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

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

TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
	34G304	B. WING _			06/0	8/2021	
IAME OF PROVIDER OR SUPPLIER RALPH SCOTT LIFESERVICES, I			500	REET ADDRESS, CITY, STATE, ZIP CODE VETERANS DRIVE ON COLLEGE, NC 27244			
(EACH DESICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL CY LICENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	96	(XS) COMPLETION DATE	
and protection of the Based on record refacility failed to assist notes were completed deceased client (do: Upon entrance to the management stated death (do:#6) since Upon review of the were no nursing noted and vitals up to her subsequent death. Summary Indicated flu and was admitted for evaluation. This to a clinic due to a noted over the week found to be low so Urgent Care. After she was moved with The report indicated blood pressure been noted to have organt family elected pallidled.  Further review of cover of the contract of the c	velop and maintain a sem that documents the client's rectment, cocial information e client's rights.  s not met as evidenced by: eview and interviews, the ure documentation of nursing ted and available for 1 of 1		111	W 111: On 6/22/21, The Director of ICF, team nurse and reviewed current systems and I made the following changes. Of IDT team meets and have quaremeetings the nurse will file the notes in the record book within of having the quarterly meeting each client. The QP will ensure records are up to date and curreduring our ICF record review by 1, 2021 and will fade out as appropriate. Director of ICF will QPs and Nurse on system chand document in the training files in 1,2021.	QP nave nce the terly nursing 14 days g for that all rent / August I train ges and By August	8/2/21 (X8) DATE 6/23/2	

Any deficiency statement ending with an asteriak (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other eafeguards 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.

FORM CMS-2587(02-99) Previous Versions Obsolete

Event ID: 8T0X11

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By DHSR Mental Health Licensure & Certification at 1:04 pm, Jun 23, 2021

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CENTERS	FOR MEDICARE &	MEDICAID SEKVICES		<del></del>		
STATEMENT O	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1			E SURVEY IPLETED
		34G304	B. WING			8/08/2021
	OVIDER OR SUPPLIER OTT LIFESERVICES, IN	IC/VETERANS DRIVE		500	REET ADDRESS, CITY, STATE, ZIP CODE D VETERANS DRIVE ON COLLEGE, NC 27244	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(XS) COMPLETION DATE
W 111	Interview with manage did not include any resince the last quarte. On 6/8/2021, the fact unsigned and not date interview with the number of the interview of the interview of the facility must enterprete on the facility must enterprete on the facility must enterprete on observation of the personal care of the personal care on the floor. She simulating until staff and cleint #1 was observating the door be client #1 was observating the door be client #1 was observations on the floor.	gement confirmed the record totes of nursing services rly on 10/22/19.  Allity presented a list of notes sted, written by the nurse. An urse via phone confirmed she in 6/8/2021 as a summary of infound notes of services visit for client #6. The notes additional information in which sponse improvement system) ummary had not provided  CLIENTS RIGHTS  (7)  sure the rights of all clients.		/ 111	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 staf will observe weekly and fade out as appropriate to ensure client rights and privacy are protected for all individual	

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Event ID:8T0X11

Facility IO: 954539

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CENTERS FOR MEDICARE & MEDICAID SERVICES  STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  34G304		1			(X3) DATE SURVEY COMPLETED	
		B. WING			08/2021	
OVIDER OR SUPPLIER	NC/VETERANS DRIVE	,	STREET ADDRESS, CITY, STATE, 2 500 VETERANS DRIVE ELON COLLEGE, NC 27244	IP CODE		
/FACH DEEKSENS	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE CROSS-REFERENCED	ACTION SHOULD BE TO THE APPROPRIATE	(XS) COMPLETION DATE	
living room. Staff C and assisted her to and assisted her to parts down if staff a Review of client #1s dated 8/31/2020 indicates that client activities of daily living indicates privacy for generic guidelines that indicates privacy for generic guidelines that indicates in the facility of their heat quarterly or more from the client need.  This STANDARD is said to assign the completed arction (dc #6). The linterview with manifacility on 6/7/2021	came a few minutes later pull up her pants.  Crevealed she will pull her are not around.  Individual program plan (IPP) dicated privacy guidelines or close doors and assist and body parts. The IPP further #1 needs assistance with her ing.  Agement on 6/8/2021 yield do not have anything to client #1 other than the shat are in each chart.  ES (3)(III)  Just include, for those clients ding a medical care plan, a the status which must be on a requent basis depending on the sure all quarterly nursing notes and available for 1 of 1 deceased finding is:  Jugement upon entrance to the revealed there were no		W 336: By A will review client #6 client's charts and e quarterlies are upd pertaining to the cli of ICF will re-train R quarterlies are filed 14 days. Director w	5 and all the other ensure the ated as needed lents need. Director IN to make sure the I in the charts within ill monitor Rn	8/2/21	
	F DEFICIENCIES CORRECTION  ROVIDER OR SUPPLIER  SOTT LIFESERVICES, II  SUMMARY'S  (EACH DEFICIENCY OR  REGULATORY OR  Continued From page living room. Staff C and assisted her to Interview with staff of pants down if staff at Review of client #1s dated 8/31/2020 indicates that client activities of daily livit Interview with mana confirmed the facilit address privacy for generic guidelines the NURSING SERVIC CFR(s): 483.460(c)  Nursing services m certified as not nee review of their heal quarterly or more for client need.  This STANDARD Based on record r facility failed to ass were completed ar client (dc #6). The Interview with mana facility on 6/7/2021 quarterly nursing r	CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G304  ROVIDER OR SUPPLIER  COTT LIFESERVICES, INC/VETERANS DRIVE  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 2  Ilving 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 #1s 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.  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 review and interview, the facility falled 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	FORFICIENCIES CORRECTION  (X1) PROVIDER SAGGRA  34G304  ROVIDER OR SUPPLIER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  COntinued From page 2  Iliving 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 #1s 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.  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 etatus 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 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	This STANDARD is not met as evidenced by:  Based on record review review and interview, the facility of more frequent basis depending on quarterly nursing notes were completed and available for 1 of 1 deceased client (d. #8). The facility failed to assure all quarterly nursing notes were completed and available for 1 of 1 deceased client (d. #8). The facility failed to assure all quarterly nursing notes were completed and available for 1 of 1 deceased client (d. #8). The facility failed to assure all quarterly nursing notes were completed and available for 1 of 1 deceased client (d. #8). The facility failed to assure all quarter of quarterly nursing notes were completed and the rewise on quarterly nursing notes for facility in management upon entrance to the facility on 67/2021 revealed there were no quarterly nursing notes for the last quarter of	CONTINUES CORRECTION  (XI) PROVIDER AND A BUILDING  340304  STREET ADDRESS, CITY, STATE, ZIP CODE 500 VETRANS DRIVE  SUMMARY STATEMENT OF DEFICIENCIES (EACH ORPICIPACY MUST BE PRECEDED BY PULL REQUILATORY OR LSC IDENTIFYING INFORMATION)  COntinued From page 2  Interview with 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 individual program plan (IPP) dated 8/31/2020 indicated privacy guidelines withich 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.  NURSING SERVICES  CPR(s): 483.460(c)(3)(iii)  This STANDARD is not met as evidenced by: Based on record review review and interview, the facility falled to assure all quarterly nursing notes were completed and available for 1 of 1 decoased client (dc #8). The finding is:  Interview with management upon entrance to the facility on 6/72021 revealed there were no quarterly nursing notes for the last quarter of	

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Facility ID: 954539

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NO. 0938-0391	
TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		34G304	8. WING			06/0	8/2021
	NAME OF PROVIDER OR SUPPLIER RALPH SCOTT LIFESERVICES, INC/VETERANS DRIVE		STREET ADDRESS, CITY, STATE, ZIP CODE 600 VETERANS DRIVE ELON COLLEGE, NC 27244				
(X4) ID PREFIX TAG	(PACH DEFICIENC	TATEMENT OF DEFICIENCIES  LY MUST BE PRECEDED BY FULL  LSC (DENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X6) COMPLETION DATE
W 336	Upon review of the monursing notes as vitals up to her hospideath. The facility of dc #6 was found to it to the hospital from to occurred after she with and congestion to weekend. There, he she was referred to being admitted to the within 24 hours, to in indicated she was depressure became or have organ failure with elected pallilative candled.  Further review of downs no quarterly nu of life. No document nurse and no notes quarterly note dated.  Interview with manadid not include any since the last quarter interview with the nursigned and not differ these notes of since there were no provided for the last #6. The notes did information in which	ecord for dc #8, there were to the individual's care and italization and subsequent ischarge summary indicated have the flu and was admitted the ED for evaluation. This ras taken to a clinic due to a hat was noted over the er O2 was found to be low so the ED or Urgent Care. After e hospital, she was moved, intensive care. The report ehydrated and her blood itically low. She was noted to with sepsis and the family re. Within 3 days, client #8  er #6's record revealed there raing note for her last quarter itation of vitals by the facility by the nurse since the last is 10/22/19.  Regement confirmed the record motes of nursing services erly on 10/22/19.  clifty presented a list of notes ated, written by the nurse. Int a "quarterly note." An urse, via phone, revealed she on 6/8/2021 as a summary of documented services of quarter prior to ED visit for do not provide any additional in the IRIS (incident response m) and the discharge	W	336			

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Event ID: 8T0X11

Facility (D; 854539

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NO.	0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION , A. BUILDING			(X3) DATE SURVEY COMPLETED		
		34G304	B. WING			06/0	8/2021
NAME OF P	OVIDER OR SUPPLIER	<u> </u>	<u> </u>	537	REET ADDRESS, CITY, STATE, ZIP CODE		
				50	IQ VETERANS ORIVE		
RALPH 80	OTT LIFESERVICES, IN	IC/VETERANS DRIVE		E	LON COLLEGE, NC 27244		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	8E	COMPLETION DATE
W 474	MEAL SERVICES CFR(s): 483,480(b)(3 Food must be served developmental level  This STANDARD is Based upon observed interview, the facility the appropriate diet of clients (#2 and #4).  During observations 11:43am, client #2 recut into fourths and signaliest, her pieces nickel and dime coindry. Client #4 receives andwich was cut in They were approxim	2)(lii)  If in a form consistent with the of the client.  Inot met as evidenced by: ations, record review and falled to consistently provide consistency for 2 of 3 audit	W	474	W 474: By August 1,202: Dietian will retrained staff on appropriate diet textures for appropriate diet textures for appropriate diet textures. QP will update to charts for clients and provide pictures of what each diet textures consistency should look like. Out train staff on the updated diet charts and will monitor appropriate appropriate appropriate appropriate will in POC book.	the client ents the diet dure QP will t ppriate ch	8/2/21
	received a vegetable tomato soup and a sandwiches for both into pieces the size. #2 and the sizes of a The sandwiches we Interview with staff / confirmed the textur appropriate. However, staff took client #4's it. She did not add a Review on 6/7/2021 program plan (IPP)	et at 5:36pm, the individuals a mix (texture unaltered) and sandwich. Again the client #2 and #4 were cut of a dime and nickel for client a quarter and nickel for #4. The served dry (grilled cheese). A and staff C on 6/7/2021 are of the sandwiches were ver, after the interview, the sandwich and finely chopped any moisture to it.  If of client #2's individual dated 8/20/2020 revealed that alorie ADA ground diabetic					

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Event ID:8T0X11

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

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

		(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G30 <b>4</b>	a, WING			(	16/08/2021	
NAME OF PROVIDER OR SUPPLIER  RALPH SCOTT LIFESERVICES, INC/VETERANS DRIVE				STREI 500 V ELOI				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION I CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X8) COMPLETION DATE	
W 474	diet. Further review 4/22/2021 revealed healthy ground soft of Review on 6/7/2021 the kitchen available indicated that "grour size of ground meat which is "chopped") or broth on it.	of client #4's IPP dated that she receives a heart	<b>V</b>	474			8/2/21	

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