she did not have a pill cutter and did not know how to cut a pill in half.				
	dated 10/1/18 reveale (Ativan) 0.5 mg. Take as needed. Take 1 tal	client #2's physician orders ed the following: "Lorazepam 1 tablet (0.5 total) by mouth blet by mouth after a 5 three times within a 24			
W 249	disabilities profession was taken to the eme on the evening of Oct seizures. She stated Lorazepam 0.5mg. Sl mg Lorazepam should	-	W 245	3	
	each client must rece treatment program co interventions and serv and frequency to sup	ndividual program plan, ive a continuous active			

If continuation sheet Page 6 of 13

		ID HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391
STATEMENT O	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		CONSTRUCTION	(X3) DATE	
		34G304	B. WING			10/	02/2018
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
RALPH SO	COTT LIFESERVICES, IN	C/VETERANS DRIVE			00 VETERANS DRIVE LON COLLEGE, NC 27244		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
W 249	Continued From page		W	249			
	Based on observatio interviews, the facility clients (#2, #3) receiv treatment plan consis and services as ident program plan (IPP) in modified diets. The fi	the areas of preparing					
	modifying their foods During observations 5:30pm-5:50pm direc kitchen using the food chops, apples, squas the assistance of clien	prior to meals. in the facility on 10/1/18 at					
	6:30am direct care sta the food processor to and toast. Client #3 w	n the facility on 10/2/18 at aff was in the kitchen using puree oatmeal, peaches /as in the hallway near the articipate in pureeing her					
	heart healthy diet with	client #3's IPP dated receives a 1800 calorie n pureed textured foods. She e participation with daily					
	weight reduction pure calorie vegetables on	client #2's IPP dated receives a 2,000 calorie red diet with seconds of low ly. Additional review of the uires assistance using the					

Facility ID: 954539

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PRINTED: 10/03/2018

			0/0		OMB NO. 09	
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SUR COMPLETE	
		34G304	B. WING		10/02/2	2018
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
RALPH S	COTT LIFESERVICES, IN	C/VETERANS DRIVE		500 VETERANS DRIVE ELON COLLEGE, NC 27244		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE CC	(X5) DMPLETIO DATE
W 249	Continued From page blender mixer and foo		W 24	9		
W 331	disabilities profession clients #2 and #3 can	with the qualified intellectual hal (QIDP) revealed both assist with using the food assist with modifying their S	W 33	11		
	The facility must provide clients with nursing services in accordance with their needs.					
	Based on observatio interview, the facility f	failed to provide nursing ce with the needs for 1 of 3 relative to a recent				
	a. Nursing did not ins regarding specific ski administer medicatior	lls needed to correctly				
	care staff administere 0.5mg. cutting the pill scissors in the medic	n 10/2/18 at 6:15am direct d Lorazepam (Ativan) in half with a large pair of				
	room of the local hos 10/1/18. She stated th	with direct care staff s seen at the emergency pital on the evening of he ER physician had written repam 0.5 mg. to administer				

Facility ID: 954539

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						10. 0938-039
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	LE CONSTRUCTION		TE SURVEY MPLETED
		34G304	B. WING		1	0/02/2018
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
RALPH S	COTT LIFESERVICES, IN	C/VETERANS DRIVE		500 VETERANS DRIVE ELON COLLEGE, NC 27244		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETIO DATE
W 331	anytime client #2 has interview revealed sh nurse before administ stated she had contact in the morning of 10/2 seizure upon awaken direct care staff had a relayed the message to administer half of th Additional interview c the Nurse directly and physician order. In ad indicated she did not know how to cut a pill Review on 10/2/18 of dated 10/1/18 reveale (Ativan) 0.5 mg. Take as needed. Take 1 tal seizure, but only up to hour period." Interview on 10/2/18 of disabilities profession was taken to the eme on the evening of Oct seizures. She stated Lorazepam 0.5mg. Sl	a seizure. Additional e was instructed to call the tering the Lorazepam. She cted the facility Nurse early 2/18 when client #2 had a ing. She stated another answered the phone and to her from the facility Nurse he Lorazepam 0.5mg. onfirmed she did not talk to d she did not clarify the Idition, direct care staff have a pill cutter and did not I in half.	W 33			
	b. Nursing did not foll	ow up with direct care staff an emergency room visit on				
	administering medica administration pass re Nurse a few minutes	with the direct care staff tion during g the medication evealed she called the before and she instructed alf of a Lorazepam" to client				

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			0/02 1000		OMB NO. 0938-03
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED
		34G304	B. WING		10/02/2018
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	DE
RALPH S	COTT LIFESERVICES, IN	IC/VETERANS DRIVE		500 VETERANS DRIVE ELON COLLEGE, NC 27244	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE COMPLETION E APPROPRIATE DATE
W 331	Continued From page	e 9	W 33	31	
		at client #2 had visited the evening before on 10/1/18			
		cian order for Lorazepam 0.5			
		any seizure. She stated			
		tional seizure early the nd so she had contacted the			
		erview revealed the facility			
		to the facility to check on			
		turn to the facility or to new physician orders.			
		new physician orders.			
		with the qualified intellectual			
		nal (QIDP) revealed client #2 ergency room of the hospital			
		tober 1, 2018 for repeated			
		client #2 had a new order for			
		he confirmed the facility to the facility to inservice			
		sician order or to visually			
	check on client #2. In	addition, she could not			
	locate the written ord written by the ER phy	er for the Lorazepam 0.5mg.			
W 368	DRUG ADMINISTRA		W 36	58	
	CFR(s): 483.460(k)(1				
	The system for drug	administration must assure			
	that all drugs are adn the physician's order	ninistered in compliance with s.			
	This STANDARD is	not met as evidenced by:			
		ons, record review and			
		/ failed to ensure client #3 al supplements as ordered by			
		iffected 1 of 3 audit clients			

Facility ID: 954539

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	-	D HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE	
		34G304	B. WING			10/	02/2018
	ROVIDER OR SUPPLIER	C/VETERANS DRIVE		50	IREET ADDRESS, CITY, STATE, ZIP CODE 10 VETERANS DRIVE LON COLLEGE, NC 27244		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI/ DEFICIENCY)		(X5) COMPLETION DATE
W 368	dining room table to eleast 4 times to encou dining room table to eleast 4 times to encou dining room table to eleast 4 times to encou cues and physical ass walk her into the dininr walked away every tim During observations of 7am direct care staff come to the dining roo cues and physical ass her into the dining roo stay in the dining roo stay in the dining roo stay in the dining roo Review on 10/2/18 of physician orders date receive Ensure BID (Review on 10/2/18 re the October medicatio (MAR) for client #3 in given on 10/1/18 or o Phone interview on 10/ supper and on 10/2/1 breakfast. DRUG ADMINISTRA CFR(s): 483.460(k)(2	B refused to come to the eat. Direct care staff tried at urage her to come to the sat but she refused. Verbal sistance were provided to ag room area however, she me. on 10/2/18 of breakfast at encouraged client #3 to om to eat breakfast. verbal sistance were used to walk om however, she refused to n. client #3's quarterly d 4/12/18 revealed she is to twice daily) for meal refusal. vealed no documentation on on administration record dicating any Ensure was n 10/2/18. D/2/18 with the facility Nurse taff should have offered a 1/18 when client #3 refused 8 when she refused TION) administration must assure	W S				
	This STANDARD is r	not met as evidenced by:					

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PRINTED: 10/03/2018

TATEMENT (OF DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	D. 0938-039 SURVEY	
ND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		COM	PLETED	
		34G304	B. WING		10	/02/2018	
NAME OF PI	ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP CODE			
RALPH SO	COTT LIFESERVICES, IN	C/VETERANS DRIVE		500 VETERANS DRIVE ELON COLLEGE, NC 27244			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETIO DATE	
W 369	Continued From page	e 11	W 369	9			
	administered without	assure medications 3 sampled clients (#2) was error as evidenced by v and record verification.					
	Client #2 did not rece for her seizure disord physician.	ive prescribed medication er as ordered by the					
	During observations of the medication administration pass on 10/2/18 at 6:15am direct care staff administered the following medications to client #2: Lorazepam (Ativan) 0.5mg. (1/2 pill equally 0.25mg.) Divalproex Sodium 125 mg. (1), Calcium 500 mg. plus Vitamin D (1), Escitalopram10mg. (1) Levetiracetam 500mg. (1), Vimpat 150mg. (1).						
	dated 10/1/18 reveale (Ativan) 0.5 mg. Take as needed. Take 1 ta	client #2's physician orders ed the following: "Lorazepam 1 tablet (0.5 total) by mouth blet by mouth after a three times within a 24					
	dated 8/28/18 reveale Sodium 125 mg. (1), Vitamin D (1), Escital	client #2's physician orders ed the following: Divalproex Calcium 500 mg. plus opram10mg. (1) g. (1), Vimpat 150mg. (1).					
	administering the me	with the direct care staff dication revealed she called structed her to administer,"					
		with the qualified intellectual al (QIDP) revealed client #2					

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES							PRINTED: 10/03/2018 FORM APPROVED OMB NO. 0938-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		-	(X3) DATE SURVEY COMPLETED		
34G304		34G304	B. WING		_	10/02/2018		
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE					
RALPH SCOTT LIFESERVICES, INC/VETERANS DRIVE			500 VETERANS DRIVE ELON COLLEGE, NC 27244					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRE	S PLAN OF CORRECTION ECTIVE ACTION SHOULD BI ENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
W 369	had been at the emer hospital on the evenir seizures. She stated the an order for Lorazepa The direct care staff withe Nurse before adm Additional interview of care staff revealed she Lorazepam becauses	gency room(ER) at a local ng of 10/2/18 for repeated the ER Physician had added nm 0.5mg. after any seizure. vere instructed to contact	W 36	19				

Facility ID: 954539

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