PRINTED: 03/12/2021 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILE		LE CONSTRUCTION		E SURVEY MPLETED
		34G022	B. WING	·		03/	09/2021
	PROVIDER OR SUPPLIER SCOTT LIFESERVICE	S, INC/POPULAR STREET		3	STREET ADDRESS, CITY, STATE, ZIP CODE 328 POPLAR STREET GRAHAM, NC 27253	•	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
E 033	CFR(s): 483.475(c) [(c) The [facility] memergency prepare that complies with and must be review 2 years (annually feplan must include a 4). A method for structure for care, as necessary maintain the continution of care, as necessary maintain the continution for care, as necessary maintain the continution of care spatients under the under §485.68(c)] [(6) [(4) or (5)]A means under the general capatients under the under 45 CFR 164. *[For RNHCIs at §4 sharing information patients under the with care providers care, based on the made by the patient representative. *[For RHCs/FQHCs of providing information and locatifacility's care as per 164.510(b)(4). This STANDARD in the continution of the care in t	ust develop and maintain an edness communication plan Federal, State and local laws wed and updated at least every or LTC).] The communication all of the following: naring information and medical patients under the [facility's] with other health providers to uity of care. event of an evacuation, to ormation as permitted under 45 (ii). [This provision is not under §484.102(c), CORFs ans of providing information condition and location of [facility's] care as permitted		033	By 4/8/21, the Director of ICH review and discuss with QIDE EP updates required annually the EP plan. The Dir. of ICF train the QIDP to update the individuals contact information the EP manual. The director of further establish an EP plan redate to occur twice a year. The review dates for this year will 3/29/21 and the next review did will be 9/20/2021. The QIDP make necessary updates to the emergency plan as needed. A of the training will be filed in employee personnel records. copy of the updated manual we forwarded to the Poplar group home and all other ICF group homes as trainings are complete.	o the for will n in will view e 1 st be ate will copy A ill be ted.	(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 "lowing 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 is 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: 193711

Facility ID: 922412

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	3270 327		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		34G022	B. WING			03	/09/2021
		S, INC/POPULAR STREET		3	TREET ADDRESS, CITY, STATE, ZIP CODE 28 POPLAR STREET GRAHAM, NC 27253		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETION DATE
E 033	Based on documer facility failed to ensippreparedness (EP) developed and main Federal, State and Review on 3/8/21 owrong contact information for two Additional review readmitted on 1/4/21 During an interview intellectual disabiliti	nt review and interview, the ure an emergency communication plan was ntained in compliance with local laws. The finding is: If the facility's EP plan had the mation. Further review heets had the contact clients who were deceased. Evealed a client who was information was not included. On 3/9/21, the qualified es professional (QIDP)	E	033			
E 039	contained the income EP Testing Require CFR(s): 483.475(d) *[For RNCHI at §40 HHAs at §484.102, "Organizations" und §485.920, RHC/FQ Facilities at §494.62 (2) Testing. The [facto test the emergen must do all of the focil participate in community-based expressed every 2 (B) If the [facto task of the facto test the emergen must do all of the facto test the emergen for the facto test the emergen must do all of the facto test the emergen must do all of the facto test the emergen must do all of the facto test the emergen must do all of the facto test the emergen must do all of the facto test the emergen must do all of the facto test the emergen must do all of the facto test the emergen must do all of the facto test the emergen must do all of the facto test the emergen must do all of the factor test	ments (2) 3.748, ASCs at §416.54, CORFs at §485.68, OPO, ler §485.727, CMHC at HC at §491.12, ESRD 2]: cility] must conduct exercises cy plan annually. The [facility] collowing: a full-scale exercise that is every 2 years; or a community-based exercise is duct a facility-based functional years; or acility] experiences an actual le emergency that requires	EC	039	N/A		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		FIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
		34G022	B. WING		03/	09/2021
	PROVIDER OR SUPPLIER SCOTT LIFESERVICE	S, INC/POPULAR STREET		STREET ADDRESS, CITY, STATE, ZIP CODE 328 POPLAR STREET GRAHAM, NC 27253		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO ((EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
E 039	community-based of functional exercises this section is cond not limited to the for (A) A second community-based of functional exercises (B) A mock (C) A table is led by a facilitate discussion using a clinically-relevance of problem state prepared questions emergency plan. (iii) Analyzemaintain document exercises, and emerevise the [facility's] *[For Hospices at 4 (2) Testing for hospiatient's home. The exercises to test the annually. The hospices are community based of (A) When a not accessible, combased functional exercises of the emergency problem of the emer	additional exercise at least exercise following the onset of additional exercise at least exite the year the full-scale or under paragraph (d)(2)(i) of ucted, that may include, but is llowing: and full-scale exercise that is or individual, facility-based or disaster drill; or top exercise or workshop that is and includes a group narrated, and ements, directed messages, or designed to challenge an extending the facility's] response to and ation of all drills, tabletop ergency events, and emergency plan, as needed. 18.113(d):] Dices that provide care in the e hospice must conduct exemergency plan at least pice must do the following: in a full-scale exercise that is every 2 years; or a community based exercise is duct an individual facility tercise experiences a natural regency that requires activation	EO	N/A		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G022	B. WING			03/	09/2021
RALPH		S, INC/POPULAR STREET		STREET ADDRESS, 328 POPLAR STRE GRAHAM, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPR DEFICIENCY)			(X5) COMPLETION DATE
E 039	scale community-based the onset of the em (ii) Conduct an years, opposite the functional exercise this section is conditional exercise this section is conditional of the emergency exempt from engag full-scale community-based of exercise; or (B) A mock (C) A table is led by a facilitator discussion using a clinically-releval set of problem state prepared questions emergency plan. (3) Testing for hospicare directly. The hexercises to test theyear. The hospicare (i) Participate in that is community-beared functional of the emergency plan.	ased exercise or individual functional exercise following ergency event. additional exercise every 2 year the full-scale or under paragraph (d) (2)(i) of ucted, that may include, but is llowing: Ind full-scale exercise that is or a facility based functional and includes a group harrated, and ements, directed messages, or designed to challenge an ices that provide inpatient tospice must conduct emergency plan twice per must do the following: In an annual full-scale exercise ased; or a community-based exercise is duct an annual individual onal exercise; or spice experiences a natural gency that requires activation lan, the hospice is ing in its next required y based or facility-based exercise following the onset	EC	39			

CENTER	S FUR MEDICARE	& MEDICAID SERVICES			O	MB NO	. 0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	3000 000		E CONSTRUCTION	(X3) DAT	E SURVEY MPLETED
<i>i</i> I		34G022	B. WING			03	/09/2021
NAME OF F	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 001	05/2021
RALPH S	COTT LIFESERVICE	S, INC/POPULAR STREET			28 POPLAR STREET GRAHAM, NC 27253		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
	community-based of exercise; or (B) A mock (C) A table by a facilitator that i using a narrated, emergency scenaric statements, directed questions desemble emergency plan. (iii) Analyze the maintain documental exercises, and emergency plan, the emergency event. (ii) Conduct an interest emergency event.	nd full-scale exercise that is or a facility based functional a disaster drill; or top exercise or workshop led includes a group discussion clinically-relevant or, and a set of problem of messages, or prepared signed to challenge an a hospice's response to and action of all drills, tabletop regency events and revise gency plan, as needed. 1.184(d), Hospitals at the \$485.625(d):] TF, Hospital, CAH] must or test the emergency plan [PRTF, Hospital, CAH] must on an annual full-scale exercise ased; or community-based exercise is duct an annual individual, and exercise; or RTF, Hospital, CAH] and natural or man-made	EC	039	N/A		
				- 1			1

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	line of the second	(X2) MULTIPLE CONSTRUCTION . (X3) DAT A. BUILDING . CON			
		34G022	B. WING		03	/00/2024	
	PROVIDER OR SUPPLIER SCOTT LIFESERVICE	S, INC/POPULAR STREET		STREET ADDRESS, CITY, STATE, ZIP CODE 328 POPLAR STREET GRAHAM, NC 27253	1 03/	/09/2021	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ((EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE	
	community-based of functional exercise; (B) A mock (C) A tablete is led by a facilitator discussion, using a clinically-relevant set of problem state prepared questions emergency plan. (iii) Analyze the maintain documentate exercises, and emergency plan. (iii) Analyze the maintain documentate exercises, and emergency plan. (iii) Analyze the maintain documentate exercises, and emergency facility's emergency including unannounce emergency procedu ICF/IID] must do the (i) Participate in that is community-based function (B) If the [LT an actual natural or requires activation of the LTC facility is exercised individual, facility following the onset of the control	Individual, a facility-based or disaster drill; or op exercise or workshop that and includes a group narrated, and emergency scenario, and a ments, directed messages, or designed to challenge an affacility's] response to and ation of all drills, tabletop regency events and revise ency plan, as needed. In §483.73(d):] must conduct exercises to plan at least twice per year, and the res. The [LTC facility, following: In an annual full-scale exercise is luct an annual individual, and exercise. In Gacility facility experiences man-made emergency that the emergency plan, empt from engaging its next community-based or y-based functional exercise of the emergency event. additional annual exercise additional annual exercise.	E 0:	39 MA			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
	34G022	B. WING		03/	09/2021
PREFIX (EACH DEFICIENCY M	INC/POPULAR STREET EMENT OF DEFICIENCIES JUST BE PRECEDED BY FULL EIDENTIFYING INFORMATION)		STREET ADDRESS, CITY, STATE, ZIP CODE 328 POPLAR STREET GRAHAM, NC 27253 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE	N BE	(X5) COMPLETION DATE
community-based or a functional exercise; or (B) A mock or (C) A tableto is led by a facilitator in using a narrated, emergency scenario, statements, directed or questions designed emergency plan. (iii) Analyze the [I response to and main drills, tabletop exercise events, and revise the emergency plan, as not exercise events, and revise the emergency plan, as not exercise events. *[For ICF/IIDs at §483 (2) Testing. The ICF/IID must dot (i) Participate in a state is community-base (A) When a conot accessible, conduct facility-based function (B) If the ICF/IID matural or man-made activation of the emergency events is exempt from engages full-scale community-based functional exempts from engages full-scale exempts from engages fu	d full-scale exercise that is an individual, facility based or disaster drill; or op exercise or workshop that includes a group discussion, clinically-relevant and a set of problem messages, or prepared gned to challenge an a clinicality facility's intain documentation of all ses, and emergency is [LTC facility] facility's intain documentation of all ses, and emergency is [LTC facility] facility's intain documentation of all ses, and emergency is [LTC facility] facility's intain documentation of all ses, and emergency is [LTC facility] facility's intain documentation of all ses, and emergency is plan at least twice per year. It is following: an annual full-scale exercise is interest an annual individual, and exercise; or. In annual full-scale exercise is interest an annual individual, facility-exercise following the onset int. It is interest to the following: full-scale exercise that is an individual, facility-based.	E 039	By 4/8/21, the Director of ICF review and discuss with the QI the EP exercises required to test emergency plan at least twice pyear for the EP plan. The Dir. ICF will train the QIDP to: • Perform a community or functional exercise annual unless the group home facility experiences an actual natural or man-matemergency that requires activation of the EP plant. • During the course of the same year, a 2 nd exercise or mock disaster drill/and tabletop exercise will take place. The Dir. Of ICF will further establish an EP plan review date occur twice a year. The 1 st revidates for this year will be 3/29/and the next review date will be 9/20/2021. The current pandemic has result in the implementation of emergency plan procedures, so exercise for the group home is covered. The QP and a Dir. of will process a tabletop exercise	DP st the per of ally de	4/23/21

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	10 - 10 mm	TIPLE CONSTRUCTION	(X3) DA	TE SURVEY
		34G022	B. WING		0.	3/09/2021
	PROVIDER OR SUPPLIER SCOTT LIFESERVICE	S, INC/POPULAR STREET		STREET ADDRESS, CITY, STATE, ZIP COD 328 POPLAR STREET GRAHAM, NC 27253		10012021
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		OULD BE	(X5) COMPLETION DATE
E 039	(B) A mock (C) A tablet is led by a facilitator discussion, using a clinically-releva set of problem state prepared questions emergency plan. (iii) Analyze the maintain documents exercises, and emer the ICF/IID's emerg *[For OPOs at §486 (d)(2) Testing. The to test the emergen following: (i) Conduct a par or workshop at leas is led by a facilitator discussion, using a emergency scenario statements, dire questions designed plan. If the OPO ex or man-made emer of the emergency pengaging in its next following the onset (ii) Analyze the maintain document and emergency eve and OPO's] emerge This STANDARD is Based on documer facility failed to ensu or tabletop exercise Preparedness (EP)	disaster drill; or op exercise or workshop that and includes a group narrated, nt emergency scenario, and a ements, directed messages, or designed to challenge an ICF/IID's response to and ation of all drills, tabletop argency events, and revise ency plan, as needed. 3.360] DPO must conduct exercises cy plan. The OPO must do the aper-based, tabletop exercise t annually. A tabletop exercise	EC	Poplar group home. The C make necessary updates to emergency plan as needed of the training will be filed employee personnel record copy of the updated manual forwarded to the Poplar grahome and all other ICF grown homes as trainings are compared to the poplar grahomes are compared	the A copy in s. A l will be oup up	

CENTE	13 FOR WEDICARE	& IVIEDICAID SERVICES				MR NO	. 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD		E CONSTRUCTION		E SURVEY IPLETED
<i>j</i>		34G022	B. WING			03/	09/2021
	PROVIDER OR SUPPLIER	S, INC/POPULAR STREET		3	TREET ADDRESS, CITY, STATE, ZIP CODE 28 POPLAR STREET GRAHAM, NC 27253		00/2021
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
E 039	The finding is: Review on 3/8/21 or January 2021, did no community-based or During an interview intellectual disabilities revealed the facility exercise for 2020. ACTIVE TREATME CFR(s): 483.440 The facility must entreatment services in the team failed to: received a continuous which includes aggrimplementation of a generic training and the acquisition of as developmental stresindividual program in 30 days of admission objectives are developmental stresindividual program in 30 days of admission objectives are developmental individual program in 30 days of admission objectives are developmental stresindividual program in 30 days of admission objectives are developmental stresindividual program in 30 days of admission objectives are docum (W252); ensure the disabilites profession objectives as neede	is the facility's EP plan dated of include a full-scale or tabletop exercise for 2020. In tabletop exercise for 2020. In a sprofessional (QIDP) did not perform a tabletop of the facility of	W 1	95	*W195 By 4/8/21, The Dir. Of ICF wittrain QIDP on various active treatment requirements that mumaintained in the ICF/IDD program. The director will reconsistency admissions with review of the admission form. The director will re-train on filing/processing necessary documentation such as: IPP, IDE actions, client goals and guidelines in a timely manner. Furthermore the director will review/train: W213- acquisition of assessments that identify developmental strengths W196/W226- the individual program plan (IPP) to be prepared within 30 days of admission W227- goals/objectives are developed that are necessary meet the client's needs W252- ensure that data collection on goals are maintained, documented and measurable W255- O IDP to review/rev	train v new	4/20/21

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		34G022	B. WING _		03/0	09/2021
	PROVIDER OR SUPPLIER SCOTT LIFESERVICE	S, INC/POPULAR STREET		STREET ADDRESS, CITY, STATE, ZIP CODE 328 POPLAR STREET GRAHAM, NC 27253		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
W 195	The cumulative efferesulted in the facilistatutorily mandated the clients. ACTIVE TREATME CFR(s): 483.440(a) Each client must retreatment program, consistent implements specialized and gereservices and related subpart, that is directly of the client to function the client to function determination and in (ii) The prevention or loss of current open to the client to function or loss of current open to the client to function or loss of current open to the client to function or loss of current open to the client to function or loss of current open to the client to function or loss of current open to the client to function or loss of current open to the client to function or loss of current open to the client to function or loss of current open to the client to function of the client to fun	ect of these systemic practices ty's failure to provide d active treatment services to NT (1) ceive a continuous active which includes aggressive, entation of a program of the factories described in this content training, treatment, health diservices described in this content to the behaviors necessary for the with as much self endependence as possible; and or deceleration of regression of the diservices described in this content as evidenced by: ions, record review and ewas with staff, the facility aggressive implementation of the to 4 of 5 audit clients (#1, the action of the finding, communication, the findings include: W213. The facility failed to the entreceived a continuous the gram, which includes the acquisition of the lentifies developmental	W 15	client goals as needed W259- client comprehensive functional assessment/ADL to be reviewed, at least, annually	sed s of A d in vey (on at	
	strengths for 1 of 5					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
2002		34G022	B. WING		03/09/2021	
	PROVIDER OR SUPPLIER SCOTT LIFESERVICE	S, INC/POPULAR STREET	3	TREET ADDRESS, CITY, STATE, ZIP CODE 28 POPLAR STREET GRAHAM, NC 27253		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETIC	
W 196	2. Cross reference ensure the individual prepared within 30 audit clients (#1). 3. Cross reference ensure objectives a meet the needs for #4). 4. Cross reference ensure data accomplishment of clients' individual probjectives are docu for 3 of 5 audit clients. Cross reference intellectual disabiliti to ensure objectives needed for 3 of 5 audit clients of 5. Cross reference ensure comprehens are reviewed annual and #4). INDIVIDUAL PROCETR(s): 483.440(c) The comprehensive identify the client's strengths.	W226. The facility failed to all program plan (IPP) is days of admission for 1 of 5 W227. The facility failed re developed necessary to 2 of 5 audit clients (#1 and w252. The facility failed to relative to the the criteria specified in the ogram plan and ensure mented in measurable terms ats (#3, #4, and #5). W255. The qualified es professional (QIDP) failed as were reviewed/revised as audit clients (#3, #4, and #5). W259. The facility failed to sive functional assessments ally for 2 of 5 audit clients (#3). GRAM PLAN (3)(ii) a functional assessment must specific developmental	W 196	W196 The Dir. Of ICF will re-train Q on maintaining a continuous actreatment for clients in the ICF program. The Director will traispecifically on: IDT Evals, clie IPP within 30 days, client goal accomplishments of goal criter are reflected an IPP, review an revise goals as needed, and procomprehensive functional assessments (ADLSE) at least annually. A copy of the training will be filed in employee(s) personnel records. The QP will make corrections to client records follows: 1. By 4/16/21, the QP will ensure client #1 has all Evals that Identhe client's specific developments strengths (W213). An internal record review (on or about 4/19 for client #1 and all Individuals Poplar group home will be processed verifying that IDT Evare in place. Members of the coordinating staff will monitor quarterly, then fade to annual monitoring as appropriate. A compared to the coordinating staff will monitor quarterly, then fade to annual monitoring as appropriate.	ctive 7/23/2 C/IDD in ent s, ria d ocess ag that attify intal s at wals	

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTER	49 FOR MEDICARE	& MEDICAID SERVICES				VID INC.	0300-0331
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION		SURVEY PLETED
		34G022	B. WING			03/0	09/2021
NAME OF F	PROVIDER OR SUPPLIER				FREET ADDRESS, CITY, STATE, ZIP CODE		
RALPH S	SCOTT LIFESERVICE	S, INC/POPULAR STREET			28 POPLAR STREET RAHAM, NC 27253		
(X4) ID PREFIX TAG	· (EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 196	2. Cross reference ensure the individu prepared within 30 audit clients (#1). 3. Cross reference ensure objectives a meet the needs for #4). 4. Cross reference ensure data	W226. The facility failed to all program plan (IPP) is days of admission for 1 of 5 W227. The facility failed are developed necessary to 2 of 5 audit clients (#1 and W252. The facility failed to a relative to the	W	196	of the documentation/observat will be forwarded to the QIDP Dir. of ICF for review. 2. By 4/16/21, the QP will ensure client #1 has IPP established (W226). An internal record re (on or about 4/19/21) for clien and all Individuals at Poplar grhome will be processed verify: that IPP is in place. Members	e that view t #1 roup ing	
	clients' individual p objectives are doct for 3 of 5 audit clien 5. Cross reference intellectual disabilit to ensure objective needed for 3 of 5 a	the criteria specified in the rogram plan and ensure umented in measurable terms ats (#3, #4, and #5). W255. The qualified ies professional (QIDP) failed is were reviewed/revised as udit clients (#3, #4, and #5).			the coordinating staff will mor quarterly, then fade to annual monitoring as appropriate. A of the documentation/observat will be forwarded to the QIDP Dir. of ICF for review.	copy ions	
W 213	ensure comprehen are reviewed annu- and #4).			213	3. By 4/16/21, the QP will ensure the client #1 & #4 has specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment (W22)		
		e functional assessment must specific developmental			An internal record review (on about 4/19/21) for client #1 & and all Individuals at Poplar g home will be processed verify	or #4 roup	
	Based on record refailed to ensure 1 of	is not met as evidenced by: eview and interview, the facility of 5 audit clients (#1) actional assessment (CFA) was			that client(s) goals are updated/reviewed and in place Members of the coordinating s will monitor weekly, then		

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION		SURVEY PLETED
		34G022	B. WING		03/0	9/2021
	ROVIDER OR SUPPLIER	S, INC/POPULAR STREET	3:	TREET ADDRESS, CITY, STATE, ZIP CODE 28 POPLAR STREET GRAHAM, NC 27253		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
W 213	ensure the individual prepared within 30 audit clients (#1). 3. Cross reference ensure objectives a meet the needs for #4). 4. Cross reference ensure data accomplishment of clients' individual probjectives are docu for 3 of 5 audit clients. Cross reference intellectual disabiliti to ensure objectives needed for 3 of 5 audit clients ensure comprehensare reviewed annual and #4). INDIVIDUAL PROCENTIAL (C) The comprehensive identify the client's strengths.	W226. The facility failed to all program plan (IPP) is days of admission for 1 of 5 W227. The facility failed re developed necessary to 2 of 5 audit clients (#1 and w252. The facility failed to relative to the the criteria specified in the ogram plan and ensure mented in measurable terms ats (#3, #4, and #5). W255. The qualified es professional (QIDP) failed as were reviewed/revised as udit clients (#3, #4, and #5). W259. The facility failed to sive functional assessments ally for 2 of 5 audit clients (#3	W 196	observations will take place biweekly, and fade to monthly monitoring as appropriate. A cof the documentation/observativill be forwarded to the QIDP Dir. of ICF for review. 4. By 4/16/21, the QP will ensure client #3, #4 & #5 have Data relative to accomplishment of criteria specified (goals) in the client(s) individual program plobjectives are documented and measurable (W252). An interrecord review (on or about 4/1 for client #3, #4 & #5 and all Individuals at Poplar group ho will be processed verifying the client data is documented & measurable. Members of the coordinating staff will monitor weekly, then observations will place biweekly, and fade to monthly monitoring as approp A copy of the documentation/observations w forwarded to the QIDP and Di ICF for review. 5. By 4/16/21, the QP will ensure client #3, #4 & #5 goals and	e that the an l hal 9/21) me tt take riate. rill be r. of	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION ING	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	LD BE COMPLETION
W 196	2. Cross reference ensure the individual prepared within 30 daudit clients (#1). 3. Cross reference ensure objectives a meet the needs for #4). 4. Cross reference ensure data accomplishment of clients' individual probjectives are docur for 3 of 5 audit clients. Cross reference intellectual disabilities to ensure objectives needed for 3 of 5 audit clients. Cross reference ensure comprehens are reviewed annual and #4). INDIVIDUAL PROG CFR(s): 483.440(c)(c) The comprehensive identify the client's strengths.	W226. The facility failed to all program plan (IPP) is days of admission for 1 of 5 W227. The facility failed re developed necessary to 2 of 5 audit clients (#1 and W252. The facility failed to relative to the the criteria specified in the ogram plan and ensure mented in measurable terms ts (#3, #4, and #5). W255. The qualified as professional (QIDP) failed as were reviewed/revised as addit clients (#3, #4, and #5). W259. The facility failed to ive functional assessments as (#3) (ii) functional assessment must pecific developmental not met as evidenced by: view and interview, the facility view and interview.	W 19	program have been modified changed in response to the cl specific accomplishments or for new program (W255). A internal record review (on or 4/19/21) for client #3, #4 & # all Individuals at Poplar grow home will be processed verificant need for new program (W255). Material individuals at Poplar grow home will be processed verificant need for new program will monitor weekly, then the observations will take place biweekly, and fade to monthly monitoring as appropriate. An of the documentation/observation will be forwarded to the QID Dir. of ICF for review. 6. By 4/16/21, the QP will ensured the comprehensive functional appropriate for the comprehensive functional servers and ADL SE.	ient's need n about #5 and p ying ram. staff e y copy ations P and re that h evancy 9). An about nd all ome nat s of onitor

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER SCOTT LIFESERVICE	S, INC/POPULAR STREET		STREET ADDRESS, CITY, STATE, ZIP CODE 328 POPLAR STREET GRAHAM, NC 27253		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION ((EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
W 196	2. Cross reference ensure the individual prepared within 30 daudit clients (#1). 3. Cross reference ensure objectives a meet the needs for #4). 4. Cross reference ensure data accomplishment of clients' individual probjectives are documentatives are documentatives.	W226. The facility failed to all program plan (IPP) is clays of admission for 1 of 5 W227. The facility failed are developed necessary to 2 of 5 audit clients (#1 and W252. The facility failed to relative to the the criteria specified in the logram plan and ensuremented in measurable terms	W 1	monitoring as appropriate. A confidence of the documentation/observation will be forwarded to the QIDP Dir. of ICF for review.	ons	
W 213	intellectual disabilitie to ensure objectives needed for 3 of 5 au 6. Cross reference vensure comprehens are reviewed annual and #4). INDIVIDUAL PROG CFR(s): 483.440(c)() The comprehensive identify the client's strengths. This STANDARD is Based on record refailed to ensure 1 of	es professional (QIDP) failed were reviewed/revised as dit clients (#3, #4, and #5). V259. The facility failed to ive functional assessments ly for 2 of 5 audit clients (#3 RAM PLAN 3)(ii) functional assessment must pecific developmental not met as evidenced by: view and interview, the facility	w/2·			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
W 226	completed. The fin Review on 3/8/21 or he was admitted to review revealed clie During an interview intellectual disabilitic client #1 did not have interview revealed to person who ensure INDIVIDUAL PROC CFR(s): 483.440(c) Within 30 days afte interdisciplinary teac client, an individual This STANDARD is Based on record re failed to ensure each program plan (IPP) admission,. This aff The finding is: Record review on 3 revealed he was ad Further review reve IPP completed. During an interview intellectual disabilitic confirmed client #1 completed. Further	ding is: f client #1's record revealed the facility on 1/4/21. Further ent #1 does not have a CFA. on 3/9/21, the qualified es professional confirmed a CFA completed. Further he QIDP is the responsible CFA's are completed. GRAM PLAN (4) r admission, the m must prepare, for each	W 2	226	W213 The Dir. Of ICF will re-train Q & IDT that we should process Identify the client's specific developmental strengths (EVA identify developmental strength preferences, methods of coping/compensation, communuse and awareness, friendships positive attributes and capability are clearly described in function terms in the assessments.) for the IPP review. A copy of the train will be filed in employee(s) personnel records. By 4/16/21, the QP will ensure client #1 has all Evals that Identify the client's specific developmentation of the documentation of the documentation of the documentation of the QIDP Dir. of ICF.	LS: hs, iity and ties nal he ning that atify ntal or will f the	4/23/21

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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
W 213	completed. The fin Review on 3/8/21 or he was admitted to review revealed clie During an interview intellectual disabilitic client #1 did not have interview revealed to person who ensure INDIVIDUAL PROG CFR(s): 483.440(c) Within 30 days afte interdisciplinary tea client, an individual This STANDARD is Based on record re failed to ensure each program plan (IPP) admission,. This aff The finding is: Record review on 3 revealed he was add	ding is: f client #1's record revealed the facility on 1/4/21. Further ent #1 does not have a CFA. on 3/9/21, the qualified es professional confirmed a CFA completed. Further he QIDP is the responsible CFA's are completed. GRAM PLAN (4) r admission, the m must prepare, for each	W 2		W226 The Dir. of ICF will re-train the QIDP on completing IPP withi initial 30 days for clients in the ICF/IDD program. A copy of training will be filed in employ personnel records. By 4/16/21, the QP will ensure client #1 has an IPP established An internal record review (on about 4/19/21) for client #1 at Poplar group home will be processed verifying that IPP is place. Members of the coordinating staff will monitor quarterly, then fade to annual monitoring as appropriate. A cof the documentation/observati will be forwarded to the QIDP	the the ree(s) that d. or in	4/23/21
	intellectual disabiliti confirmed client #1 completed. Furthe	in 12/8/20, the qualified es professional (QIDP) does not have an IPP r interview revealed the QIDP erson who ensure IPP's are			Dir. of ICF for review.		

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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 227	objectives necessa as identified by the required by paragra. This STANDARD is Based on observatinterview, the facility program plan (IPP) identified needs related audit clients (#1 at A. During observat 5:32pm, client #4 wsitting on the toilet with 5:44pm, client #4 wsitting on the toilet with the client walking by the client walking by the client walking by the client #4 was still the prompted to close to there is no mention for closing a door for the client walking by the client #4 need the bathroom door in the bathroom door	ram plan states the specific ry to meet the client's needs, comprehensive assessment aph (c)(3) of this section. Is not met as evidenced by: ions, record review and y failed to ensure the individual included training to address ative to self-help skills for 2 of and #4). The findings are: ions in the home on 3/8/21 at as observed in the bathroom, with the door wide open. At as observed leaving the observations revealed another expenses open bathroom door while ere. At no time was client #4 he bathroom door for privacy. If client #4's record revealed on how client #4 is prompted or privacy. The interview, the day manager ds a verbal prompts to shut	W 2	227	The Dir. of ICF will re-train the QIDP on completing specific objectives (goals) necessary to the client's needs, as identified the comprehensive assessment clients in the ICF/IDD program copy of the training will be fill employee(s) personnel records. A. By 4/16/21, the QP will ensure client #4 goal on Privacy is established. Members of the coordinating staff will monitor weekly, then observations will place biweekly, and fade to monthly monitoring as approp A copy of the documentation/observations w forwarded to the QIDP and Di ICF for review. B. By 4/16/21, the QP will ensure client #1 SLO on: 1. using gra as directed & 2. attempt to fee self 3x during meals will be established (and in IPP). Mem of the coordinating staff will monitor weekly, then observations will monitor weekly, then observations were considered with the coordinating staff will monitor weekly, then observations were considered with the coordinating staff will monitor weekly, then observations were considered with the coordinating staff will monitor weekly, then observations were considered with the coordinating staff will monitor weekly, then observations were considered with the coordinating staff will monitor weekly, then observations were considered with the coordinating staff will monitor weekly.	meet by for n. A ed in t. take riate. ill be r. of ethat bar ed abers	4/23/21

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W 227	eyeglasses to put of During lunch obsercient #1 used a lon lunch; which was proposed to scoop his for began to ask the stransisting with scoop with a straw to assist had to lift up the currenter observation the remainder of his During dinner observation the remainder of his liquids. Further observation as a long to the did not have an or an adult daily living review of client #1's	led staff handing client #1 vations in the home on 3/8/21, g handle spoon to eat his ureed by staff. Client #1 was od a few times before he then aff sitting beside him for oing. Client #1 used a cup stance him with drinking; staff p for him to drink out of it. Is revealed staff fed client #1 s meal. rvations in the home on s able to do hand over hand to urther observations revealed ng handle spoon. Client #1 fed ad then asked the staff sitting him the rest of his pureed f client #1's record revealed individual program plan (IPP) ng skills evaluation. Further record revealed he was	W 2	227	will take place biweekly, and for to monthly monitoring as appropriate. A copy of the documentation/observations we forwarded to the QIDP and District ICF for review.	ill be	
W 252	intellectual disabilité confirmed client #1 a adult daily living s interview revealed t person who is respe a IPP completed.	on 3/9/21, the qualified es professional (QIDP) record did not have an IPP or kills evaluation. Further the QIDP is the responsible consible to ensure client #1 had	W 2	.52			

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W 252	Data relative to acc specified in client in objectives must be terms. This STANDARD is Based on document the facility failed to correctly. This affect and #5). The findin A. Review on 3/8/2 revealed missing danswer questions collected was on 11 time data was collected was on 11 time data was collected missing daname sort pictures last time data was give staff requested collected was on 7/2 laundry room, last time data was on 10/20 and hang up collected was on 10/20. Review on 3/9/2 revealed missing data dentify coins and docollected was on 11 data was collected coins, last time data 11/12/20 and answer	omplishment of the criteria dividual program plan documented in measurable s not met as evidenced by: ntation review and interviews, ensure data was documented sted 3 of 5 audit clients (#3, #4 gs are: 11 of client #3's record ata for the following goals: orrectly, last time data was /13/20; walking exercise, last cted was on 1/5/21; and use a was collected was on 1/8/21. 21 of client #4's record ata for the following goals: from fast food restaurants, collected was on 1/12/20; I items, last time data was 31/20; bring clothing to ime data was collected was on shirts, last time data was	W	252	The Dir. of ICF will re-train the QIDP on direct care staff documenting Data relative to accomplishment of the criteria (goals) specified in clients IPP. The QP will retrain the direct consistently document client measurable goal data as required by state regulations. Copy of the trainings will be fill employee(s) personnel records. A. By 4/16/21, the QP will ensure client #3 goals are established measurable data are consistent documented by staff. Member the coordinating staff will more weekly, then observations will place biweekly, and fade to monthly monitoring as appropriate A copy of the documentation/observations we forwarded to the QIDP and Dir ICF for review. B. By 4/16/21, the QP will ensure client #4 goals are established measurable data are consistent was a surable data are consistent.	that & ly s of itor take riate.	4/23/21

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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
W 252	During an interview intellectual disabiliti revealed staff have on goals. Further in the responsible persollected. PROGRAM MONIT CFR(s): 483.440(f)(f)(f)(f)(f)(f)(f)(f)(f)(f)(f)(f)(f)(on 3/9/21, the qualified es professional (QIDP) been trained to collect data nterview revealed the QIDP is son to ensure data is being ORING & CHANGE (1)(i) ram plan must be reviewed at d intellectual disability vised as necessary, including, uations in which the client has eted an objective or objectives vidual program plan. Is not met as evidenced by: eview and interview, the facility of 5 clients' (#3, #4 and #5) is ewed and/or revised as then the target date has ges are: 1 of the following goals for the program of the profession of the poals have not been as a completion date and sort/order colors. The poals have not been as a constant of the poals have not been and the poals have not been and the poals have not been as a completion date and the goals have not been and the poals have not been as a completion date and the poals have not been as a completion date.	W 2			s of itor take riate. ill be to of take that & ly rs of itor take riate. ill be riate.	
	client #4 revealed the of 8/21/19: give standard to the launch hanging up his cloth the goals have not the goals have not the standard	of the following goals for they all have a completion date of requested items; bring his dry room; and assist staff with hing. Further review revealed been reviewed or revised.					

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION		E SURVEY IPLETED
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		HOULD BE	(X5) COMPLETION DATE
W 252	During an interview intellectual disabilitir revealed staff have on goals. Further in the responsible per collected. PROGRAM MONIT CFR(s): 483.440(f) The individual progleast by the qualifier professional and responsible per feet of the individual progleast by the qualifier professional and responsible p	on 3/9/21, the qualified es professional (QIDP) been trained to collect data nterview revealed the QIDP is son to ensure data is being TORING & CHANGE (1)(i) ram plan must be reviewed at dintellectual disability vised as necessary, including, tuations in which the client has eted an objective or objectives ividual program plan. Is not met as evidenced by: eview and interview, the facility of 5 clients' (#3, #4 and #5) viewed and/or revised as when the target date has ges are: 21 of the following goals for hey all have a completion date ng exercise, sweeping; use his isistance; and sort/order colors. ealed the goals have not been	W 2	W255 The Dir. of ICF will re-tr QIDP is to ensure that	andified or the client's sor need sized. A the filed in accords. It is an have do in the certain that are the certain that are the certain that are the certain that the certain staff in the certain	4/23/21

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RALPH S	SUMMARY STA	S, INC/POPULAR STREET TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID PREF	32 G	TREET ADDRESS, CITY, STATE, ZIP CODE 28 POPLAR STREET RAHAM, NC 27253 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETION	
PREFIX TAG		SC IDENTIFYING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPROPRI		DATE	
W 259	client #5 revealed to of 8/21/19: indeper dollar bills; count its colors. Further revent been reviewed buring an interview intellectual disabilitir revealed all the goahave not been reviewed and revised person who ensure reviewed and revised PROGRAM MONIT CFR(s): 483.440(f). At least annually, the assessment of each the interdisciplinary updated as needed. This STANDARD is Based on record refacility failed to assessments (CFA This affected 2 of 5 findings are: Review on 3/8/21 of has not been updated so the provided so	hey all have a completion date indently identify coins and ems; and identify correct iew revealed the goals have or revised. I on 3/9/21, the qualified es professional (QIDP) als for clients #3, #4 and #5 ewed or revised. Further the QIDP is the responsible is the goals for the clients are ed as needed. FORING & CHANGE (2) The comprehensive functional in client must be reviewed by team for relevancy and interviews, the cure comprehensive functional in which was an edded. The formal interviews and interviews, the comprehensive functional interviews and interviews, the comprehensive functional interviews and interviews and interviews, the comprehensive functional interviews and interviews, the comprehensive functional interviews are comprehensive functional interviews.	W 2	255	The Dir. of ICF will re-train the QIDP is to ensure that the comprehensive functional assessment (ADLSE) for each client must be filed/ processed reviewed by the IDT for releva and updated as needed annually copy of the training will be file employee personnel records. 1. By 4/16/21, the QP will ensure client #3 have their comprehen functional assessment (ADLSE each client be reviewed by the interdisciplinary team for relevand updated as needed (W259) internal record review (on or at 4/19/21) for client #3 at Poplar group home will be processed verifying that ADLSE is in plan Members of the coordinating swill monitor quarterly, then fact annual monitoring as appropriated A copy of the documentation/observations with forwarded to the QIDP and Dir ICF for review.	and ancy y. A ed in that usive i) for vancy . An bout taff de to ate. ill be	4/23/24	
	reviewed or update	d since February 2020. evealed the QIDP is the						

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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 259 W 323	responsible person and updated as nee PHYSICIAN SERV	to ensure CFA's are reviewed eded. CES	W 2 W 3		2. By 4/16/21, the QP will ensure client # 4 have their comprehe		
	examinations of ea	ovide or obtain annual physical ch client that at a minimum ion of vision and hearing.			functional assessment (ADLS) each client be reviewed by the interdisciplinary team for relevand updated as needed (W259)	E) for vancy). An	
•	Based on record re facility failed to ens	s not met as evidenced by: eview and interviews the ure client #1 received his emination. This affected 1 of 5 he finding is:			internal record review (on or a 4/19/21) for client # 4 at Pople group home will be processed verifying that ADLSE is in pla Members of the coordinating s	ce.	
	revealed there was examination. Furth	f client #3's current record no current annual physical er review revealed there was then client #1 had his last			will monitor quarterly, then far annual monitoring as appropria A copy of the documentation/observations w forwarded to the QIDP and Di	ate.	
W 340	intellectual disabiliti confirmed client #3' has not occurred. I QIDP was unsure v examination did not	ES	w <i>z</i>	40	ICF for review.		
	other members of t appropriate protecti measures that inclu	ust include implementing with he interdisciplinary team, we and preventive health ide, but are not limited to staff as needed in appropriate methods.	·				
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CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-03									
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
34G022		B. WING	B. WING			03/09/2021			
NAME OF I	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE					
				328 POPLAR STREET					
RALPHS	SCOTT LIFESERVICE	S, INC/POPULAR STREET		GRAHAM, NC 27253					
	,			GRAHAW, NC 27253					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF CORRECTIVE PREFIX (EACH CORRECTIVE ACTION SHOUL TAG CROSS-REFERENCED TO THE APPRO DEFICIENCY)		BE	(X5) COMPLETION DATE			
W 259	o o i i i i i i i i i i i i i i i i i i		W	259					
		to ensure CFA's are reviewed							
	and updated as nee				W323				
W 323	PHYSICIAN SERV	ICES	W 3	323			41.1		
	CFR(s): 483.460(a))(3)(i)			The Dir. of ICF will retrain QI	DD	4/23/21		
		(a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c			1		. /		
1	The facility must pr	ovide or obtain annual physical		- 1	& RN that the Evaluations of v		1		
	examinations of ea	ch client that at a minimum		- 1	and hearing are required for IC	F	i		
	includes an evaluat	tion of vision and hearing.			programming and obtained du	ring			
					client Physicals. Furthermore,	-	-		
				1			i		
		s not met as evidenced by:			documentation of appointment				
İ		eview and interviews the		- 1	changes must be recorded. A	copy	*		
		ure client #1 received his		- 1	of the training will be filed in				
		amination. This affected 1 of 5			employee(s) personnel records				
	audit clients (#3). T	he finding is:			By 4/16/21, RN consultant wil		1		
	Daviou on 2/0/21 o	f client #3's current record			successfully notate the physica	100			
1	The service of the control of the co	no current annual physical							
		er review revealed there was			appointment status for client #				
		when client #1 had his last		- 1	and client #3. An internal reco	ord			
	physical.	when offerit #1 flad fils last			review (on or about 4/28/21) fe	or	ā.		
	priyorodii			- 1	client # 1 & #3 at Poplar group	1.000			
	During an interview	on 3/9/21, the qualified			home will be processed verify				
		es professional (QIDP)				ing			
		's annual physical examination		- 1	that the annual physical		1		
		Further interview revealed the			appointments are recorded.				
		vhy client #3's annual			Members of the coordinating s	taff			
	examination did no			1	will monitor quarterly, then fa				
W 340	NURSING SERVIC	ES	W 2	40			(8)		
	CFR(s): 483.460(c)				annual monitoring as appropri	ate.	100		
			/		A copy of the				
	Nursing services m	ust include implementing with			documentation/observations w	ill be			
		he interdisciplinary team,			forwarded to the QIDP and Di				
		ive and preventive health				. 01	C		
		ide, but are not limited to			ICF for review.				
		staff as needed in appropriate							
	health and hygiene								
		and the second							

					IAIP IAO	. 0000-0001		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
3460		34G022	B. WING _		03/09/2021			
NAME OF PROVIDER OR SUPPLIER RALPH SCOTT LIFESERVICES, INC/POPULAR STREET			STREET ADDRESS, CITY, STATE, ZIP CODE 328 POPLAR STREET GRAHAM, NC 27253					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE		
W 340	This STANDARD is Based on observatinterview, the nursing that staff were suffictemperature and the regards to COVID-effected clients #1, findings are: A. During morning 3/9/21 at 5:44am, the Further observation who opened the doctemperature of the surveyor once of the surveyor onc	s not met as evidenced by: iions, record review and ng services failed to ensure ciently trained in taking the e wearing of face masks in 19 protocol. This potentially #2, #3, #4 and #5. The observations in the home on ne surveyor entered the home. Is revealed the day manager or did not take the	W 34	W340 RN consultant will retrain staff COVID protocols that were established at the onset of the pandemic. The nurse will train direct care staff at Poplar grow home. A copy of the training be filed in employee(s) person records. A. By 4/16/21, the direct care staff correctly take temperatures and confirm COVID-19 contact staff all visitors entering the grow home. B. By 4/16/21, the direct care staff properly wear PPE/face mask at trained for the protection of cli and all personnel in the group home.	n all p will nel f will ttus p	4/23/21		

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		34G022	B. WING			03/09/2021		
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W 436	(EACH DEFICIENCY MUST BE PRECEDED BY FULL			PREFIX (EACH CORRECTIVE ACTION SHOTE TAG CROSS-REFERENCED TO THE APPR				

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CLIVIL	NO FOR WEDICARE	& MEDICAID SERVICES				MB NC	. 0938-0391
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
	34G022		B. WING			03	/09/2021
NAME OF PROVIDER OR SUPPLIER RALPH SCOTT LIFESERVICES, INC/POPULAR STREET (X4) ID SUMMARY STATEMENT OF DEFICIENCIES			109/2021				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
W 436	specific information rollator. The finding During observations survey on 3/8 - 9/21 using a rollator with Review on 3/8/21 of revealed there was the usage of a rollator there was no inform rollator mentioned in (PT) evaluation date. During an interview revealed client #4 hasince 2018, due to formulate the facility's rollator was put into (date unknown). Fu	to address the usage of a g is: s in the home throughout the client #4 was observed staff assistance. f client #4's IPP dated 6/20 no information in regards to for. Further review revealed ation regarding the use of a no client #4's physical therapy and 6/22/20. on 3/9/21, the day manager has been using the rollator alls and unsteady balance. on 3/8/21, the qualified as professional (QIDP) is nurse stated client #4's place after a hospital visit rither interview revealed the not mentioned in any	W	436	The Dir. of ICF will retrain QIR RN & PT that the requirement client items (such as Rollator, dentures, eyeglass etc.) are item that must be Furnish, maintain good repair, and teach clients to and to make informed choices about the use of. Documentation for such items and how they are be used properly must be record in IPP, nursing eval, PT eval (if related to ambulation). A copy the training will be filed in employee(s) personnel records By 4/16/21, the IDT will resolv the Rollator issue pertaining to client #4. Client #4 is currently using a Rollator that currently in information in regards to the of the Rollator and there is som discrepancy as to where or how Rollator was initiated. The Roll for client #4 is not mentioned in physical therapy Eval, Nursing nor the IPP.	for as in b use on e to ded f of re as use e the ator	4/23/21