PRINTED: 11/15/2019 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		34G304	B. WING_		11.	/14/2019	
NAME OF PROVIDER OR SUPPLIER  RALPH SCOTT LIFESERVICES, INC/VETERANS DRIVE			STREET ADDRESS, CITY, STAT 500 VETERANS DRIVE ELON COLLEGE, NC 272	E, ZIP CODE	14/2015		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	EFIX (EACH CORRECTIVE ACTION SHOULD E		(X5) COMPLETION DATE	
	This STANDARD is n Based on observation confirmed by interview to re-evaluate 1 of 4 a sensorimotor developr proper body alignment include:  The interdisciplinary te #4's posture during dir identified as a need.  During observations or during supper at 6:52p the table with her face plate. Her feet were no approximately an half a B told client #4, " Sit up chair" Client #4 scoop ground consistency, or mouth from her plate.  During observations or during breakfast at 7:20 over the table eating he spoon. She was leanin scooped her food from Her feet were noted to half an inch from the fice Review on 11/14/19 of	anctional assessment must development.  oot met as evidenced by:  n, record review and or with staff, the facility failed udit clients #4 in the area of ment to assist her with a during dining. The findings the facility affect this had been an affect this had been an affect this had been an inch from her of the facility and client #4 was bent over about an inch from the floor. Staff to, scoot back in your over the food, which was not her spoon and into her affect the facility and client #4 was bent for ground diet using her gover the table and her plate into her mouth, dangle approximately an oor.  client #4's individual	W 2	Tag W-218 By or # 4 will be assessed by or recommendations will be group home and the day train their staff on relev. copy of the training will record. Members of Commonitor for implementa and guidelines at both the program weekly and fad as needs are addressed. documentation will be protebook.	before 01/13/2020 client bur PT and be followed by both the y program. Both QPs will ant information and a be filed in staff training ordinator staff will ition of recommendations he group home and day le to monthly monitoring A copy of		
	has diagnoses of Profo	ed 8/22/19 revealed she und Intellectual disability,  PPLIER REPRESENTATIVE'S SIGNATURE		A TITLE	0	(6) 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.

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

Event ID: 0IR711

Facility ID: 954539

If continuation sheet Page 1 of 6

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NAME OF PROVIDER OR SUPPLIER  RALPH SCOTT LIFESERVICES, INC/VETERANS DRIVE				STREET ADDRESS, CITY, STATE, ZIP CODE 500 VETERANS DRIVE ELON COLLEGE, NC 27244			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
	Chromosomal Abnorm Type II Diabetes. Furt revealed she can feed spoon and high sided adaptive equipment diabetive equipment eq	hality, Microcephaly and her review of the IPP depends of the IPP depe	W 242		# 5 & new r staff ding of the	1/13/20	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION  NG			SURVEY PLETED
		34G304	B. WING_	100		11/	14/2019
NAME OF PROVIDER OR SUPPLIER  RALPH SCOTT LIFESERVICES, INC/VETERANS DRIVE			STREET ADDRESS, CITY, STATE, ZIP 500 VETERANS DRIVE ELON COLLEGE, NC 27244	CODE		1112010	
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN O  X (EACH CORRECTIVE AC  CROSS-REFERENCED TO  DEFICIEN	CTION SHOULD BE THE APPROPRIAT		(X5) COMPLETION DATE
W 242	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		W2	242			1/13/20

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER  RALPH SCOTT LIFESERVICES, INC/VETERANS DRIVE				STREET ADDRESS, CITY, STATE, ZIP CODE 500 VETERANS DRIVE ELON COLLEGE, NC 27244		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTI PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPRODEFICIENCY)		BE	(X5) COMPLETION DATE
W 242	are sisters and have liabout a year. Further clients are fairly high for their lives but have basic personal skills. client #6's IPPs both to to have Adult Daily Live dated 4/25/19 which in deficits in the ability to pre-cut food and/or us fork to cut meat/food. both clients to be area Further review of the I interview with the QID currently has a training basic skill. PROGRAM IMPLEME CFR(s): 483.440(d)(1)  As soon as the interdist formulated a client's in each client must receive treatment program cor interventions and service and frequency to supprobjectives identified in plan.	evealed clients #5 and #6 ved at the group home for interviews revealed the unctioning in many aspects missed learning some Review of client #5's and lated 4/25/19 revealed each ring Skills Evaluation also otes that both clients have use a fork properly to eat e a knife together with a Both skills are noted for s with training potential. PPs, substantiated by P, revealed neither client g objective to learn this  NTATION  sciplinary team has dividual program plan, we a continuous active asisting of needed ces in sufficient number ort the achievement of the the individual program	W 24	Tag W-249 By or before 01/13/2020 IDT team will meet and discuss whether desensitization program may help with confer other activities that will successfully compete with her pompoms to offer her variety of activities. Once decided upon, train staff placing a copy of documentation training in the POC notebook. The coord staff will monitor the training weekly fadimonthly as needs are addressed. Copies	tactile lient #2 b best a QP will on of inator ng to of any	
	program plan (IPP) for included adequate inte provide a continuous a	1 of 4 sampled clients (#2) rventions and services to ctive treatment program as ions, interviews and record		new goals will be placed in the POC noted along with copies of the goal data and observations.	ook	1/12/00

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(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
	11/13/19 from 12:15 F client #2 to lay on a consider sleeping for the duration observation. Interview coordinator revealed thave trouble getting cliparticipate in activities.  Further afternoon observation 11/13/19 from 4:50 revealed client #2 to sin the living room. The self-stem with a pompa papear to be asleep for observations, the excellent manager was alwalk a lap around the PM.  Continued morning obfrom 6:30 AM until 7:4 again spend her time in with the pompom or a 60 of the 70 minutes of additional ten minutes staff E and staff F were client #2 to the table to without success as the in returning to her chair linterview with the hom revealed client #2's faw chair with her pompon bothered. In addition, intellectual disabilities	ans in the day program on PM to 1:05 PM revealed ouch in the work area ion of the 50 minutes of with the day program staff often litent #2 to stay awake and is.  Bervations in the group home of PM until supper at 6:50 PM with in a chair or on the couch eclient was observed to boom or to lay down and or 115 of the 120 minutes of exption being when the group ble to get the client up to house for 5 minutes at 6:10 per servations on 11/14/19 of AM revealed client #2 to in the living room playing appearing to be asleep for of observations. During the of observations staff B, ecobserved to try to get of eat breakfast at 7:05 AM eclient was only interested in the living room.  The manager on 11/13/19 worite activity is sitting in her mand does not like to be interview with the qualified professional (QIDP) on client is tactile sensitive	W	249			1/42/20

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W 249	Review of client #2's the client to have objectoice of what pajame exercise, take off clott pack one lunch item, choose an activity. For substantiated by interrevealed no objective interventions are currewith 225 of 240 obsersitting unoccupied or sitting unoccupie	IPP dated 7/25/19 revealed ective training to make a as she wants to wear, ning cover after a meal, pull shirt over head and urther review of the IPP,	W2	249			13/20