

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: 34G021	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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		
(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 240	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(i)</p> <p>The individual program plan must describe relevant interventions to support the individual toward independence.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure client #3's Individual Program Plan (IPP) included information to support his independence. This affected 1 of 3 audit clients. The finding is:</p> <p>During observations at the facility on 6/15/21 at 3:30pm staff A asked clients #1, #3 and #5 if they would like to go for a van ride. As each client left the facility and started to board into the van, staff A reminded them to fasten their seatbelts. Client #3 shook his head no when asked about securing the seatbelt.</p> <p>Immediate interview on 6/15/21 with staff A revealed client #3 refuses to wear a seatbelt in the van so they seat him on the third row. Further review revealed the team was aware of client #3's non-compliance with his seatbelt and the facility psychologist had observed him refusing to wear his seatbelt. Additional interview with staff revealed there was documentation in client #3's record about his non-compliance with wearing a seatbelt.</p> <p>During evening observations of supper on 6/15/21 at 6:00pm client #3 was seated in a dining room chair that had a seat belt attached. Staff A asked client #3 to fasten the belt and he did not comply. Staff A asked him why he wears a seatbelt and he replied, "Seatbelts keep you</p>	W 240	<p>W240</p> <p>1. The IDT team met to discuss the Individual Program Plan for Client #3. In regards to addressing the issue of the individual not wearing a seatbelt, we will take several approaches to see what options are available to the individual to assure his safety inside of the van. The IDT has contacted the Alamance (6/17/21), Guilford (6/17/21), and Forsyth (6/23/21) County school systems to see what options they provide for individuals who cannot tolerate wearing seatbelts. The team has also ordered an individual safety vest which was suggested by the Guilford County School System to try out with the individual. In addition, the IDT is also in process of getting a North Carolina Certified Seatbelt Exemption for a certified mental phobia against the wearing of vehicle restraints. The staff will be trained on both strategies and we will continue to monitor the safety of all the individuals when riding in the group home transportation. 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</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Belinda K. Jordan

TITLE

Dir of LCF, MS

(X6) DATE

6/24/2021

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.

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W 240	<p>Continued From page 1 safe."</p> <p>Interview on 6/15/21 with the qualified intellectual disabilities professional (QIDP) revealed the team attempted to put the seatbelt on the dining room chair to desensitize client #3 to wearing a seatbelt but this had not been successful. Additional interview revealed no additional programs have been tried to assist client #3 in becoming more compliant with wearing a seatbelt.</p> <p>Review on 6/15/21 of the North Carolina General Statutes (NCGS) revealed the following: G.S. 20-135.2A Requires the driver, front seat passengers and back seat passengers ages 16 and older must wear their seatbelts.</p> <p>Review on 6/15/21 of client #3's individual program plan (IPP) dated 4/15/21 revealed he has target behaviors of hitting others, threatening others, PICA and anxiety.</p> <p>Review on 6/15/21 of client #3's behavior support program (BSP) dated 4/12/21 revealed an objective statement requiring him to display 2 or fewer target behaviors over 12 months. There was a statement in the BSP indicating the psychologist had witnessed client #3 being non-compliant with wearing a seatbelt on the van and the team had decided to put a seatbelt on his dining room chair to desensitize client #3 to wearing a seatbelt. There was no additional information in the BSP if this had been successful.</p> <p>Interview on 6/16/21 with the QIDP and the Director of ICF Services confirmed the use of the seatbelt on the dining room chair had not had not been successful in that client #3 would not always</p>	W 240	<p>home and the director of ICF.</p>		

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NAME OF PROVIDER OR SUPPLIER

RALPH SCOTT LIFESERVICES, INC/TOWN BRANCH RD

STREET ADDRESS, CITY, STATE, ZIP CODE

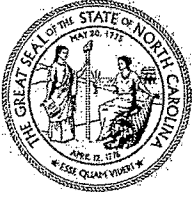
**710 TOWN BRANCH RD
GRAHAM, NC 27253**

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W 240	Continued From page 2 cooperate wearing this belt attached to his chair. Further interview revealed the team had not reconvened to discuss this issue. Additional interview revealed no further strategies had been developed in the IPP to assist client #3 to learn to tolerate wearing a seatbelt in the van during transport.	W 240		
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. This STANDARD is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure modified diets were followed for 1 of 3 audit clients (#2). The finding is: During observations of supper on 6/15/21 staff B assisted client #2 to serve ground hot dog and bun, chili, chopped lettuce salad and mashed brownie with beverages for supper. Staff B served the hot and bun mixture and chopped lettuce onto his plate and served the mashed brownie into a bowl. His beverages were thickened to a nectar consistency. During observations of breakfast on 6/16/21 at 7:45am staff C assisted client #2 to pour 2 scoops of Fruit Loops cereal into a bowl at his placesetting. For breakfast client #2 had ground toast with jelly, boiled eggs and Fruit loops cereal with coffee, milk, juice and water. His beverages were thickened to a nectar consistency	W 460	W460. By August 16, 2021, the IDT will meet to discuss the food and nutritional services for Client #2 as well as all other individuals we serve to assure that all mealtime guidelines and diet services are being followed appropriately. The staff will be retrained on all individual diet orders per physician and nutritionist's orders. The PC and members of coordinators staff will monitor mealtimes weekly then fade to monthly as appropriate. A copy of documentation will be forwarded to the PC of the home.	

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W 460	<p>Continued From page 3</p> <p>Immediate observation on 6/16/21 of the nutritional label on the cereal box in the pantry revealed 1 serving size of fruit loops cereal, which is 1.5 cups, contains 12 grams of sugar.</p> <p>Review on 6/15/21 of client #2's individual program plan (IPP) dated 7/14/20 revealed he has diagnoses of Severe Intellectual Disabilities, Type II Diabetes and Hypertension.</p> <p>Review on 6/16/21 of client #2's physician orders dated 4/1/21 revealed he is to receive a heart healthy, low sodium, diabetic diet with no concentrated sweets. Further review of his physician orders revealed he takes Metformin daily to assist with Diabetes management. Direct care staff also have physician orders to check his blood glucose daily.</p> <p>Review on 6/16/21 of client #2's nutritional evaluation dated 6/10/20 revealed he is prescribed a heart healthy, ground texture, low sodium, no concentrated sweets diet with nectar thick liquids and seconds of vegetables.</p> <p>Interview on 6/16/21 with the qualified intellectual disabilities professional (QIDP) confirmed client #2 is prescribed a diabetic diet with no concentrated sweets.</p>	W 460			



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

June 21, 2021

Ms. Belinda Goodson, Director of ICF/IID Services/Associate Director
Ralph Scott Lifeservices, Inc.
408 West Trade Street
Burlington, North Carolina 27217

Re: Recertification Completed on June 16, 2021
Ralph Scott Lifeservices, Inc./Townbranch, 710 Townbranch Road, Graham, NC 27253
Provider Number: 34G021
MHL: 001-008
E-mail Address: belinda@rsli.org

Dear Ms. Goodson:

Thank you for the cooperation and courtesy extended during the recertification survey completed on June 16, 2021. This survey was required for continued participation in the Medicaid program.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form (CMS-2567). The purpose of the Statement of Deficiencies is to provide you with specific details of the practice(s) that does/do not comply with regulations. You must develop one Plan of Correction that addresses each deficiency listed on the CMS-2567 form and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance and what to include in the Plan of Correction.

Type of Deficiencies Found

- Standard level deficiencies were cited.

Time Frames for Compliance

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is **August 16, 2021**.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the CMS-2567 Form.

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

June 21, 2021
Ralph Scott Lifeservices, Inc.
Ms. Belinda Goodson, Associate Director

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

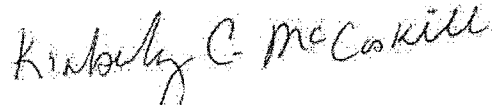
Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

Please be advised that additional W tags may be cited during the Life Safety Code portion of the recertification survey.

A follow up visit will be conducted to verify all deficient practices have been corrected. If we can be of further assistance, please call Kimberly McCaskill at (919)218-9152 or email at: Kim.McCaskill@dhhs.nc.gov.

Sincerely,



Kimberly C. McCaskill, MSW
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Enclosures

Cc: qmemail@cardinalinnovations.org