STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G021	A. BUILDING _____ B. WING _____	12/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RALPH SCOTT LIFESERVICES, INC/TOWN BRANCH RD	710 TOWN BRANCH RD GRAHAM, NC 27253

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W 120	SERVICES PROVIDED WITH OUTSIDE SOURCES CFR(s): 483.410(d)(3) The facility must assure that outside services meet the needs of each client. This STANDARD is not met as evidenced by: Based on observations, record review and staff interviews, the day program failed to ensure that 2 of 5 audited clients (#2 and #5) had opportunities for independence with meal guidelines. The findings are: Staff did not provide verbal prompts or physical assistance during lunch for clients #2 and #5. A. During observations at the day program on 12/2/19 at 11:00 am, Staff A was observed holding the lunch bag for client #5, removing the contents and transferring the food on a plate. Review on 12/2/19 of the individual program plan (IPP) dated 6/1/19 revealed that some new goals had been written and implemented for client #5 on 11/1/19. The goal stated that [client #5] would unpack his lunch with verbal prompts. During an interview on 12/3/19 with the QIDP, he shared that client #5 was capable of setting the table, packing and unpacking his lunch. B. During observations at the day program on 12/2/19 at 11:00 am, Staff B was observed fixing plate of food for client #2 as well as reheated before feeding client. Client #2 was not involved with the meal preparation. Review on 12/3/19 of the IPP dated 8/29/19	W 120		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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W 120	Continued From page 1 revealed that client #2 could assist with pouring puree liquids/foods, beverage and set up and clean up his place at the table. During an interview on 12/3/19 with the assistant director (AD), she shared that client #2 could become tactile defensive with his right hand but staff should attempt to involve him in bringing his thick it container to the table and assist him to stir his food.	W 120		
W 125	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3) 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. This STANDARD is not met as evidenced by: Based on observations, record review and staff interviews, the facility failed to ensure that 1 of 5 audited clients (#3) was afforded dignity regarding the use of disposable incontinence pads on furniture. The finding is: Facility placed disposable incontinence pads on client #2's chair to satisfy the parents request. During observation in the home on 12/2/19 at 5:40 pm, client #3 was seated in wheelchair and was ready to have a seat in his personal lift recliner. Staff C was seen leaving the living room, returning with a disposable incontinence pad and placing it in the seat of the recliner chair. Client #3 was then assisted by Staff C to sit down in the recliner, on top of the pad, that was still exposed. Client #3 remained in the chair until dinner was	W 125		

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W 125	Continued From page 2 served at 6:20 pm. An additional observation in the home on 12/3/19 at 6:45 am, revealed that a disposable incontinence pad was rolled up and placed on the left arm of client #3's unoccupied chair. Client #3 was sitting at the dining room table, eating breakfast. Further, client #3 left the house to board the van on 12/3/19 at 7:50 am and used his wheelchair for transport. No disposable incontinence pad was observed while client #3 was seated in his wheelchair. A review on 12/3/19 of client #3's nursing evaluation dated October 2019 outlined guidance for incontinence care. Client #3 wore adult disposable protection/underwear with an incontinence insert. Staff were advised to check on client #3 every 2 hours while awake for wet/soiled briefs. The insert should be changed every hour. An additional review on 12/3/19 of client #3's "incontinence/approval to place Chux on personal chair guideline" last reviewed on 10/1/19 revealed that the "guardians have brought their concern to the staff and qualified professional (QP) that [client #3] needs to have a Chux placed on his personal chair regularly when he uses it. The guardians believe that [client #3] is not always honest with staff, when asked if he needs to go to the bathroom because his attention is focused on something else. The interdisciplinary team (IDT) determined that [client #3], along with being incontinent does have issues of frequent urinary tract infections (UTI's) and maladaptive behaviors whereby he, may wet through his adult undergarments despite the staff's effort to frequently check him."	W 125		

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W 125	Continued From page 3 During an interview with the QP on 12/2/19 revealed that the disposable incontinence pad was placed in client #3's at the request of his parents, who wanted to protect the fabric of the chair. The facility had approved guidelines to use the pad in the chair and that no one else used the chair besides client #3.	W 125		
W 260	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(2) At least annually, the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section. This STANDARD is not met as evidenced by: Based on observations, record review and staff interviews, the facility failed to update the current individual program plan (IPP) to reflect current mobility skills for 1 of 5 audit clients (#2). The findings are: Facility failed to ensure consistent nursing, physical therapy and IPP assessments for client #2. During observations on from 12/2/19-12/3/19, client #2 was transported in his wheelchair and the chair was pushed throughout his environment by staff. Review on 12/3/19 of the 2018 and 2019 physical therapy assessments it was noted that client #2 used a narrow adult wheelchair that was in a state of disrepair. He had poor posture in the wheelchair and was unable of repositioning himself. He required maximum assistance with	W 260		

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W 260	Continued From page 4 wheelchair mobility and also also resisted the use of the Pacer walker. Additional review on 12/3/19, the annual nursing evaluation dated 8/23/19, mentioned that client #2 had limited ability to propel chair in environment. In addition, the IPP dated 8/29/19 revealed that client #2 could propel his wheelchair using his feet but needed total assistance with wheelchair mobility. There had been several attempts to re-acclimate client #2 to his walker, but he was uncomfortable and frightened to use it, due to a previous injury. During an interview on 12/3/19 with the home manager revealed that client #2 could scoot a short distance in his wheelchair or move the chair backwards, using his feet. He sometimes used the walker at the day program, otherwise staff pushed his wheelchair to transport him. During an interview on 12/3/19 with the assistant director, she revealed that client #2's wheelchair was replaced in 2015 and was not in disrepair.	W 260		
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	W 324		

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W 324	Continued From page 5 failed to ensure current immunization records were obtained for client #6. This affected 1 of 5 audit clients. The finding is: Client #6's record did not contain her current immunizations. Review on 12/2/19 of client #6's record revealed she had been admitted to the facility on 12/17/18. Additional review of the record did not include his current immunizations. Interview on 12/3/19 with the Qualified Intellectual Disabilities Professional (QIDP) and house manager revealed they have had difficulty obtaining proper records for client #6 including her current immunizations.	W 324		
W 368	DRUG ADMINISTRATION CFR(s): 483.460(k)(1) The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is not met as evidenced by: Based on observation, record review and staff interviews, the facility failed to ensure all drugs were administered in accordance with physician's orders. This affected 1 of 5 audit clients (#4). The finding is: Client #4 did not receive his medication in compliance with physician's orders. During observations at the day program on 12/3/19 at approximately 11:15 am, client #4 was eating his lunch with peers. Further observation	W 368		

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W 368	Continued From page 6 during medication administration at approximately 11:48am, client #4 received Gas X 80 mg by mouth. Review on 12/3/19 of client #4's physician's orders dated 10/1/19 revealed, "Gas X 80mg 1 tablet by mouth before each meal." During an interview on 12/3/19, the medication technician (MT) revealed client #4 received his medication after lunch. During an interview on 12/3/19, the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #4 should have received Gas X before meals as ordered.	W 368		
W 382	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure all medications remained locked except when being administered. This potentially affected all clients in the home. The finding is: Medications were not kept locked. During observations of medication administration in the home on 12/2/19 at approximately 7:30m, the medication technician (MT) left the medication room opened , client #4 and the surveyor were in the room. As the MT left the	W 382		

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W 382	Continued From page 7 room, the closet containing medications and the door to the medication room were unlocked and/or open and there were medication on the counter. Interview on 12/2/19 with the MT revealed they had been trained to ensure the door to the medication room "was closed" when leaving medications room. Interview on 12/3/19 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed medications should be kept locked if the MT needs to leave the area during medication administration.	W 382		