

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

PRINTED: 06/11/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G304	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/08/2021
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NAME OF PROVIDER OR SUPPLIER RALPH SCOTT LIFESERVICES, INC/VETERANS DRIVE	STREET ADDRESS, CITY, STATE, ZIP CODE 500 VETERANS DRIVE ELON COLLEGE, NC 27244
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W 111	<p>CLIENT RECORDS CFR(s): 483.410(c)(1)</p> <p>The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to assure documentation of nursing notes were completed and available for 1 of 1 deceased client (dc#6). The finding is:</p> <p>Upon entrance to the facility on 6/7/2021, the management stated there had been one client death (dc#6) since last recertification survey.</p> <p>Upon review of the record for client #6, there were no nursing notes as to the individual's care and vitals up to her hospitalization and subsequent death. The facility discharge summary indicated dc #6 was found to have the flu and was admitted to the hospital from the ED for evaluation. This occurred after she was taken to a clinic due to a fall and congestion that was noted over the weekend. There, her O2 was found to be low so she was referred to the ED or Urgent Care. After being admitted to the hospital, she was moved within 24 hours to intensive care. The report indicated she was dehydrated and her blood pressure became critically low. She was noted to have organ failure with sepsis and the family elected palliative care. Within 3 days, dc #6 died.</p> <p>Further review of dc #6's record revealed there was no quarterly nursing note for her last quarter of life. No documentation of vitals by the facility</p>	W 111	<p>W 111: On 6/22/21, The Director of ICF, team nurse and QP reviewed current systems and have made the following changes. Once the IDT team meets and have quarterly meetings the nurse will file the nursing notes in the record book within 14 days of having the quarterly meeting for each client. The QP will ensure that all records are up to date and current during our ICF record review by August 1, 2021 and will fade out as appropriate. Director of ICF will train QPs and Nurse on system changes and document in the training files By August 1, 2021.</p>	8/2/21
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Belinda K. M... [Signature]* TITLE: *Dir of ICF, MS* (X6) DATE: *6/23/2021*

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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NAME OF PROVIDER OR SUPPLIER RALPH SCOTT LIFESERVICES, INC/VETERANS DRIVE		STREET ADDRESS, CITY, STATE, ZIP CODE 500 VETERANS DRIVE ELON COLLEGE, NC 27244		
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W 111	Continued From page 1 nurse and no notes by the nurse since 10/22/19. Interview with management confirmed the record did not include any notes of nursing services since the last quarterly on 10/22/19. On 6/8/2021, the facility presented a list of notes unsigned and not dated, written by the nurse. An interview with the nurse via phone confirmed she wrote these notes on 6/8/2021 as a summary of undocumented or unfound notes of services provided prior to ED visit for client #6. The notes did not provide any additional information in which the IRIS (incident response improvement system) and the discharge summary had not provided report.	W 111		
W 130	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7) The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to assure 1 of 4 clients (#1) received support for privacy during the personal care routine. The finding is: During observations on the morning of 6/8/2021, client #1 was observed at 6:15am in the bathroom with the door wide open and all pants on the floor. She stood for about 8 minutes waiting until staff arrived and went into the room closing the door behind herself. Later, at 7:10am, client #1 was observed standing in the living room with all of her pants down. Individuals were in the	W 130	W 130: By August 1, 2021, QMRP will review and update as needed privacy guidelines for client # 1 and all other individuals of the home. Staff will receive retraining on all privacy guidelines including any updates. A copy of all trainings will be filed in staff records. Coordinating staff will observe weekly and fade out as appropriate to ensure client rights and privacy are protected for all individuals.	8/2/21

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W 130	Continued From page 2 living room. Staff C came a few minutes later and assisted her to pull up her pants. Interview with staff C revealed she will pull her pants down if staff are not around. Review of client #1's individual program plan (IPP) dated 8/31/2020 indicated privacy guidelines which remind staff to close doors and assist covering her exposed body parts. The IPP further indicates that client #1 needs assistance with her activities of daily living. Interview with management on 6/8/2021 confirmed the facility did not have anything to address privacy for client #1 other than the generic guidelines that are in each chart.	W 130		8/2/21
W 336	NURSING SERVICES CFR(s): 483.460(c)(3)(III) Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to assure all quarterly nursing notes were completed and available for 1 of 1 deceased client (dc #6). The finding is: Interview with management upon entrance to the facility on 6/7/2021 revealed there were no quarterly nursing notes for the last quarter of dc#6's life.	W 336	W 336: By August 1, 2021, RN will review client #6 and all the other client's charts and ensure the quarterlies are updated as needed pertaining to the clients need. Director of ICF will re-train RN to make sure the quarterlies are filed in the charts within 14 days. Director will monitor Rn services and all trainings will be filed in POC book.	

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W 336	<p>Continued From page 3</p> <p>Upon review of the record for dc #6, there were no nursing notes as to the individual's care and vitals up to her hospitalization and subsequent death. The facility discharge summary indicated dc #6 was found to have the flu and was admitted to the hospital from the ED for evaluation. This occurred after she was taken to a clinic due to a fall and congestion that was noted over the weekend. There, her O2 was found to be low so she was referred to the ED or Urgent Care. After being admitted to the hospital, she was moved, within 24 hours, to intensive care. The report indicated she was dehydrated and her blood pressure became critically low. She was noted to have organ failure with sepsis and the family elected palliative care. Within 3 days, client #6 died.</p> <p>Further review of dc #6's record revealed there was no quarterly nursing note for her last quarter of life. No documentation of vitals by the facility nurse and no notes by the nurse since the last quarterly note dated 10/22/19.</p> <p>Interview with management confirmed the record did not include any notes of nursing services since the last quarterly on 10/22/19.</p> <p>On 6/8/2021, the facility presented a list of notes unsigned and not dated, written by the nurse. They did not present a "quarterly note." An interview with the nurse, via phone, revealed she wrote these notes on 6/8/2021 as a summary since there were no documented services provided for the last quarter prior to ED visit for dc #6. The notes did not provide any additional information in which the IRIS (Incident response improvement system) and the discharge summary had not provided.</p>	W 336			

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W 474	<p>MEAL SERVICES CFR(s): 483.480(b)(2)(iii)</p> <p>Food must be served in a form consistent with the developmental level of the client.</p> <p>This STANDARD is not met as evidenced by: Based upon observations, record review and interview, the facility failed to consistently provide the appropriate diet consistency for 2 of 3 audit clients (#2 and #4). The findings are:</p> <p>During observations of the lunch on 6/7/2021 at 11:43am, client #2 received a diet of a sandwich cut into fourths and some cut again. At the smallest, her pieces of sandwich were the size of nickel and dime coin pieces. They were served dry. Client #4 received a cut sandwich. The sandwich was cut into approximately 16 pieces. They were approximately the size of nickel and dime coin pieces and were also served dry.</p> <p>At dinner on 6/7/2021 at 5:36pm, the individuals received a vegetable mix (texture unaltered) and tomato soup and a sandwich. Again the sandwiches for both client #2 and #4 were cut into pieces the size of a dime and nickel for client #2 and the sizes of a quarter and nickel for #4. The sandwiches were served dry (grilled cheese).</p> <p>Interview with staff A and staff C on 6/7/2021 confirmed the textures of the sandwiches were appropriate. However, after the interview, the staff took client #4's sandwich and finely chopped it. She did not add any moisture to it.</p> <p>Review on 6/7/2021 of client #2's Individual program plan (IPP) dated 8/20/2020 revealed that she is on a 2,000 calorie ADA ground diabetic</p>	W 474	<p>W 474: By August 1,2021</p> <p>Dietian will retrained staff on the appropriate diet textures for client #2 and #4 and all the other clients diet textures. QP will update the diet charts for clients and provide pictures of what each diet texture consistency should look like. QP will train staff on the updated diet charts and will monitor appropriate diet textures pertaining to each client weekly and fade out as appropriate. All trainings will be filed in POC book.</p>	8/2/21

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W 474	Continued From page 5 diet. Further review of client #4's IPP dated 4/22/2021 revealed that she receives a heart healthy ground soft diet. Review on 6/7/2021 of a diet consistency chart in the kitchen available for staff to reference indicated that "ground" consistency should be the size of ground meat (smaller than green pea which is "chopped") and that it should have gravy or broth on it. Interview with staff A and C on 6/7/2021 confirmed that the chart with description of diet textures is current.	W 474		8/2/21	