

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G311	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/18/2021
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NAME OF PROVIDER OR SUPPLIER RALPH SCOTT LIFESERVICES, INC/ROSEMONT STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 304 ROSEMONT STREET GIBSONVILLE, NC 27217
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(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
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W 126	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(4)</p> <p>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.</p> <p>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:</p> <p>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.</p> <p>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.</p> <p>Interview on 8/17/2021 with the qualified intellectual disability professional (QIDP) on 8/17/2021 confirmed client #1 has training potential per her CFA and she was not sure why the team has not gotten to that training with her.</p> <p>2. Review of client #4's IPP dated 12/17/2020 revealed that client #4 does not have any training in money management.</p> <p>Interview on 8/17/2021 with the QIDP confirmed client #4 did not have any training in money management.</p>	W 126	<p>W126 By October 16, 2021 QP will review Adult daily living Skills Evaluation for client # 1 and client #4 and all other clients to manage in regards to financial affairs. QP will implement financial goals according to the Adult daily living skills evaluation for each client. QP will train staff on new goals and copies of all trainings will be in the POC book. QP will monitor goals progress bi weekly then fade to every quarter when appropriate.</p>	10/16/2021
W 227	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)</p>	W 227		

RECEIVED
By Mental Health Licensure & Cert. Section at 10:32 am, Aug 31, 2021

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Belinda G. Givens TITLE
Dir of clc F, MS (X6) DATE
8/31/2021

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 227	<p>Continued From page 1</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to assure 1 of 1 audit clients (#1) who is deaf received training in the area of sign language. The finding is:</p> <p>Throughout observations on 8/17-8/18/2021 client #1 did not self initiate using manual sign language and staff rarely used it with her. The staff used a few signs, gestures and verbalizations.</p> <p>Review of client #1 IPP dated 5/6/2021 revealed that she is deaf and had attended the school for the deaf. There were no goals to improve sign language listed. Further review revealed a speech evaluation dated 5/3/2021 which indicated a recommendation to improve communication through basic sign language.</p> <p>Interview with client #1 revealed that she could independently sign some words the surveyor gave her. However it also revealed that she hesitated on some basic signs. When this surveyor would slowly unfold and "start" to sign the basic word then client #1 would finish the sign. It appeared as though she once knew the sign but needed to be reminded for several basic signs. Other words she signed without even a start of a demonstration of it. Client #1 indicated she would like to know how to sign more words.</p>	W 227	<p>W227 By October 16, 2021 SLP will implement a sign language goal for client #1 and all other individuals who communicate through basic sign language to improve their communication. SLP will train staff on the newly implemented goals and copies of all trainings will be put in the POC book. QP will monitor goal progress bi weekly then fade to every quarter when appropriate.</p>	10/16/2021

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W 227	Continued From page 2 Interview with the qualified intellectual disability professional (QIDP) on 8/17/2021 revealed she did not know why they did not develop a goal for sign language. She further confirmed she would benefit from sign language.	W 227			