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 _____	R 02/03/2021

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 000	INITIAL COMMENTS A follow-up survey survey was completed on 2/3/2021 for survey completed 09/09/2020. All deficiencies cited were not corrected. New deficiency was cited and the facility is not in compliance.	W 000		
{W 368}	DRUG ADMINISTRATION CFR(s): 483.460(k)(1) The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is not met as evidenced by: Based on 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: During observations of medication administration on 2/3/21 at 12:45pm, client #1 ingested Divalproex 125mg (4) and 2 other tablets. Review on 2/3/21 of client #1's physician's orders 11/22/20 revealed an order for Divalproex 125mg. The order noted take "3 capsules in the morning and 2 capsules at noon..." During an Interview on 2/3/21 with the Staff B, the medication technician, confirmed client #1 should have taken 2 capsules at noon. Interview on 2/3/21 with the Assistant Director of ICF/IID and qualified intellectual disabilities professional (QIDP) confirmed client #'s physician's orders were current and should have	{W 368}	W 368 : 1. By April 21, 2021 the IDT team will meet to discuss and investigate the proper administration of all drugs and to assure the administration is in compliance with physician's orders. Based on the team's investigation, we have reviewed the meds and packaging and found there was no error. However, we are moving forward with all staff of Laramie Dr. being re-trained by the Nurse on proper Medication Administration. The PC will also review drug administration for all consumers. A copy of training will be filed in staff training record. Members of the coordinators staff will monitor weekly and fade to monthly monitoring as needs are addressed. A copy of documentation will be forwarded to the PC of the home.	4/23/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Belinda K. Gordon — TITLE: Dir of ICF — (X6) DATE: 4/16/2021

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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RALPH SCOTT LIFESERVICES, INC/LARAMIE DRIVE	108 LARAMIE DRIVE MEBANE, NC 27302

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{W 368}	Continued From page 1 been followed.	{W 368}		
W 382	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure all medications remained locked. The finding is: During observations in the home on 2/3/21 at 1:02-1:07pm, Staff B and the qualified intellectual disabilities professional (QIDP) walked out of the med room leaving the surveyor in the room with the medication cabinet door side open. Further observations revealed medications were visible to the surveyor. During an interview on 2/3/21, Staff B confirmed she had been trained to ensure all medications are kept locked when not being administered. She added she thought the QIDP was there. During an interview on 2/3/21, Assistant Director of ICF/IID and QIDP confirmed the confirmed staff have been trained to ensure all medications are kept locked when not in use.	W 382	W 382 : By April 21, 2021, the Ralph Scott RN will retrain staff on med room security procedures and practices. A copy of training will be filed in the employee training record. The PC and members of coordinators staff will monitor med administration weekly and fade to monthly as appropriate. A copy of documentation will be forwarded to the PC of the home.	4/23/21