

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

PRINTED: 09/09/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G223	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/08/2021
NAME OF PROVIDER OR SUPPLIER RALPH SCOTT LIFESERVICES, INC/LARAMIE DRIVE			STREET ADDRESS, CITY, STATE, ZIP CODE 108 LARAMIE DRIVE MEBANE, NC 27302		
(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 125	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure the rights of 1 of 5 audit clients (#3) by failing to assure client dignity related to the use of incontinence padding. The finding is:</p> <p>Upon arrival to the home on 9/8/21 at 6:35am, client #3 was seated in her wheelchair in the hallway. An incontinence pad was positioned underneath her and across the seat of her wheelchair. The pad was visible to anyone in the home.</p> <p>Interview on 9/8/21 with Staff A revealed the padding was positioned across the seat of the wheelchair "so the chair won't get wet...to protect the chair" in case she has a toileting accident.</p> <p>Review on 9/8/21 of client #3's IPP dated 4/29/21 revealed she toilets on a schedule. Additional review of the plan noted, "[Client #3] continues to require full assistance in order to understand and to exercise her rights."</p> <p>During an interview on 9/8/21 with the Qualified Intellectual Disabilities Professional (QIDP), she confirmed the padding was used for incontinence and should not be utilized in the manner observed.</p>	W 125			
W 229	INDIVIDUAL PROGRAM PLAN	W 229			

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.

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

PRINTED: 09/09/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G223	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/08/2021
NAME OF PROVIDER OR SUPPLIER RALPH SCOTT LIFESERVICES, INC/LARAMIE DRIVE			STREET ADDRESS, CITY, STATE, ZIP CODE 108 LARAMIE DRIVE MEBANE, NC 27302		
(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 229	<p>Continued From page 1 CFR(s): 483.440(c)(4)(i)</p> <p>The objectives of the individual program plan must be stated separately, in terms of a single behavioral outcome.</p> <p>This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure objectives were stated in terms of a single behavioral outcome. This affected 3 of 5 audit clients (#1, #4 and #6). The findings are:</p> <p>A. Review on 9/7/21 of client #1's Individual Program Plan (IPP) dated 2/11/21 revealed the objectives, "[Client #1] will independently bring her personal items to the bathroom for her shower, then undress herself for her shower for 160 out of 180 days." and "[Client #1] will pick out a picture from a magazine or book and talk about it by answering at least 1 - 2 questions. She will do this 8 out of 10 opportunities."</p> <p>During an interview on 9/8/21, the Qualified Intellectual Disabilities Professional (QIDP) acknowledged the objective statement was not written with a single outcome.</p> <p>B. Review on 9/7/21 of client #4's IPP dated 3/11/21 revealed the objective. "[Client #4] will call and speak to her mother twice weekly for 160 out of 180 days."</p> <p>During an interview on 9/8/21, the Qualified Intellectual Disabilities Professional (QIDP) acknowledged the objective statement was not written with a single outcome.</p>	W 229			

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

PRINTED: 09/09/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G223	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/08/2021
NAME OF PROVIDER OR SUPPLIER RALPH SCOTT LIFESERVICES, INC/LARAMIE DRIVE			STREET ADDRESS, CITY, STATE, ZIP CODE 108 LARAMIE DRIVE MEBANE, NC 27302		
(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 229	Continued From page 2	W 229			
W 247	<p>C. Review on 9/7/21 of client #6's IPP dated 10/12/20 revealed the objective, "[Client #6] will answer questions independently that are related to time and the daily schedule given at least 8 out of 10 opportunities."</p> <p>During an interview on 9/8/21, the Qualified Intellectual Disabilities Professional (QIDP) acknowledged the objective statement was not written with a single outcome.</p> <p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi)</p> <p>The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #3 was provided with adequate opportunities for choice and self-management in her home environment. This affected 1 of 5 audit clients. The finding is:</p> <p>During observations in the home throughout the survey on 9/7 - 9/8/21, various staff periodically locked the wheels on client #3's wheelchair while she was seated in the living room. On 9/8/21 at 7:38am, Staff A unlocked client #3's wheelchair and verbally prompted her to move her chair towards the front door. The client placed both hands on the wheels of the chair to slowly propel herself to the front door.</p> <p>Interview on 9/8/21 with Staff A revealed client #3 can move herself around the home while in her wheelchair using both hands on the wheels.</p>	W 247			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G223	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/08/2021
NAME OF PROVIDER OR SUPPLIER RALPH SCOTT LIFESERVICES, INC/LARAMIE DRIVE			STREET ADDRESS, CITY, STATE, ZIP CODE 108 LARAMIE DRIVE MEBANE, NC 27302		
(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 247	Continued From page 3 Additional interview indicated the client has a goal to independently move her wheelchair 12 feet. Review on 9/8/21 of client #3's Individual Program Plan (IPP) dated 4/29/21 revealed, "[Client #3] is non ambulatory but is able to self-propel in a manual wheelchair with staff assistance at times." Additional review of the plan indicated an objective to independently move her wheelchair forward 12 feet five days a week for 160 out of 180 days (implemented 6/3/21). Interview on 9/8/21 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #3 can move her wheelchair using her hands. The QIDP acknowledged her wheelchair does not need to be locked inside of the home.	W 247			
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 3 of 5 audit clients (#2, #4 and #6) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the area of meal	W 249			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G223	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/08/2021
NAME OF PROVIDER OR SUPPLIER RALPH SCOTT LIFESERVICES, INC/LARAMIE DRIVE			STREET ADDRESS, CITY, STATE, ZIP CODE 108 LARAMIE DRIVE MEBANE, NC 27302		
(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 249	<p>Continued From page 4 preparation. The findings are:</p> <p>A. During 2 of 3 meal preparation observations in the home during the survey on 9/7 - 9/8/21, staff completed various cooking tasks without prompting or assisting clients to participate. For example, during dinner preparation on 9/7/21 at 5:10pm, Staff G prompted client #2 to the kitchen to assist with meal preparation. Once in the kitchen, client #2 was assisted to pour peas and mixed fruit into a pot and a bowl. The client then left the area. The staff proceeded to complete various other tasks without any client involvement including using an electric can opener, stirring food on the stove, filling a pitcher with juice, operating the microwave, making sloppy joe sandwiches and putting food into serving bowls.</p> <p>Upon arrival to the home on 9/8/21 at 6:25am, oatmeal was noted cooking on the stove and four slices of bread were in the toaster. During additional observations of breakfast preparation in the home on 9/8/21 at 6:32am, Staff C prompted client #6 to the kitchen to assist with meal preparation. Once in the kitchen, client #6 was assisted to operate the toaster once. The staff proceeded to make more toast, add butter and jelly to the toast, pour juice into a pitcher, cook scrambled eggs, and place food into bowls without any client involvement.</p> <p>During an interview on 9/8/21 with Staff C, when asked what cooking tasks clients assist with, the staff stated, "Lately not any...just little stuff." Additional interview revealed the clients usually set the table. Additional interview indicated what client #6 was observed to do was how the clients generally participate with meal preparation.</p>	W 249			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G223	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/08/2021
NAME OF PROVIDER OR SUPPLIER RALPH SCOTT LIFESERVICES, INC/LARAMIE DRIVE			STREET ADDRESS, CITY, STATE, ZIP CODE 108 LARAMIE DRIVE MEBANE, NC 27302		
(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 249	<p>Continued From page 5</p> <p>Interview on 9/8/21 with Staff A indicated, "They don't really do" anything at breakfast and they mainly assist at dinner. Additional interview revealed they can pour into a pot and client #4 "presses the button" to process her food.</p> <p>Review on 9/8/21 of client #2's IPP dated 1/28/21 revealed, "[Client #2] is independent in some routine tasks, however, she requires some staff assistance to ensure completion...She enjoys helping staff prepare meals..." Additional review of the client's Adult Daily Living Skills (ADLS) evaluation (last updated 3/8/21) indicated she requires prompts to make lunch, make a simple drink, use the microwave, follow a simple recipe, and to cook simple entrees. The ADLS also noted the client requires manipulation to use a can opener, stove or oven and to cook some items.</p> <p>Review on 9/8/21 of client #6's IPP identified a need to "increase ADL skills". Additional review of the client's ADLS evaluation (last updated 9/10/20) indicated she can independently make a simple drink, prepare a simple snack, rinse fresh fruit or vegetables and locate items in the kitchen and pantry. The evaluation revealed the client requires prompts to use a can opener, microwave, stove and oven, make simple entrees, cook some items and follow a recipe.</p> <p>Interview on 9/8/21 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed clients should have been more involved with cooking tasks.</p> <p>B. During dinner preparation in the home on 9/7/21 at 6:02pm, client #4 was brought into the kitchen to puree her food. The client was assisted</p>	W 249			

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

PRINTED: 09/09/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G223	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/08/2021
NAME OF PROVIDER OR SUPPLIER RALPH SCOTT LIFESERVICES, INC/LARAMIE DRIVE			STREET ADDRESS, CITY, STATE, ZIP CODE 108 LARAMIE DRIVE MEBANE, NC 27302		
(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 249	Continued From page 6 to position her elbow on a large button switch while a staff operated a blender to puree the client's food. During additional observations on 9/8/21, Staff C pureed client #4's food without prompting or assisting her to participate with this task. Interview on 9/7/21 with Staff E revealed the switch device was not working properly and they were not sure why. Additonal interview on 9/8/21 with Staff C indicated client #4 usually assists with blending her food by pressing the switch device; however, she had done it for her. Review on 9/7/21 of client #4's IPP dated 3/11/21 indicated, "[Client #4] needs food prepared for her but can assist in grinding her food using a Big Button." The plan also identified a strength with utilizing "pressure switches".	W 249			
W 252	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1) Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure data relative to the accomplishment of specified objectives was documented in measurable terms. This affected	W 252			

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

PRINTED: 09/09/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G223	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/08/2021
NAME OF PROVIDER OR SUPPLIER RALPH SCOTT LIFESERVICES, INC/LARAMIE DRIVE			STREET ADDRESS, CITY, STATE, ZIP CODE 108 LARAMIE DRIVE MEBANE, NC 27302		
(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 252	<p>Continued From page 7</p> <p>3 of 5 audit clients (#1, #4 and #6). The findings are:</p> <p>A. Review on 9/7/21 of client #1's Individual Program Plan (IPP) dated 2/11/21 revealed objectives to place her clothes in the laundry basket for 160 out of 180 days (implemented 4/8/21), to independently chose her shirt for 160 out of 180 days (implemented 4/8/21), to independently bring her personal items to the bathroom for her shower, then undress herself for her shower for 160 out of 180 days (implemented 4/1/21) and to pick out a picture from a magazine or book and talk about it by answering at least 1 - 2 questions 8 out of 10 opportunities (implemented 6/11/21). Additional review of the client's objective training book indicated the following regarding data collection:</p> <p>Clothes to laundry</p> <ul style="list-style-type: none"> - No documentation 6/29/21 - 9/7/21 <p>Choose a shirt</p> <ul style="list-style-type: none"> - No documentation 6/19/21 - 9/7/21 <p>Bring items to shower</p> <ul style="list-style-type: none"> - No documentation 7/1/21 - 9/7/21 <p>Choose a picture</p> <ul style="list-style-type: none"> - No documentation 6/29/21 - 9/7/21 <p>Interview on 9/8/21 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed data should have been collected for all of the objectives.</p>	W 252			

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

PRINTED: 09/09/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G223	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/08/2021
NAME OF PROVIDER OR SUPPLIER RALPH SCOTT LIFESERVICES, INC/LARAMIE DRIVE			STREET ADDRESS, CITY, STATE, ZIP CODE 108 LARAMIE DRIVE MEBANE, NC 27302		
(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 252	<p>Continued From page 8</p> <p>B. Review on 9/7/21 of client #4's IPP dated 3/11/21 revealed objectives to complete 5 arm stretches on both arms to help with her range of motion 160 out of 180 days (implemented 4/22/21), to make a choice between two TV shows to watch for 160 out of 180 days (implemented 4/22/21) and to call and speak to her mother twice weekly for 160 out of 180 days (implemented 4/22/21). Additional review of the client's objective training book indicated the following regarding data collection:</p> <p>Arm stretches</p> <ul style="list-style-type: none"> - No documentation 5/8/21 - 9/7/21 <p>Choose TV show</p> <ul style="list-style-type: none"> - No documentation 8/26/21 - 9/7/21 <p>Call mom</p> <ul style="list-style-type: none"> - No documentation 8/27/21 - 9/7/21 <p>Interview on 9/8/21 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed data should have been collected for all of the objectives.</p> <p>C. Review on 9/7/21 of client #6's IPP dated 10/12/20 revealed objectives to answer questions independently that are related to time and the daily schedule given at least 8 out of 10 opportunities (implemented 6/11/21), independently complete a leisure routine for 160 out of 180 days (implemented 4/26/21), wipe her face using her washcloth two times daily for 160 out of 180 days (implemented 4/26/21) and to</p>	W 252			

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

PRINTED: 09/09/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G223	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/08/2021
NAME OF PROVIDER OR SUPPLIER RALPH SCOTT LIFESERVICES, INC/LARAMIE DRIVE			STREET ADDRESS, CITY, STATE, ZIP CODE 108 LARAMIE DRIVE MEBANE, NC 27302		
(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 252	Continued From page 9 independently hold a toothbrush to allow staff to apply toothpaste for 160 out of 180 days (implemented 4/26/21). Additional review of client #6's objective training book indicated the following regarding data collection: Answer questions - No documentation between 5/10/21 - 8/31/21 - No documentation after 9/1/21 Leisure routine - No documentation between 5/10/21 - 8/31/21 - No documentation after 9/5/21 Wipe her face - No documentation between 4/29/21 - 8/31/21 Hold toothbrush - Documentation for 1st - 7th only (no month listed) Interview on 9/8/21 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed data should have been collected for all of the objectives.	W 252			
W 368	DRUG ADMINISTRATION CFR(s): 483.460(k)(1) The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is not met as evidenced by:	W 368			

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

PRINTED: 09/09/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G223	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/08/2021
NAME OF PROVIDER OR SUPPLIER RALPH SCOTT LIFESERVICES, INC/LARAMIE DRIVE			STREET ADDRESS, CITY, STATE, ZIP CODE 108 LARAMIE DRIVE MEBANE, NC 27302		
(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 368	Continued From page 10 Based on observations, record review and interview, the facility failed to ensure all drugs were administered in accordance with physician's orders. This affected 1 of 2 clients observed receiving medications (#6). During observations of medication administration in the home on 9/8/21 at 6:36am, client #6 ingested Gabapentin 600mg along with twelve other medications. Atorvastatin 20mg was not administered at this time. Review on 9/8/21 of client #6's physician's orders dated 8/31/21 revealed orders for Atorvastatin 20mg, 1 tab by mouth "in am" and Gabapentin 600mg, 1 tab by mouth "q HS". Additional review of client #6's Medication Administration Record (MAR) revealed the Atorvastatin is being administered at night and the Gabapentin is being administered in the morning on a daily basis. Interview via phone on 9/8/21 with the facility nurse indicated the physician's orders were current; however, the pharmacy must have made an error documenting the times.	W 368			
W 383	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) Only authorized persons may have access to the keys to the drug storage area. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure only authorized persons have access to the keys to the drug storage area. The finding is:	W 383			

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

PRINTED: 09/09/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G223	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/08/2021
NAME OF PROVIDER OR SUPPLIER RALPH SCOTT LIFESERVICES, INC/LARAMIE DRIVE			STREET ADDRESS, CITY, STATE, ZIP CODE 108 LARAMIE DRIVE MEBANE, NC 27302		
(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 383	<p>Continued From page 11</p> <p>During observations in the home throughout the survey on 9/7 - 9/8/21, the keys to the drug storage area were kept on a desk in the office of the home. Throughout the observations, various staff retrieved the keys to the drug storage area. The keys were accessible to anyone in the home.</p> <p>Interview on 9/8/21 with Staff A (the medication technician) revealed the keys to the medication closet are usually secured in a box with a code to access them. Additional interview indicated the keys were likely left unsecured to allow fill-in staff, who don't know the code, to access them.</p> <p>Interview via phone on 9/8/21 with the facility nurse indicated the keys to the drug storage area should be secured in a box in the office with a code for access. Additional interview revealed the keys would also be kept on the person responsible for dispensing medications in the home, if not in the lock box.</p> <p>Interview on 9/8/21 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed keys to the medication closet should be kept in a combination lock box located behind the door in the office of the home.</p>	W 383			
W 436	<p>SPACE AND EQUIPMENT CFR(s): 483.470(g)(2)</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p>	W 436			

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

PRINTED: 09/09/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G223	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/08/2021
NAME OF PROVIDER OR SUPPLIER RALPH SCOTT LIFESERVICES, INC/LARAMIE DRIVE			STREET ADDRESS, CITY, STATE, ZIP CODE 108 LARAMIE DRIVE MEBANE, NC 27302		
(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 436	<p>Continued From page 12</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #6 was furnished all adaptive equipment identified as needed by the interdisciplinary team. This affected 1 of 5 audit clients. The finding is:</p> <p>During observations in the home throughout the survey on 9/7 - 9/8/21, client #6 utilized a roller walker to move throughout the home. The client did not wear a gait belt. Client #6 was not prompted or assisted to wear a gait belt while ambulating.</p> <p>Interview on 9/8/21 with Staff A revealed client #6 has a gait belt; however, she only wears it "if needed" when she is getting on/off the van or in the shower. The staff indicated the client does not generally wear the gait belt when ambulating around the home.</p> <p>Review on 9/8/21 of client #6's Individual Program Plan (IPP) dated 10/12/20 revealed she uses a gait belt "while ambulating". Additional review of the plan indicated, "The physical therapist states she has fair to poor static study balance and poor dynamic balance in standing and gait. [Client #6] wears a gait belt for easier assist...whether or not it is needed...[Client #6] is considered a high fall risk."</p> <p>Interview on 9/8/21 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #6 uses a gait belt during ambulation; however, she currently does not have one. Additional interview indicated a new gait belt has been ordered and no back up device was available for use.</p>	W 436			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G223	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/08/2021
NAME OF PROVIDER OR SUPPLIER RALPH SCOTT LIFESERVICES, INC/LARAMIE DRIVE			STREET ADDRESS, CITY, STATE, ZIP CODE 108 LARAMIE DRIVE MEBANE, NC 27302		
(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 460	<p>FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1)</p> <p>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure client #1 received her modified diet as indicated. This affected 1 of 5 audit clients. The finding is:</p> <p>During snack observations in the home on 9/7/21 at 4:21pm, client #1 consumed a Fig Newton cookie. The cookie was approximately the length of an index finger and about the width of a quarter. The client consumed the cookie uncut in two bites.</p> <p>Interview on 9/8/21 with Staff A revealed client #1 consumes a chopped diet.</p> <p>Review on 9/7/21 of client #1's Individual Program Plan (IPP) dated 2/11/21 revealed she receives a Heart Healthy, 1800 calorie, low fat chopped diet with limited concentrated sweets.</p> <p>Interview on 9/8/21 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #1 consumes a chopped food diet and the cookie should have been cut up.</p>	W 460			