#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 10/03/2018 **FORM APPROVED** 

CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NO	. 0938-0391	
STATEMENT OF DEFICIENCIES (X1) PROVIDENCEUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED		
		34G304	B. WING		AND THE RESIDENCE OF THE PARTY	10/	02/2018	
NAME OF P	ROVIDER OR SUPPLIER			га	REET ADDRESS, CITY, STATE, ZIP CODE			
PAI PH SC	COTT LIFEBERVICES, IN	IC/VETERANS DRIVE		50	O VETERANS DRIVE			
10013 11 00	30(1 Eli EOEKVIOLE) III			El	LON COLLEGE, NC 27244			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	- 1	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUND CROSS-REFERENCED TO THE APPROPERTIES OFFICIENCY)	LD BE	DATE COMPLETION (Xa)	
E 008	Plan Based on All Ha CFR(s): 483.475(a)(	nzards Risk Assessment 1)-(2)	Е	900				
	and maintain an eme	. The [facility] must develop organicy preparedness plan			E006			
		d, and updated at least nust do the following:]			ON 10/16/18, The Director of members of CQI, Assistant DI			
		include a documented,			ICF, QP Met to discuss strate	gles for		
	facility-based and co				addressing emergency event	needed		
	gnizilitu ,inemzaessa	an all-hazarda approach."			for risk assessment of Vetera	ns group	in L.A	
	*/For LTC facilities at	t §483,73(a)(1);] (1) Be based			home. The team reviewed th	9	1118	
		cumented, facility-based and			Alamance county operations	plan	1 1.	
		ak assessment, utilizing an			which listed the many hazard	• 1		
		n, including missing residents.			have potential to disrupt the			
	*[For ICF/IIDs at §46	3.475(a)(1):] (1) Be based on			community and can cause da			
		nented, facility-based and			create casualties. It was dete			
		k assessment, utilizing an			that in the risk assessment for			
	all-hezerds approach	h, including missing clients.			veterans facility will be modified include addressing the risk st			
	(2) Include strategie	as for addressing emergency			11	ateum		
	events identified by	the risk accessment.			the Alamance county EOP.  Furthermore RMT will review	to		
	* (Ear Hannings at 6	418.113(a)(2);] (2) Include			update all the risk assessmer	1		
		asing emergency events			for all the group homes in IC			
		assessment, including the			update them to address haza	1		
	management of the	consequences of power	ł		identify in the Alamance EOF			
		sters, and other emergencies			November 9, 2018(and other			
	l .	hospice's ability to provide				1 1		
	Care.	and mat an ouideness by:			homes per established sched	iuie).		
1	Pand as intention	not met as evidenced by: and record raview, the facility						
	falled to develop an	eclfic facility-based strategies			DHSR - Menta	Health		
		isk assessment as part of						
		in (EP). The finding is:			OCT <b>2 3</b> 20	18	<b>,</b>	
	The facility failed to	develop an all hazards risk						
	essessment based	on the specific challenges			Lic. & Cert. S	ection		
LABORATOR		R/BUPPLIER REPRESENTATIVES SIGNATU	JRE	T	In at 10F	10	06) DATE	
	R. Darch	>(N/)		*		10	110(10	

Any deficiency statement ending with an agreriak (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other sateguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosuble 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 disclossible 14 days following the date these documents are made available to the facility. If deficiencies are clied, an approved plan of correction is requisite to dontinued program participation.

FORM CMB-2567(02-89) Provious Versions Obsolets

Event ID: RCK011

Facility IO: 86463B

If continuation sheet Page 1 of 13

PRINTED: 10/03/2018 FORM APPROVED OMB NO. 0938-0391

AND PLAN OF CORRECTION  IDENTIFICATION NUMBER:  340304  B. WING  THE STREET ADDRESS, CITY, STATE, ZIP CODE  800 VETERAND BUTY, STATE, ZIP CODE  800 VETERAND STATE, ZIP CALL STATE, ZIP CODE  800 VETERAND STATE, ZIP CALL STATE, ZIP CODE  800 VETERAND STATE, ZIP CALL STATE, ZIP CALL STATE, ZIP CODE  800 VETERAND STATE,	CEMIENS	3 FOR INICUIONACIO		T	4		VAL DATE DE	IBVEV
RALPH BCOTT LIFESERVICES, INC/VETERANS DRIVE  RALPH BCOTT LIFESERVICES, INC/VETERANS DRIVE  C(A) ID PREFOX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  E 008  Continued From page 1  they may encounter given where the facility is located.  Review on 10/1/18 of the facility's EP was noted to contain information about general emergencies the facility staff may encounter such as tornadosa, extremely cold weather, bomb threats and hurricanes. The emergency plan however, did not contain an all hazards risk assessment that was specific to the facility. Continued review of the facility's EP revealed information regarding the residents of the group home was limited to the general information contained on an information face sheet.  Interview on 10/1/18 with the Associate Director revealed no information regarding any specific hazards the direct care staff may encounter given the facility's specific location.  W 189  The facility must provide each employee with			(X1) PROVIDER/BUPPLIER/CLIA IDENTIFICATION NUMBER:	1''				
RALPH SCOTT LIFESERVICES, INC/VETERANS DRIVE  CV4] ID PREFIX (EACH DEPOCIENCY WUST BE PRECEDED BY FULL REQUIZITION OF LIFE APPROPRIATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE) TO THE APPROPRIATE DATE OF LIFE APP			340304	B. WING			10/02	U201B
DATE OF THE PREFIX TAG SUMMANT STATEMENT OF DEPLICATION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE OF THE PREFIX TAG DEFICIENCY)  E 008  Continued From page 1 they may encounter given where the facility is located.  Review on 10/1/18 of the facility's EP was noted to contain information about general emergencies the facility staff may encounter such as tornadoes, extremely cold weather, bomb threats and hurricanes. The emergency plan however, did not contain an all hazards risk assessment that was specific to the facility. Continued review of the facility's EP revealed information regarding the residents of the group home was limited to the general information contained on an information face sheet.  Interview on 10/1/18 with the Associate Director revealed no information regarding any specific hazards the direct care staff may encounter given the facility's specific location.  W 189  The facility must provide each employee with			IC/VETERANS DRIVE		500	VETERANS DRIVE		
they may encounter given where the facility is located.  Review on 10/1/18 of the facility's EP was noted to contain information about general emergencies the facility staff may encounter such as tornadoes, extremely cold weather, bomb threats and hurricanes. The emergency plan however, did not contain an all hazards risk assessment that was specific to the facility. Continued review of the facility's EP revealed information regarding the residents of the group home was limited to the general information contained on an information face sheet.  Interview on 10/1/18 with the Associate Director revealed no information regarding any specific hazards the direct care staff may encounter given the facility's specific location.  W 189  STAFF TRAINING PROGRAM CFR(s): 483.430(s)(1)  The facility must provide each employes with	PREFIX	/FACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION 6HOL CROSS-REFERENCED TO THE APPR	LD BE	(X0) COMPLETION DATE
		they may encounter located.  Review on 10/1/18 of to contain information the facility staff may tornadosa, extremely and hurricanes. The did not contain an all that was specific to the facility's EP residents of the general information face she interview on 10/1/18 revealed no information face she interview at the facility appecific STAFF TRAINING FOR (a): 483.430(e): The facility must proinitial and continuing employee to perform efficiently, and complete to perform the standard on observation of the facility interviews, the facility trained the sufficiently trained to the contained the standard on the standard on observation of the standard of the stand	given where the facility is  If the facility's EP was noted in about general emergencies encounter such as y cold weather, bomb threats emergency plan however, it hazards risk assessment the facility. Continued review evealed information regarding group home was limited to alon contained on an est.  If with the Associate Director tion regarding any specific are staff may encounter given location.  PROGRAM (1)  Divide each employee with g training that enables the mis or her duties effectively, petently.			W-189  1. QIDP will review and up privacy guidelines for Cilentall other individuals of the Staff will receive retraining privacy guidelines by 10/25 including any updates. A contrainings will be filed in staglion.	t # 5 and home. on all 5/18 py of all iff records. and fade to	13/1/10
and 2 non audit cliente (#5 and #8). The findings include:  1. Direct care staff did not protect the privacy of client #5 during self care.		include:  1. Direct care staff	did not protect the privacy of			addressed. A copy of obse	rvations	

FORM CM8-2567(02-99) Previous Versions Obsolete

Event ID: RCK011

Facility IQ; 954539

I continuation sheet Page 2 of 13

PRINTED: 10/03/2018 FORM APPROVED OMB NO. 0938-0391

	O / OIX HARDION INC. O	TILOTO, IID OLI (VICEO	<del></del>				SIAID IAO	. 0030-0381
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/GUPPLIER/CLIA IDENTIFICATION NUMBER;	(X2) MUL A. BUILD		CONBTRUCTION		(X3) DATE: COMPL	
		34G304	B. WING			10/02/2015		
	ROVIDER OR BUPPLIER COTT LIFESERVICES, IN	CVETERANS DRIVE		90	TREET ADDRESS, CITY, STATE, ZIP CODE NO VETERANS DRIVE LON COLLIEGE, NC 27244			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE		(A4) COMPLETION DATE
W 189	Continued From page	32	w	189				
	care staff took client is opened the door with in the bathroom tolled was also in the bathroom tolled was also in the bathroom tolled was also in the bathroom to the bathroom to the staff of the client #5 was the revealed client #5 was their own privacy white without the assistance care staff are trained entering bathroom as privacy of the clients.  2. Direct care staff directived her nutrition by the physician.  During observations meal at 8pm, client #6 in the dining room table to cues and physical at walk her into the diniwalked away every the puring observations aupplement was given.	with direct care staff lined to knock on bathroom pefore entering where clients resaing. She stated she e entering the bathroom tolleting. Additional interview and #6 are not able to protect life toileting and dressing as of direct care staff.  with the qualified intellectual and (QIDP) revealed direct to always knock first before and badrooms to protect the in the facility.  d not ensure client #3 hal supplement as prescribed  on 10/1/18 of the supper t3 refused to come to the eat. Direct care staff tried at surage her to come to the eat but she refused. Verbal selstance were provided to ing room area however, she lime. No nutritional			2. IDT will review and update needed the 90 day physician as well as the Nutritional Evaluation/MAR for client #3 other individuals of the hom will retrain staff on the 90 day physicians orders and Nutrit Evaluations/MAR and any up 10/25/18. A copy of all train be filed in staff records. QP wobserve weekly and fade out appropriate to ensure all 90 physicians / Nutritional evaluations/MAR for all indicate implemented properly.	s order of and a constant of a	d all UDP l es by will	12/1/18

FORM CM8-2567 (02-99) Previous Versions Obsolets

Event ID: RCK011

Facility ID: 984639

Continuation sheet Page 3 of 13

PRINTED: 10/03/2018 FORM APPROVED OMB NO. 0938-0391

ITATEMENT OF	DEFICIENCIES	(X1) PROVIDEN/BUPPLIEN/CLIA IDENTIFICATION NUMBER:	V BAILD		CONSTRUCTION	COMPL	
	'	340304	B. WING			10/0	2/2010
	OVIDER OR SUPPLIER OTT LIFESERVICES, IN	C/VETERANS DRIVE		60	TREET AODRESS, CITY, STATE, ZIP CODE ID VETERANS DRIVE LON COLLEGE, NC 27244		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUGT BE PRECEDED BY FULL LBC IDENTIFYING INFORMATION)	IO PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)	ILD BE	(X5) COMPLETION DATE
W 189	cues and physical as her into the dining roosely in the dining roowas given to client #3. Review on 10/2/18 or physician orders date receive Ensure BID (Review on 10/2/18 or the October medicall (MAR) for client #3 in given on 10/1/18 or can of Ensure on 10 supper and on 10/2/ breakfast.  3. Direct care staff diasels in modifying the assistance of client #3 in modifying the for chops, apples, squathe assistance of client #3 were in them a book.  During observations 6:30am direct care at the food processor I and toast. Client #3	salatance were used to walk salatance were used to walk om however, she refused to m. No nutritional supplement 3.  If client #3's quarterly ed 4/12/18 revealed she is to (twice dally) for meal refusal.  Everaled no documentation on ion administration record adicating any Ensure was on 10/2/18.  IO/2/18 with the facility Nurse staff should have offered a (1/18 when client #3 refused 18 when she refused	W	189	3. IDT will review client ADS and update for clients #2 an #3 and all other individuals their food. Staff will receive on ADSLE/IPP on meal prepping/modifying client's copy of all trainings will be staff records. QIDP will mon weekly and fade to monthly monitoring as needs are adcopy of observations will be forwarded and retained by Director of ICF.	d client of the difying training food. A illed in litor dressed. A	17/10

FORM CM8-2567(02-99) Previous Versions Obsolate

Event ID: RCK011

Fealthy ID: 964539

If continuation sheat Page 4 of 13

PRINTED: 10/03/2018 FORM APPROVED OMB NO. 0938-0391

RYATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X	URVEY ETED		
		34G304	B. WING	. WING			10/02/2018		
	ROVIDER OR SUPPLIER COTT LIFESERVICES, IN	IC/VETERANS DRIVE		50	reet address, city, state, zip code 10 veterans drive Lon College, nc 27244		10,0		
(X4) IO PREFIX TAG	(EACH DEFICIENC	SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION 3HO)  REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROBS-REFERENCED TO THE APPR DEFICIENCY)		VLD BE		(XII) COMPLETION DATE			
W 189	receives a 1800 calo pureed textured food improve daily routine. Review on 10/2/18 of 4/12/18 revealed she weight reduction purcalorie vegetables on IPP revealed she received and reduction purcalorie vegetables on IPP revealed she received and reduction mixer and food interview on 10/2/18 disabilities professional clients #2 and #3 calprocessor and should food prior to meals.  4. Direct care staff of needed to correctly administration passionare staff administer 0.5mg, cuttling the paciesors in the medical interview on 10/2/18 revealed client #2 hemergency room of evening of 10/1/18, had written a new of administer anytime. Additional interview to call the nurse befure the call the nurse the call the nurse befure the call the nurse befure the call the nurse the call the nurse the call the nurse befure the call the nurse the nurse the call the nurse the call the nurse the nurse the nurse the nurse the nurse the nurse the nurs	f client #3's individual lated 7/28/18 revealed she rie heart healthy diet with is. She has a need to tasks.  f client #2's IPP dated receives a 2,000 calorie and diet with seconds of low rily. Additional review of the quires assistance using the old processor.  with the qualified intellectual rily (QIDP) revealed both in assist with using the food diet assist with modifying their did not demonstrate the skills administer medications to of the medication on 10/2/18 at 6:15am direct red Lorazepam (Ativan) in half with a large pair of cation room to client #2.	W	169	4. RN will review medication equipment/ administering medications for client #2. Ri retrain staff on how to propadminister medications conthe usage of medical equipment 10/25/18. A copy of all train be filed in staff records. QP observe weekly and fade or appropriate to ensure the predication equipment is be correctly along with proper administering medications implemented properly.	will will erly ectly a nent build will as roper eing us	vill	12/1/16	

FORM CM8-2587(02-99) Previous Versiona Obsoleta

Event ID: RCK011

Facility ID: 954539

If continuation sheet Page 5 of 13

PRINTED: 10/03/2018 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(XZ) MULT		CONSTRUCTION	ľ	COMPL	
		34G304	B. WING				10/0	2/2018
	ROVIDER OR SUPPLIER COTT LIFESERVICES, II	NC/VETERANS DRIVE		60	REET ADDRESS, CITY, STATE, ZIP CODE 0 VETERAMS DRIVE LON COLLEGE, NC 27244			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION 8HO CROSS-REFERENCED TO THE APPRICED TO THE APPRICENCY)	JLD BE		(XB) COMPLETION DATE
W 189	She stated another answered the phone her from the facility if the Lorezepam 0.5m confirmed she did not clarically addition, direct care have a pill cutter and pill in half.  Review on 10/2/18 of dated 10/1/18 revea (Ativan) 0.5 mg. Take as needed. Take 1 to selzure, but only up hour period."  Interview on 10/2/18 disabilities profession was taken to the error the evening of O seizures. She stated Lorezepam 0.5mg. Img Lorezepam 0.5mg. Img Lorezepam show PROGRAM IMPLEI CFR(s): 483.440(d):  As soon as the interformulated a client's each client must red treatment program interventions and seand frequency to su	a selzure upon awakening.  direct care staff had and relayed the message to Nurse to administer half of ng. Additional interview of talk to the Nurse directly fy the physician order. In staff indicated she did not did not know how to cut a  of client #2's physician orders led the following: "Lorazepam se 1 tablet (0.5 total) by mouth ablet by mouth after a to three times within a 24  S with the qualified intellectual anal (QIDP) revealed client #2 sergency room of the hospital ctober 1, 2018 for repeated diclient #2 had a new order for She also confirmed the 0.5 ald not have been cut in half. MENTATION		249	W249-  QP will implement a goal for 2 and client #3 and all other individuals (as needed) to ass modifying their foods prior to QP will train staff on the food modifying goal by 10/25/18. observe weekly and fade out appropriate to ensure the client assisting with modifying their prior to meals.	ist women	vith als.	17/1/10
F0D14 0440 05	S7(02-99) Previous Vandons C	Declete Event ID: RCK01	1	Fe	acility ID: 854538	foonth	uation cho	set Page 6 of 13

FORM CM8-2567(02-99) Previous Versions Obsolets

Event ID: RCK011

PRINTED: 10/03/2018 FORM APPROVED OMB NO. 0938-0391

	ORRECTION	(X1) PROVIDER/BUPPLIER/CLIA (DENTIFICATION NUMBER:	(X2) MULTI A, BUILOIN	IPLE CONSTRUCTION	(X3) DATE SURVEY
		34G304	B. WING		10/02/2018
	COTT LIFESERVICES, I	NC/VETERANS DRIVE		STREET ADDREGO, CITY, 6TA1E, ZIP CO 600 VETERANS DRIVE ELON COLLEGE, NC 27244	DE
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE COMPLETION DATE OATE
W 249	Continued From pa	ge 6	W 2	249	
	Based on observatinterviews, the facilitations (#2, #3) receives as idealing program plan (IPP) modified diets. The Direct care staff did modifying their food 5:30pm-5:50pm direct kitchen using the facilitations of contractions.	not assist cliente #2, #3 with			
	6:30am direct care the food processor and toast, Client # kitchen and did no food.	as in the facility on 10/2/18 at a staff was in the kitchen using to puree oatmeal, peaches was in the hallway near the transcript participate in pureeing her to of client #3's IPP dated			
	7/28/18 revealed a	the receives a 1800 catorie with pureed textured foods. She rove participation with daily			
	4/12/18 revealed a weight reduction p calorie vegetables	of client #2's IPP dated  the receives a 2,000 calorie  ureed diet with seconds of low  only. Additional review of the  requires assistance using the			

FORM CM8-2667(02-99) Previous Versions Obsolete

Event ID; RCK011

Facility ID: 954539

If continuation sheet Page 7 of 13

PRINTED: 10/03/2018 FORM APPROVED OMB NO. 0938-0391

		THE OLIVIDES	<del></del>		CIVID INC.	0838-0397	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S COMPL		
		34G304	e. WING		10/02/2018		
•	ROVIDER OR SUPPLIER COTT LIFESERVICES, IN	IC/VETERANS DRIVE	5	TREET ADDRESS, CITY, SYAYE, ZIP CODF 00 VETERANS DRIVE LON COLLEGE, NC 27244			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC (DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILO BE	(XB) COMPLETION DAYE	
W 249	Interview on 10/2/18 disabilities profession clients #2 and #3 car processor and should food prior to meals. NURSING SERVICE CFR(s): 483.480(c)  The facility must processor in accordant accordant accordant interview, the facility services in accordant sampled clients (#2) emergency room visual. Nursing did not in regarding specific situation passions administration passions care staff administer 0.5mg. cutting the piscissors in the medical diministered a half of the client #2.	with the qualified intellectual hal (QIDP) revealed both in assist with using the food disasist with modifying their is.  If yield clients with nursing one with their needs.  In or met as evidenced by:  In or, record review and falled to provide nursing one with the needs for 1 of 3 relative to a recent lit. The findings are:  It is needed to correctly one to clients.  If the medication on 10/2/18 at 6;15am direct red Lorazepam (Ativan) ill in half with a large pair of cation room. She then of a pill of Lorazepam 0.5 mg.	W 249		all other will odates by ings will will t as cation	13/1/16	
	room of the local ho 10/1/18. She stated	as seen at the emergency spital on the evening of the ER physician had written izepam 0.5 mg, to administer					

FORM CMS-2567(02-99) Previous Versions Obsolate

Event ID: RCK011

Facility ID: 954639

If continuation sheet Page 8 of 13

PRINTED: 10/03/2018 FORM APPROVED OMB NO. 0938-0391

STATEMENT O	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X	3) DATE &	
AND PLAN OF	CORRECTION	IDENTIFICATION AGRIDENT	A. BUILD	ING_				
		34G304	B. WING				10/0	2/2018
NAME OF P	ROVIDER OR SUPPLIER			l	TREET ADDRESS, CITY, STATE, ZIP CODE			
RALPH 30	COTT LIFEBERVICES, II	(ICEB, INC/VETERANS DRIVE		1 -	LON COLLEGE, NC 27244			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUBT BE PRECEDED BY FULL LEC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION 8HO CRO88-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	<b>=</b>	(X6) COMPLETION DATE
W 331	Continued From page anytime client #2 ha interview revealed a nurse before administrated she had continued in the morning of 10 seizure upon awake direct care staff had relayed the message to administer half of Additional interview the Nurse directly at physician order. In a indicated she did not know how to cut a present the following the North Page 10/2/18 as needed. Take 1 seizure, but only up hour period."  Interview on 10/2/16 disabilities profession was taken to the end on the evening of Casizures, She state Lorazepam 0.5mg, mg Lorazepam sho	ge 8 a a selzure, Additional he was instructed to call the stering the Lorazepam, She acted the facility Nurse early /2/18 when client #2 had a ning. She stated another answered the phone and to to her from the facility Nurse the Lorazepam 0.5mg, confirmed she did not talk to addition, direct care staff theve a pill cutter and did not	W	331		rsing r of IC	F	13/1/16
	Interview on 10/2/1 administering medi administration pass Nurse a few minute	8 with the direct care staff cation during g the medication arevealed she called the as before and she instructed Half of a Lorazepam" to client			by 11/25/18. Director of ICF observe weekly and fade ou ensure nursing services are implemented properly.	will t to		

FORM CM8-2587(DZ-99) Previous Versions Obsolets

Event ID: RCK011

Facility IO: 954539

If continuation sheet Page 9 of 13

PRINTED: 10/03/2018 FORM APPROVED OMB NO. 0938-0391

	F DEFICIENCIES	(X1) PROVIDENBUPPLIENCLIA	(XZ) MULT	IPLE C	ONSTRUCTION		(X3) DATE 5	
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A BUILOII	NG			COMPL	,ETED
		34G304	B. WING_				10/0	2/201B
NAME OF PE	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE			
RALPH 80	COTT LIFEBERVICES,	INC/VETERANS DRIVE			ON COLLEGE, NC 27244			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD B		(XB) COMPLETION DATE
W 368	#2. She explained emergency room the and had a new phy mg to be given after client #2 had an admorning of 10/2/18 Nurse. Additional in Nurse had not been client #2 since her inservice staff on he interview on 10/2/1 disabilities professions was taken to the error the evening of Costicures. She state Lorazepam 0.5mg. Nurse had not been staff on the new physician by the ER portion of the written by the ER portion of the physician's order the physician's order the physician. This STANDARD Based on observatinterviews, the facing received all nutrition the physician. This (#3). The finding	that client #2 had visited the a evening before on 10/1/18 sician order for Lorazepam 0.5 in any seizure. She stated ditional seizure early the and so she had contacted the aterview revealed the facility in to the facility to check on return to the facility or to er new physician orders.  8 with the qualified intellectual onal (QIDP) revealed client #2 mergency room of the hospital october 1, 2018 for repeated and client #2 had a new order for She confirmed the facility in to the facility to inservice sysician order or to visually in addition, she could not order for the Lorazepam 0.5mg. CATION (1)  10 g administration must assure dministered in compliance with ers.  11 is not met as evidenced by: 12 is not met as evidenced by: 13 alfected 1 of 3 audit cliente is:		331	W368- RN and QP will retrain staff MAR/90 physician's orders ensure that all drugs are administered in compliance physician orders by 10/25/1 make sure that the MAR an are the same. RN will review MARs, 90 days orders to en are accurate before training observe weekly and fade ou appropriate to ensure staff following the MAR/90 physiorders. A copy of all training	with 8. R d 90 v all sure contractions in the second secon	N will days they will	12/1/18
	During observation	s on 10/1/18 of the supper			filed in staff records,	S W	n be	

FORM CMS-2587(02-99) Previous Versions Obsolets

Event ID: RCK011

Facility ID: 854538

If continuation sheet Page 10 of 13

PRINTED: 10/03/2018 FORM APPROVED OMB NO. 0938-0391

M1) PROVIDER/BUPPLIER/CLIA IDENTIFICATION NUMBER:  34G204  WETERANS DRIVE	A. BUILDING B. WING			SURVEY LEYED <b>02/2016</b>
A CONTRACTOR OF THE CONTRACTOR		ATTER ADDRESS ON AWAY AN GOOD	10/	<b>ハラ/</b> ブロ4暦
VETERANS DRIVE	1	ATTECT ADDRESS OF AVAIL THE CODE		US/AU.10
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  W 389 Continued From page 11		OTREET ADDRESS, CITY, SYATE, ZIP CODE 600 VETERANO DRIVE ELON COLLEGE, NC 27244		
MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X4) COMPLETION DATE
sampled clients (#2) was sampled clients (#2) was mor as evidenced by and record verification.  The prescribed medication as ordered by the second verification as ordered by the street in the following medications in (Ativan) 0.5mg. (1/2 pill proex Sodium 125 mg. (1), Vitamin D (1), Levetirecetam 500mg.  Client #2's physician orders of the following: "Lorazepam 1 tablet (0.5 total) by mouth let by mouth after a three times within a 24 client #2's physician orders of the following: Divalproex Calcium 500 mg. plus pram10mg. (1).  (1), Vimpat 150mg. (1).	W 38	W369- QIDP & RN will review Me administration record of call other individuals of the will retrain staff on drug administrating and admin without error along with a by 10/25/18. A copy of all will be filed in staff record observe weekly and fade appropriate to ensure staff administrating drugs with	lient #2 and home. RN strating inv updates trainings is. QP will out as ff is out error	12/1/10
	sure medications sampled clients (#2) was mor as evidenced by and record verification.  The prescribed medication resordered by the  The medication 10/2/18 at 6:15am direct the following medications of (Ativan) 0.5mg. (1/2 pill proex Sodium 125 mg. (1), Vitamin D (1), Levetirecetam 500mg.  Client #2's physician orders of the following: "Lorazepam tablet (0.5 total) by mouth let by mouth after a threa times within a 24  Client #2's physician orders of the following: Divalproex Calcium 500 mg. plus pram10mg. (1) (1), Vimpat 150mg. (1).	sampled clients (#2) was more as evidenced by and record verification.  The prescribed medication of as ordered by the  The medication  10/2/18 at 6:15am direct  The following medications of (Ativan) 0.5mg. (1/2 pill proex Sodium 125 mg. (1),  Vitamin D (1),  Levetirecetam 500mg.  Client #2's physician orders of the following: "Lorazepam 1 tablet (0.5 total) by mouth let by mouth after a three times within a 24  Client #2's physician orders of the following: Divalproex calcium 500 mg. plus pram10mg. (1)  (1), Vimpat 150mg. (1).  With the direct care staff lication revealed she called tructed her to administer,"	sure medications sampled clients (#2) was ror as evidenced by and record verification.  We prescribed medication r as ordered by the  the medication 10/2/18 at 6:15am direct 10he following medications In (Ativan) 0.5mg. (1/2 pill proex Sodium 125 mg. (1), Vitamin D (1), I Leveltrecetam 500mg.  Client #2's physician orders d the following: "Lorazepam 1 tablet (0.5 total) by mouth let by mouth after a three times within a 24  Client #2's physician orders d the following: Divalproex Calcium 500 mg. plus pram10mg. (1) (1), Vimpat 150mg. (1).  With the direct care staff Ilcation revealed she called tructed her to administer,"	sure medications sampled clients (#2) was more as evidenced by and record verification.  We prescribed medication or as ordered by the rate ordered by the street lite following medications on (Ativan) 0.5mg. (1/12 pill propers Sodium 125 mg. (1), Vitamin D (1), 1 Leveliracelaim 500mg.  Client #2's physician orders of the following: "Lorazepamn 1 tablet (0.5 total) by mouth left by mouth after a three times within a 24  Client #2's physician orders of the following: Divalproex

FORM CM9-2687(02-99) Previous Versions Obsolete

Event ID: RCK011

Facility ID: 954539

If continuation sheet Page 12 of 13

PRINTED: 10/03/2018 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER  RALPH SCOTT LIFESERWICE, INCAVETERANS DRIVE  SUMMANY ONTENENT OF DEFICIENCIES  (RACH DEFICIENCY MUST BE PRECEDED BY TULL  PREPAR  TAG  Continued From page 12 had been at the emergency comm(ER) at a local hospital on the evening of 100/2/18 for repeated selzuras, She stated the ER Physician had added an order for Lorazepam 0-5mg, after any selzuro. The client care staff were instructed to contact the Nurse before administrating.  Additional interview on 10/2/18 with the direct care staff revealed she had not given 0.5 mg of Lorazepam because she cut the pill into half with a pair of scissors during the medication pass.	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(XZ) MULTIPLE CONSTRUCTION A, BUILDING				(X3) DATE SURVEY COMPLETED		
RALPH SCOTT LIFESERVICES, INC/VETERANS DRIVE  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  W 389  Continued From page 12 had been at the emergency room(ER) at a local hospital on the evening of 10/2/18 for repeated selzures. She stated the ER Physician had added an order for Lorazepam 0.5mg, after any seizure. The direct care staff were instructed to contact the Nurse before administering.  Additional Interview on 10/2/18 with the direct care staff revealed she had not given 0.5 mg of Lorazepam because she cut the pill into half with			34G304	B. WING_				10/0	2/2018	
PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  W 389  Continued From page 12  had been at the emergency room(ER) at a local hospital on the evening of 10/2/16 for repeated selzures. She stated the ER Physician had added an order for Lorazepam 0.5mg, after any seizure. The direct care staff were instructed to contact the Nurse before administering.  Additional Interview on 10/2/18 with the direct care staff revealed she had not given 0.5 mg of Lorazepam because she cut the pill into half with			, INC/VETERANS DRIVE		800 /	VETERANS DRIVE				
had been at the emergency room(ER) at a local hospital on the evening of 10/2/18 for repeated setzures. She stated the ER Physician had added an order for Lorazepam 0.5mg, after any setzure. The direct care staff were instructed to contact the Nurse before administering.  Additional interview on 10/2/18 with the direct care staff revealed she had not given 0.5 mg of Lorezepam because she cut the pill into half with	PREFIX	(EACH DEFICIE	ENCY MUST BE PRECEDED BY FULL	PREFU	×	(EACH CORRECTIVE ACTION 9HO CROSS-REFERENCED TO THE APPR	ULD BI	E OTE	COMPLETION	
	W 369	had been at the en hospital on the eve seizures. She state an order for Loraz. The direct care at the Nurse before a Additional interview care staff revealed Lorezepam becau	mergency room(ER) at a local ening of 10/2/18 for repeated ed the ER Physician had added epam 0.5mg, after any seizure, aff were instructed to contact administering,  w on 10/2/18 with the direct take had not given 0.5 mg of se she cut the pill into half with	w:	369					

FORM CMB-2567(02-69) Frevious Versions Obsolete

Event ID: RCK011

Faulthy ID: 954539

if continuation sheet Page 13 of 13