

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

PRINTED: 02/21/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G311	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/19/2019
NAME OF PROVIDER OR SUPPLIER RALPH SCOTT LIFESERVICES, INC/ROSEMONT STREET			STREET ADDRESS, CITY, STATE, ZIP CODE 304 ROSEMONT STREET GIBSONVILLE, NC 27217		
(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 125	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 1 of 3 audit clients (#6) had the right to be treated with dignity regarding the use of plate being placed on top of clothing protector. The finding is:</p> <p>Client #6's dignity was not considered regarding the use of plate being placed on top of clothing protector.</p> <p>During meals observations in the home on 2/18-19/19, client #6 clothing protector was attached to client neck then placed on top of the client wheelchair padded board.</p> <p>During an interview on 2/19/19, staff revealed the clothing protector is always placed on top of the board to prevent client #6's chair from getting dirty.</p> <p>Review on 2/19/19 of client #6 individual program plans (IPPs) dated 11/08/18 revealed a right"...he continue to require a full assistance to understand and exercise right to dignity."</p> <p>During an interview on 2/19/19, the Qualified Intellectual Disabilities Professional (QIDP) confirmed the clothing protector should be tucked instead of placing on the client board for his dignity during meal.</p>	W 125			

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

TITLE

(X6) DATE

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 192	<p>STAFF TRAINING PROGRAM CFR(s): 483.430(e)(2)</p> <p>For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure all staff were sufficiently trained to proper use of non-skid mat to ensure clients receive necessary continuous medical treatment in the area of nutrition. This affected 1 of 3 audit clients (#1). The finding is:</p> <p>Staff were not adequately trained to ensure the proper use of non-skid mat during meals</p> <p>During observations in the home on 2/18-19/19, client #1 consumed his meals with a non-skid mat placed on a wheelchair lap board, then a clothing protector on top of the mat and a plate on the clothing protector. The client plate was not stable during the meals</p> <p>Review of client #1's individual program plans (IPPs) dated 11/08/18 revealed,"Use non-skid mat during meals.</p> <p>During an interview with staff on 2/19/19 revealed client #1 Non Skid mats should be placed directly on the table.</p> <p>During an interview on 2/19/19, with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #1 plate should be placed directly to the non-skid mat.</p>	W 192			
W 231	INDIVIDUAL PROGRAM PLAN	W 231			

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W 231	Continued From page 2 CFR(s): 483.440(c)(4)(iii) The objectives of the individual program plan must be expressed in behavioral terms that provide measurable indices of performance. This STANDARD is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure the individual program plan (IPP) included goals which were expressed in behavioral terms that provide measurable indices of performance for 1 of 3 audit clients (#1). The finding is: Client objective did not provide measurable indices of performance. Review on 2/18/19 of client #6's IPP dated 11/8/18 revealed an objectives with no measuring indices: "[Client #1], will dry his hands independently for 6 months." Further review of the client IPP revealed an objective, [Client #1] will independently choose activity for leisure for six months." Interview on 2/5/19 with the qualified intellectual disabilities professional (QIDP) confirmed the objective statements needed to be revised to include measurable indices of performance.	W 231			
W 248	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(7) A copy of each client's individual plan must be made available to all relevant staff, including staff of other agencies who work with the client, and to the client, parents (if the client is a minor) or legal guardian.	W 248			

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W 248	Continued From page 3 This STANDARD is not met as evidenced by: Based on reviews and interviews the facility failed to assure outside services meet the needs of each client. This affected 2 of 3 audit clients (#1 and #4). The finding is: Clients #1 and #4 did not have current individual program plans (IPP) available at the day program. During review on 2/18/19 of client #1's record at the day program revealed an individual program plan (IPP) dated 11/12/15. Further review at home on 2/18/19 revealed the most current IPP was dated 11/08/18 . During review on 2/18/19 of client #4's record at day program revealed no IPP on file. Further review of the client record at home revealed an IPP dated 12/20/18 During an interview on 2/19/19, with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #1 and #4 did not current IPP at the day program..	W 248			
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) 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	W 249			

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W 249	<p>Continued From page 4 plan.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility did not assure consistent implementation of the behavior support programs for 1 of 3 audit clients (#4). The finding is:</p> <p>Client #4's behavior support plan (BSP) was not consistently implemented as written.</p> <p>During observations in the afternoon and evening on 2/18/19, client #4 continually pulled staffs arms and tried to lift their clothing and directing them to different places in the house. Staff provided constant prompts to stop the behavior. At no time was the client calm during the afternoon observations.</p> <p>Review on 2/19/19 of client #4's individual program plan (IPP) dated 12/20/18 revealed a behavior program for client #4 dated 12/10/18. The plan revealed a target behavior of aggression, "...pull another person arm, pushing their body, or otherwise makes physical contact intended to force someone to do what she wants them to do.... Crisis plan, ...if target behavior do not calm down within 10 minutes or they continue to escalate, call on-call, administrator, RN or team leader for further instruction."</p> <p>Review on 2/19/19 of client #4's current physician orders revealed , " Zyprexa ODT 15 mg: Let 1 tablet melt in mouth for agitation greater than 10 minutes must contact RN for</p>	W 249			

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W 249	Continued From page 5 approval. May repeat in 20 minutes." Interview with staff on 2/19/19 revealed that client #1 is more active and attention seeking lately when there are visitors but they do the best they can at getting her to comply. During an interview on 2/19/19, with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #1 has an order for agitation medication and the agitation and aggression on 2/18/19 afternoon warranted the use of medication, However she acknowledge the plan was not followed.	W 249			
W 324	PHYSICIAN SERVICES CFR(s): 483.460(a)(3)(ii) The facility must provide or obtain annual physical examinations of each client that at a minimum includes immunizations, using as a guide the recommendations of the Public Health Service Advisory Committee on Immunization Practices or of the Committee on the Control of Infectious Diseases of the American Academy of Pediatrics. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure all immunizations were current for 1 of 3 audit clients (#1). The finding is: Client #1 did not receive a tetanus booster as recommended. Review on 2/19/19 of client #1's record revealed he had was admitted to the facility on 5/9/1994. Additional review of the client's immunization record reveal a tetanus booster was administered	W 324			

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W 324	Continued From page 6 3/13/17.	W 324			
W 418	Interview on 2/19/19 with the qualified intellectual disabilities professional (QIDP) confirmed a tetanus booster should be administered every 10 years. Further interview confirmed client #1 had not received a tetanus booster on timely manner. CLIENT BEDROOMS CFR(s): 483.470(b)(4)(ii) The facility must provide each client with a clean, comfortable mattress. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure client #4 had a comfortable mattress. This affected 1 of 3 audit clients. The finding is: Client #4 was in need of a new mattress. During observations in the group home on 2/19/19, client #4's mattress was noted to have an indentation or dip in the middle. During an interview on 2/19/19, staff acknowledged the mattress had a noticeably large dip or sink in the middle. During an interview on 2/19/19 with the qualified intellectual disabilities professional (QIDP) and program coordinator confirmed the mattress had a dip in the middle.	W 418			
W 481	MENUS CFR(s): 483.480(c)(2) Menus for food actually served must be kept on	W 481			

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W 481	<p>Continued From page 7 file for 30 days.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure food substitutions were documented. The finding is:</p> <p>Food substitutions were not documented.</p> <p>During lunch observations at the day program on 2/18/19, staff substituted potato chips for broccoli salad. Further observations at home on 2/18/19 during dinner, staff substituted rice for whipped potatoes. Staff was not observed documenting the food substitution.</p> <p>During an interview on 2/19/19, the qualified intellectual disabilities professional (QIDP) confirmed all meal can be substituted following the dietary guideline, However the QIDP was not aware that it should be documented.</p>	W 481			