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

PRINTED: 08/23/2021 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER RALPH SCOTT LIFESERVICES, INC/ROSEMONT STREET 34 ROSEMONT STREET 15 SUMMARY STATEMENT OF DEPCENCIES 16 PROTECTION OF CLIENTS RIGHTS 17 PROTECTION OF CLIENTS RIGHTS CFR(s), 483 420(a)(4) The facility must ensure the rights of all clients. Therefore, the facility failed to assure 2 of 3 audit clients are widenced by: Based on record review and interview, the facility failed to assure 2 of 3 audit clients are widenced client #1 and #4. The finding is: 1. Review on 8/17/2021 of client #1's individual program plan (IPP) dated 5/6/2021 revealed that she did not have any training potential per her CFA and she was not sure why the team has not gotten to that training potential per her CFA and she was not sure why the team has not gotten to that training potential per her CFA and she was not sure why the team has not gotten to that training in money management. Linterview on 8/17/2021 with the QIDP confirmed client #4 did not have any training in money management. Linterview on 8/17/2021 with the QIDP confirmed client #4 did not have any training in money management. Linterview on 8/17/2021 with the QIDP confirmed client #4 did not have any training in money management. Linterview on 8/17/2021 with the QIDP confirmed client #4 did not have any training in money management. Linterview on 8/17/2021 with the QIDP confirmed client #4 did not have any training in money management. Linterview on 8/17/2021 with the QIDP confirmed client #4 did not have any training in money management. V227 INVIDUAL PROGRAM PLAN CFR(s), 483.440(c)(4) ABORATION DEFICION STRIET ADDRESSIONALUSE. SIMBLE STRIET ADDRESSION TOR PROVIDENSIAL SCIENTING SINCHAUSE.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
RALPH SCOTT LIFESERVICES, INCROSEMONT STREET GIBSONVILLE, NC. 27217 (M4) ID FREERIX SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL) FREERIX FACE FACE			34G311	B. WING			08/	18/2021
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) W 126 PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(4) The facility must ensure the rights of all clients. Therefore, the facility must allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to assure 2 of 3 audit clients received training in monetary skills. This affected client #1 and #4. The finding is: 1. Review on 8/17/2021 of client #1's individual program plan (IPP) dated 5/6/2021 revealed that she did not have any training goals in money management. Further review on 8/17/2021 of client #1's comprehensive functional assessment (CFA) dated 5/6/2021 the area of money management. Interview on 8/17/2021 with the qualified intellectual disability professional (QIDP) on 8/17/2021 continued client #1 st braining potential per her CFA and she was not sure why the team has not gotten to that training with her. 2. Review of client #4's IPP dated 12/17/2020 revealed that client #4 does not have any training in money management. Interview on 8/17/2021 with the QIDP confirmed client #4 did not have any training in money management. Interview on 8/17/2021 with the QIDP confirmed client #4 did not have any training in money management. Interview on 8/17/2021 with the QIDP confirmed client #4 did not have any training in money management. W 227 INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)					304 R	OSEMONT STREET		
CFR(s): 483.420(a)(4) The facility must ensure the rights of all clients. Therefore, the facility must allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to assure 2 of 3 audit clients received training in monetary skills. This affected client #1 and #4. The finding is: 1. Review on 8/17/2021 of client #1's individual program plan (IPP) dated 5/6/2021 revealed that she did not have any training goals in money management. Further review on 8/17/2021 of client #1's comprehensive functional assessment (CFA) dated 5/6/2021 noted she has potential for training in the area of money management. Interview on 8/17/2021 with the qualified intellectual disability professional (QIDP) on 8/17/2021 confirmed client #1 has training potential per her CPA and she was not sure why the team has not gotten to that training with her. 2. Review of client #4's IPP dated 12/17/2020 revealed that client #4 does not have any training in money management. Interview on 8/17/2021 with the QIDP confirmed client #4 did not have any training in money management. V 227 INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	((EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		COMPLETION
client #4 did not have any training in money management. W 227 INDIVIDUAL PROGRAM PLAN W 227 CFR(s): 483.440(c)(4)	W 126	CFR(s): 483.420(a)(4) The facility must ensurable the facility to manage their finanto do so to the extent This STANDARD is race and a second revifailed to assure 2 of 3 training in monetary sand #4. The finding is 1. Review on 8/17/202 program plan (IPP) do she did not have any management. Further review on 8/1 comprehensive function dated 5/6/2021 noted training in the area of 1. Interview on 8/17/202 intellectual disability pa/17/2021 confirmed a potential per her CFA the team has not gotto 2. Review of client #4 revealed that client #4 in money management.	are the rights of all clients. In must allow individual clients cial affairs and teach them of their capabilities. In their c	W	226	DETICITION 1		
		management. INDIVIDUAL PROGR CFR(s): 483.440(c)(4	AM PLAN)		227	TITLE		(X6) DATE

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

(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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
	34G311		B. WING _		,	08/18/2021	
NAME OF PROVIDER OR SUPPLIER RALPH SCOTT LIFESERVICES, INC/ROSEMONT STREET				STREET ADDRESS, CITY, STATE, ZIP CODE 304 ROSEMONT STREET GIBSONVILLE, NC 27217			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	SHOULD BE COMPLETION		
W 227	objectives necessar as identified by the	ge 1 am plan states the specific y to meet the client's needs, comprehensive assessment ph (c)(3) of this section.	W 2:	27			
	Based on observati interviews, the facili clients (#1) who is d area of sign language. Throughout observati did not self initial	ations on 8/17-8/18/2021 client te using manual sign carely used it with her. The					
	that she is deaf and the deaf. There wer language listed. Fu speech evaluation of	IPP dated 5/6/2021 revealed had attended the school for e no goals to improve sign rther review revealed a lated 5/3/2021 which indicated to improve communication anguage.					
	independently sign agave her. However hesitated on some to surveyor would slow the basic word then sign. It appeared as sign but needed to the signs. Other words agart of a demonstration of the signs and signs.	#1 revealed that she could some words the surveyor it also revealed that she pasic signs. When this valy unfold and "start" to sign client #1 would finish the set though she once knew the per reminded for several basic she signed without even a ution of it. Client #1 indicated ow how to sign more words.					

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34G311		34G311	B. WING			08/18/2021	
NAME OF PROVIDER OR SUPPLIER RALPH SCOTT LIFESERVICES, INC/ROSEMONT STREET				STREET ADDRESS, CITY, STATE, ZIP COD 304 ROSEMONT STREET GIBSONVILLE, NC 27217			
(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 227	professional (QIDP) of did not know why the	alified intellectual disability on 8/17/2021 revealed she y did not develop a goal for urther confirmed she would	W 2	227			