

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 02/04/2020
--	---	--	---

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 4 audit clients (#2) 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 #2's dignity was not considered regarding the use of plate being placed on top of clothing protector.</p> <p>During meals observations at the day program, client #2 clothing protector was attached to client neck then placed on top of the client wheelchair padded board.</p> <p>During an interview on 2/4/2020, staff B revealed the clothing protector is placed on top of the board to prevent client #2's chair from getting dirty from spillage.</p> <p>Review on 2/4/2020 of client #2 individual program plans (IPPs) dated 11/08/19 revealed a right"...he continue to require a full assistance to understand and exercise right to dignity."</p> <p>During an interview on 2/5/2020, 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.

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

PRINTED: 02/17/2020
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 02/04/2020
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 249	<p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>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 plan.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 1 of 4 audit clients (#2) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of adaptive dining equipment use. The finding is:</p> <p>Clients (#2) was not given the adaptive cup.</p> <p>During medication administration observations at the day program On 2/4/2020 at approximately 1:25pm, client #2 received his medication and drank water with a regular foam cup. The client was not able to take all the liquids due to the sitting angle on his wheelchair.</p> <p>Review on 2/4/2020 of client #2's IPP dated 11/7/19 revealed client #2 use sippy cup as a adaptive equipment including medication administration.</p> <p>Interview on 2/4/20 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #2 should use a sippy cup for all his liquid intake</p>	W 249			

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

PRINTED: 02/17/2020
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 02/04/2020
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 249	Continued From page 2 including medication administration.	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 current immunization records were obtained for client #6. This affected 1 of 4 audit clients. The finding is: Client #6's record did not contain his childhood immunizations. Review on 2/5/2020 of client #6's record revealed he had been admitted to the facility on 2018. Additional review of the record revealed he had Flu vaccine yearly and had Dtap on 2018. Further review the record did not include his childhood immunizations. Interview on 2/5/2020 with the Qualified Intellectual Disabilities Professional (QIDP) and facility's nurse revealed they have had difficulty obtaining proper records for client #6 including his childhood immunizations.	W 324			
W 325	PHYSICIAN SERVICES CFR(s): 483.460(a)(3)(iii) The facility must provide or obtain annual physical	W 325			

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

PRINTED: 02/17/2020
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 02/04/2020
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 325	<p>Continued From page 3</p> <p>examinations of each client that at a minimum includes routine screening laboratory examinations as determined necessary by the physician.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure lab work was obtained as ordered by the physician for 1 of 4 audit clients (#6). The finding is:</p> <p>Lab work for client #6 was not obtained as ordered.</p> <p>Review on 2/4/2020 of client #6's current physician's order revealed the following: labs annually as indicated. Additional review of client #6's current record revealed the most recent labs were dated 5/2/18.</p> <p>During an interview on 2/5/2020 with the facility's nurse via phone revealed clients #6's labs are supposed to be assessed annually not unless otherwise specified.</p> <p>During an interview on 2/5/2020, the qualified intellectual disabilities professional (QIDP) confirmed client #6's record did not have any more recent labs.</p>	W 325			
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			

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

PRINTED: 02/17/2020
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 02/04/2020
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 368	<p>Continued From page 4</p> <p>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 4 audit clients (#4). The finding is:</p> <p>Client #4 did not receive his medication in compliance with physician's orders.</p> <p>During observations at the home on 2/4/2020 at approximately 5:20pm, client #4 was ingested calcium 600mg/Vit D with 3 more pills.</p> <p>Review on 2/4/2020 of client #4's physician's orders dated 11/29/19 revealed, "calcium 500mg, take 1 tab by mouth twice daily."</p> <p>During an interview on 2/4/2020, the medication technician (MT) revealed client #4 received her medication per medications administration record (MAR) and the available medication from the pharmacy.</p> <p>During an interview on 2/4/2020 with the facility's nurse revealed the physician order does not match the medication available.</p> <p>During an interview on 2/4/2020, the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #4's physician orders were not followed.</p>	W 368			
W 369	<p>DRUG ADMINISTRATION CFR(s): 483.460(k)(2)</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p>	W 369			

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

PRINTED: 02/17/2020
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 02/04/2020
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 369	<p>Continued From page 5</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to assure all medications were given as ordered. This affected 1 of 4 audit clients (#4). The finding is:</p> <p>One medication was not given at the dose it was ordered.</p> <p>During observations of the medication pass on 2/4/2020 at 5:50pm, client #4 was given calcium 600mg/D among other medications.</p> <p>Review of client #4's the physician's orders signed 11/28/19 revealed, "Calcium 500mg: take 1 tablet by mouth twice daily."</p> <p>Interview on 2/4/2020 with the nurse revealed that the current order was correct and the client received the wrong dose and was not able to tell for how wrong the dose was wrong.</p> <p>Interview on 2/4/2020 with the qualified intellectual disabilities professional (QIDP) confirmed there is no current order for calcium 600mg/D in the record.</p>	W 369			