

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

PRINTED: 03/18/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G223	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/12/2019
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NAME OF PROVIDER OR SUPPLIER RALPH SCOTT LIFESERVICES, INC/LARAMIE DRIVE	STREET ADDRESS, CITY, STATE, ZIP CODE 108 LARAMIE DRIVE MEBANE, NC 27302
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(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 231	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)(iii)</p> <p>The objectives of the individual program plan must be expressed in behavioral terms that provide measurable indices of performance.</p> <p>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 (#4). The finding is:</p> <p>Client objective(s) did not provide measurable indices of performance.</p> <p>Review on 3/11/19 of client #4's IPP dated 11/1/18 revealed an objective with no measuring indices: "[Client #4], will independently take off her clothing cover after dinner for 90 days." Further review revealed an objective "[Client #4] will with staff assistance will bring her laundry to the washing machine after her shower/bath for 90 days."</p> <p>Interview on 3/12/19 with the qualified intellectual disabilities professional (QIDP) confirmed the objective statements needed to be revised to include measurable indices of performance.</p>	W 231	<p>By 5/3/19, ICF director will train all PC/QP on making sure that goal data for clients are measurable. By 5/3/19 QP will make sure that client #4 as well as all other clients' goals provides measurable indices of performance. Goals will be reviewed by director. Copy of trainings will be filed in employee training record. Members of coordinating staff will monitor implementation and fade to monthly monitoring as requirements are maintained.</p>	5/1/19
W 368	<p>DRUG ADMINISTRATION CFR(s): 483.460(k)(1)</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.</p>	W 368		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Belinda K. [Signature] TITLE: Dir of ICF, MS, AP (X6) DATE: 3/28/19

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 368	Continued From page 1 This STANDARD is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure a physician's orders were followed as written for 2 of 4 audit clients (#4). The finding is: Physician's orders were not followed as indicated for client #4. During observations of medication administration in the home on 3/11/19 at approximately 5:10pm, staff mixed administer Trazodone 50 mg with three other pills to client #4. Review on 3/11/19 of client #4's physician's orders dated 3/3/19 revealed an order for, "Trazodone 50mg: give 1 tablet by mouth once a day at bedtime." Interview on 3/11/19 with the medication technician (MT) revealed, client #4 always ingests her trazadone at 5pm everyday. Interview on 3/12/19 with the qualified intellectual disabilities professional (QIDP) confirmed the physician's order was not followed.	W 368	By 5/3/19 RN will revise the 90 day order for client #4 as well as review all other clients to follow the proper administering times in compliance with the physician's order. RN will train staff on the purpose of medication administration procedures, guiding principles, and making sure that 90 day order, MAR, and medication pack are in compliance with the physicians order. A copy of training will be filed in staff training record. Members of coordinating staff will monitor implementation as requirements are maintained.	5/11/19	
W 473	MEAL SERVICES CFR(s): 483.480(b)(2)(ii) Food must be served at appropriate temperature. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure all foods were served at an appropriate temperature. This affected 1 of 4 audit client (#3). The finding is:	W 473			

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W 473	<p>Continued From page 2</p> <p>Foods were not served at an inappropriate temperature and/or within 15 minutes of removal from its heating source.</p> <p>During dinner preparation observations in the home on 3/11/19 at approximately 5:49pm and 5:52pm, staff pureed squash casserole and pork loin with cold chicken broth from the refrigerator, respectively. The food then was put in a small bowl and covered with plastic film. Client #3 began consuming food items at 6:13pm with staff assistance. At no time was food reheated or temperature checked</p> <p>Review of menu sheet hanging on the wall revealed, "All hot food and beverages must be served at 140 or higher."</p> <p>Interview on 3/12/19 with the qualified intellectual disabilities professional (QIDP) confirmed the food should be warmed to 140 degrees once the cold broth is added.</p>	W 473	<p>By 5/3/19, PC/QP will retain direct care staff on serving food at appropriate temperatures for client #3 as well as all other clients. Training will specifically address: gaging the temperatures of hot and cold foods, food being served within 15 minutes of being removed from heat source and reheating food if the preparation takes longer, if unsure of temperatures thermometer should be used to check and food should be reheated if needed. A USDA approved food temperature guide has been provided to the group home to guide appropriate food temperatures. QP and other ICF supervisors will follow-up with home observations for breakfast/dinner to ensure that foods are being prepared and served properly each week and fade to monthly as appropriate. All clients will be monitored. A copy of training will be filed in staff training record. Members of coordinating will monitor implementation weekly and fade to monthly monitoring as requirements are maintained. A copy of observations will be forwarded to the QP and Dir. of ICF for review.</p>	5/11/19	