

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
**MEDICARE & MEDICAID SERVICES**

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

AGENCY IDENTIFICATION NUMBER  	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  340311	(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><b>PROTECTION OF CLIENTS RIGHTS</b>                  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	<p>W125 By April 19, 2019 QP will review and re-train staff on client # 6 rights and all the other client's rights including the right to have dignity regarding the use of plate being placed on top of clothing protector. QP will monitor during meal times to ensure client rights are being exercised. QP will monitor bi weekly and fade out by monthly. A copy of all trainings will be filed in staff records.</p>	4/20/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Be. Swanson* TITLE *Dir of CCF, MS* (X6) DATE *3/6/19*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting provided it is determined that ways following the same trend 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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>349311</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/19/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>RALPH SCOTT LIFESERVICES, INC/ROSEMONT STREET</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>304 ROSEMONT STREET GIBSONVILLE, NC 27217</b>		
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W 192	<p><b>STAFF TRAINING PROGRAM</b> 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</p> <p>During an interview with staff on 2/19/19, 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	<p>W192 By April 19, 2019 QP will review and re-train staff on client #6 adaptive equipment and all other clients to ensure that staff are properly using the non-skid mat. QP will monitor staff during meal times to ensure staff is properly using the non-skid mat. QP will monitor bi weekly and fade out by monthly. A copy of all trainings will be filed in staff records.</p>	4/20/19	
W 231	<p><b>INDIVIDUAL PROGRAM PLAN</b></p>	W 231			

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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		
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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.	W 231	W231 By April 19, 2019 QP will make sure that client's #1 and all the client's goal reviews are measurable	4/20/19	
W 248	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. <b>INDIVIDUAL PROGRAM PLAN</b> 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	reviews are measurable. Director will monitor and fade to monthly. A copy of all trainings will be filed in Poc book.		

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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	W248 By April 19, 2019 Director of Day Program will retrain QP at day program to have the current individual programs plans for all clients available for DSP at the day program. Director of ICF will retrain residential QP to make sure that the day program has the current individual programs plans for all clients. A copy of all trainings will be filed in staff records.	4/20/19
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	<p>W249 By April 19, 2019 Psychologist will retrain staff on client #4 behavior plan which includes the crisis medication and will retrain staff on when to administer client #4 crisis medication. Psychologist will retrain on all crisis medications. QP will monitor staff to ensure they are following the behavior plan appropriately. A copy of all trainings will be filed in staff records.</p>	4/20/19