STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G223	A. BUILDING _____ B. WING _____	09/09/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RALPH SCOTT LIFESERVICES, INC/LARAMIE DRIVE	108 LARAMIE DRIVE MEBANE, NC 27302

(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 130	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7) The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #2 received privacy during care of her personal needs. This affected 1 of 3 audit clients. The finding is: Client #2 was not afforded privacy during toileting. During observations in the home on 9/8/20 at 10:36am, Staff D prompted client #2 to the bathroom for toileting. Client went into a bathroom, pulled down her pants and underwear and began urinating. At this time, Staff G passed within close proximity to the bathroom with another client on two separate occasions. Client #2 remained in the bathroom with her clothing down around her knees. Interview on 9/9/20 with Staff D revealed client #2 usually goes on her own but "lately" she has needed staff assistance to ensure her privacy. Review on 9/9/20 of client #2's Adult Daily Living Skills Evaluation (ADLSE) dated 2/2/20 revealed she requires verbal prompts to close the door for privacy when using the toilet. Interview on 9/9/20 with the Assistant Director of ICF/IID confirmed client #2 usually ensures her own privacy; however, she was recently diagnosed with a urinary tract infection (UTI) and	W 130		

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

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W 130	Continued From page 1 may need some assistance during this time.	W 130		
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 plan. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure each client received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the area of dining skills, family style dining and meal preparation. This affected 3 of 3 audit clients. The findings are: Clients (#1, #2, #6) were not afforded the opportunity to participate in meal time and kitchen tasks (i.e. meal preparation, setting the table and family style dining). During 3 of 3 meal time observations in the home on 9/8 - 9/9/20, staff completed all tasks such as cooking meals, setting the table, pouring drinks, using the microwave, putting food on plates and taking plates and drinks to the table. Clients were not prompted or assisted to complete any meal time tasks.	W 249		

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W 249	Continued From page 2 Interview on 9/8/20 with Staff F revealed since COVID-19 none of the clients have been participating with meal time tasks such as meal preparation, setting the table and family style dining. The staff indicated this directive had come from management staff. Interview on 9/9/20 with Staff A and Staff B also indicated clients were "not doing as much" in the kitchen due to concerns with COVID-19. When asked if this was a directive given by management staff, Staff A stated, "Not directly, I don't think." Staff B added it was done as a precaution, "for them and for us." a, Review on 9/9/20 of client #1's Adult Daily Living Skills Evaluation (ADLSE) only dated 2020 revealed she could pour a drink into a glass from a pitcher and pass items at the meal when asked given prompts. Additional review of the ADLSE indicated she uses serving utensils with a verbal prompt and can independently serve herself reasonable portions. Further review of client #1's IPP dated 2/13/20 also revealed an objective to independently bring a beverage pitcher to the table for breakfast and dinner. The plan indicated she is "capable of participating in family style dining." b. Review of client #2's ADLSE dated 2/2/20 revealed given prompts she can make lunch, use the microwave, set the table, empty pre-opened cans and make a simple drink. Additional review noted the client requires verbal prompts to pass food when asked and can independently pour a drink into a glass and use serving utensils. The ADLSE indicated she can use the stove/oven, cook some items, cook full meals, cut with a knife and serve herself reasonable portions given	W 249		

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W 249	Continued From page 3 manipulation. c. Review of client #6's IPP dated 9/12/19 revealed she participates in family style dining with staff assistance. The plan also noted she had successfully completed an objective to set the table at dinner. Additional review of the client's ADSLE dated 9/12/19 indicated she can independently pour a drink into a glass from a pitcher, pass items when asked, use serving utensils and serve herself reasonable portions. Interview on 9/9/20 with the Qualified Intellectual Disabilities Professional (QIDP) and the Assistant Director of ICF/IID revealed no clients in the home or staff working in the home have been suspected of having COVID-19 or diagnosed with it. Additional interview noted staff have been trained on taking precautions against the virus (i.e. sanitizing surfaces, hand washing, social distancing, wearing masks, etc.) while working in the home and there was no reason clients could not be participating in various dining and kitchen tasks.	W 249		
W 252	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1) Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure all data relative to the accomplishment of objectives was documented.	W 252		

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W 252	Continued From page 4 This affected 1 of 3 audit clients (#6). The finding is: Client #6's objective data was not collected as indicated. Review on 9/9/20 of client #6's training book revealed objectives to dust the furniture in her room and common area for 115 days out of 130 days at 88% (implemented on 12/30/19) and to carry her hygiene kit and clothing to the bathroom when prompted by staff for 115 out of 130 days at 88% (implemented 12/30/19). Additional review of the objective's data sheets noted the following data collection: Dust furniture (documentation schedule - 3 times a week) 4/27/20 - 9/8/20 No data collection Carry Hygiene kit (documentation schedule - 7 times a week) 05/20 - 6 days of data collection 06/20 - 6 days of data collection 07/20 - 12 days of data collection Interview on 9/9/20 with Staff F revealed objective data was being collected by staff in the facility's Therap system. Interview on 9/9/20 with the Assistant Director of ICF/IID confirmed client #6's objectives were current and should have been documented as indicated.	W 252		
W 362	DRUG REGIMEN REVIEW CFR(s): 483.460(j)(1)	W 362		

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W 362	Continued From page 5 A pharmacist with input from the interdisciplinary team must review the drug regimen of each client at least quarterly. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure pharmacy reviews for 3 of 3 audit clients (#1, #2, #6) were completed at least quarterly. The findings are: Pharmacy reviews were not completed at least quarterly. a. Review on 9/8/20 of client #1's record revealed no current pharmacy reviews had been completed over the past year. No current pharmacy reviews could be located. b. Review of client #6's record revealed no current pharmacy reviews had been completed over the past year. No current pharmacy reviews could be located. c. Review of client #2's record revealed a pharmacy review had been completed on 2/28/19. No other pharmacy reviews could be located. Interview on 9/9/20 with the Assistant Director of ICF/IID confirmed no current pharmacy reviews could be located.	W 362		
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	W 368		

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W 368	Continued From page 6 the physician's orders. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #1's physician's orders were followed as written. This affected 1 of 3 clients observed receiving medications. The finding is: Client #1's physician's orders for Levothyroxine were not followed as written. During morning observations in the home on 9/9/20 at 6:20am, client #1 began consuming her breakfast meal. During additional observations of medication administration on 9/9/20 at 7:05am, client #1 ingested Levothyroxine 25mg and a multivitamin. Review on 9/9/20 of client #1's physician's orders 6/19/20 revealed an order for Lebethyroxine 25mg tablet, P.O. Q AM. The order noted take "on an empty stomach." Interview on 9/9/20 with the Staff B, the medication technician, confirmed client #1 should have taken her Levothyroxine on an empty stomach. Interview on 9/9/20 with the Assistant Director of ICF/IID confirmed client #'s physician's orders were current and should have been followed.	W 368		