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

PRINTED: 06/18/2021 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		34G021	B. WING			06/	16/2021
NAME OF PROVIDER OR SUPPLIER RALPH SCOTT LIFESERVICES, INC/TOWN BRANCH RD				7	TREET ADDRESS, CITY, STATE, ZIP CODE 10 TOWN BRANCH RD BRAHAM, NC 27253		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 240	This STANDARD is rate and the seatbelt. Immediate interview of the van so they seat he review revealed there was derecord about his non-seatbelt. During evening obser did not seatbelt. During observations as 3:30pm staff A asked would like to go for a seatbelt and the facility and started A reminded them to fath as shook his head not the seatbelt. Immediate interview of the van so they seat he review revealed the tenon-compliance with a psychologist had observed about his non-seatbelt. During evening observed for the facility and seatbelt. During evening observed for the facility and seatbelt. During evening observed for the facility and seatbelt. During evening observed for the facility and seatbelt.	m plan must describe to support the individual e. not met as evidenced by: ns, record review and failed to ensure client #3's an (IPP) included t his independence. This elients. The finding is: at the facility on 6/15/21 at clients #1, #3 and #5 if they van ride. As each client left to board into the van, staff fasten their seatbelts. Client when asked about securing on 6/15/21 with staff A uses to wear a seatbelt in nim on the third row. Further eam was aware of client #3's his seatbelt and the facility erved him refusing to wear al interview with staff ocumentation in client #3's compliance with wearing a	W	240			
	seatbeit and he replie	d, "Seatbelts keep you					

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.

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		34G021	B. WING			06/16/2021	
NAME OF PROVIDER OR SUPPLIER RALPH SCOTT LIFESERVICES, INC/TOWN BRANCH RD				STREET ADDRESS, CITY, STATE, ZIP CODE 710 TOWN BRANCH RD GRAHAM, NC 27253		33.13/44	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
W 240	disabilities profession attempted to put the chair to desensitize but this had not been interview revealed in been tried to assist a compliant with wear Review on 6/15/21 of Statutes (NCGS) reversides 20-135.2A Requires passengers and back and older must wear Review on 6/15/21 of program plan (IPP) of has target behaviors others, PICA and an Review on 6/15/21 of program (BSP) date objective statement fewer target behavior was a statement in the psychologist had with non-compliant with wand the team had dedining room chair to wearing a seatbelt. Information in the Bs successful.	with the qualified intellectual nal (QIDP) revealed the team seatbelt on the dining room client #3 to wearing a seatbelt in successful. Additional or additional programs have client #3 in becoming more ing a seatbelt. If the North Carolina General realed the following: G.S. is the driver, front seat is seat passengers ages 16 in their seatbelts. If client #3's individual dated 4/15/21 revealed he is of hitting others, threatening xiety. If client #3's behavior support in d 4/12/21 revealed an requiring him to display 2 or in sover 12 months. There he BSP indicating the inessed client #3 being vearing a seatbelt on the van ecided to put a seatbelt on his desensitize client #3 to There was no additional in the property of this had been with the QIDP and the	W 2-	40			
	seatbelt on the dinin	ices confirmed the use of the g room chair had not had not nat client #3 would not always					

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W 240	Further interview re reconvened to discuinterview revealed r developed in the IPI	ge 2 this belt attached to his chair. wealed the team had not uss this issue. Additional to further strategies had been to assist client #3 to learn to eatbelt in the van during	W 24	40	
W 460	FOOD AND NUTRI'CFR(s): 483.480(a) Each client must recwell-balanced diet in specially-prescribed	(1) ceive a nourishing, ncluding modified and	W 46	50	
	Based on observat reviews, the facility	s not met as evidenced by: ions, interviews and record failed to ensure modified diets of 3 audit clients (#2). The			
	assisted client #2 to bun, chili, chopped brownie with bevera served the hot and lettuce onto his plat	s of supper on 6/15/21 staff B serve ground hot dog and lettuce salad and mashed ages for supper. Staff B oun mixture and chopped e and served the mashed. His beverages were ar consistency.			
	7:45am staff C assis scoops of Fruit Loop placesetting. For brutoast with jelly, boile	s of breakfast on 6/16/21 at sted client #2 to pour 2 os cereal into a bowl at his eakfast client #2 had ground ed eggs and Fruit loops cereal ice and water. His beverages nectar consistency			

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W 460	Immediate observation nutritional label on the revealed 1 serving sizes is 1.5 cups, contains. Review on 6/15/21 of program plan (IPP) do has diagnoses of Sew Type II Diabetes and. Review on 6/16/21 of dated 4/1/21 revealed healthy, low sodium, concentrated sweets physician orders revealily to assist with Diacare staff also have pholood glucose daily. Review on 6/16/21 of evaluation dated 6/10 prescribed a heart he sodium, no concentrate thick liquids and second interview on 6/16/21 of the revenue on 6/16/21 of the sodium, no concentrate thick liquids and second interview on 6/16/21 of the revenue on 6/16/21 of the sodium, no concentrate thick liquids and second interview on 6/16/21 of the revenue of 6/16/21 of 6/16/	on on 6/16/21 of the e cereal box in the pantry ze of fruit loops cereal, which 12 grams of sugar. I client #2's individual ated 7/14/20 revealed he zere Intellectual Disabilities, Hypertension. I client #2's physician orders to the is to receive a heart diabetic diet with no Further review of his caled he takes Metformin abetes management. Direct chysician orders to check his althy, ground texture, low ated sweets diet with nectar ands of vegetables. With the qualified intellectual cal (QIDP) confirmed client betic diet with no	W 4	460			