

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 R 01/27/2022
NAME OF PROVIDER OR SUPPLIER RALPH SCOTT LIFESERVICES, INC/LARAMIE DRIVE			STREET ADDRESS, CITY, STATE, ZIP CODE 108 LARAMIE DRIVE MEBANE, NC 27302		
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W 000	INITIAL COMMENTS A revisit was conducted at the facility on 1/27/22 for deficiencies previously cited on 9/7 - 9/8/21. Four deficiencies were corrected; however, five deficiencies were recited. The facility remains out of compliance.	W 000			
{W 125}	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3) 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. 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 2 audit clients (#4) by failing to assure client dignity related to the use of incontinence padding. The finding is: During observations in the home on 1/27/22 at 8:08am, client #4 was brought into the dining area from the bathroom positioned in her wheelchair. A large white incontinence pad was positioned underneath her and across the seat of her wheelchair. The pad was visible to anyone in the home. Interview on 1/27/22 with Staff A revealed the pad positioned underneath client #4 was placed there because the client sometimes "has accidents". Review on on 1/27/22 of a Client's Rights training completed on 10/24 - 10/25/21 revealed, "You have the right to ALL basic human rights including: the right to be respected, the right to	{W 125}	W 125: By February 28, 2022, the IDT Team will meet to discuss the incontinence of Client #4 and her toileting schedule to ensure that it is appropriate. Any necessary changes to incontinence guidelines will be revised, and staff will be re-trained. In addition, all staff will be re-trained on Individual's Rights Policy emphasizing normalization principles and dignity. A copy of all trainings will be filed in staff records. Members of the ICF Administration team staff will observe twice weekly and fade out as appropriate to ensure client rights are protected. A copy of documentation will be forwarded to the PC of the home. DHSR - Mental Health FEB 9 2022 Lic. & Cert. Section	2/25/22	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Behrda Jordan* TITLE: *Dir of ICF* (X6) DATE: *2/3/2022*

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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CENTERS FOR MEDICARE & MEDICAID SERVICES

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{W 125}	Continued From page 1 dignity and the right to humane care." Additional review of staff training entitled Toileting Guidelines (dated 10/25/21) revealed, "...If an individual is confined to a wheelchair CHUCKS (WET PAD) SHOULD NEVER BE LEFT IN THEIR WHEELCHAIR OR ANY FURNITURE THEY MAY RECEIVE DOWNTIME IN."	{W 125}		
{W 249}	<p>During an interview on 1/27/22 with the Qualified Intellectual Disabilities Professional (QIDP), indicated staff had recently received training for the protection of client's rights which included the inappropriate use of incontinence pads.</p> <p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 2 of 2 audit clients (#2 and #4) 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 preparation. The findings is:</p> <p>During observations of breakfast preparation in the home on 1/27/22 at 7:15am, Staff C gathered</p>	{W 249}	<p><u>W 249:</u></p> <p>By February 28, 2022, the IDT Team will meet to discuss and review ADLSE in the areas of mealtime, specifically, routines, preparation, and clean up for all individuals in the home. Staff will be retrained in all areas of mealtime routines, food preparation, and clean up for all individuals. A copy of training will be filed in staff training record. Members of the ICF Administration team staff will observe twice weekly and fade out as appropriate to ensure</p>	<p>2/15/22 R</p>

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{W 249}	<p>Continued From page 2</p> <p>food items to be prepared. The staff poured cereal into a large bowl, broke apart several granola bars and placed them in a chopper, blended them to a chopped consistency and placed cups of yogurt on the counter. During this time, client #2 walked into the kitchen area briefly. During additional observations at 8:11am, Staff C pureed client #4's food without prompting or assisting her to participate with this task.</p> <p>Interview on 1/27/22 with Staff C revealed client #4 usually assists with blending her food by pressing a button switch; however, she had done it for her. The staff also indicated clients can press the button on the chopper to operate the device.</p> <p>Review on 1/27/22 of client #2's Individual Program Plan (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 1/27/22 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".</p> <p>Interview on 1/27/22 with the QIDP confirmed client #4 continues to assist with blending her</p>	{W 249}		
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{W 249}	Continued From page 3 food by using a switch. Additional interview indicated staff had recently been trained on allowing the clients to participate with cooking tasks.	{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 1 of 2 audit clients (#2). The findings is: Review on 1/27/22 of client #2's Individual Program Plan (IPP) dated 1/28/21 revealed objectives to call her mother with assistance for 160 out of 180 days (implemented 1/17/22), to help prepare a dish for mealtime for 160 out of 180 days (implemented 1/17/22), and to independently choose a book she would like to read 180 days (implemented 1/17/22). Additional review of the client's objective training book indicated documentation for the objectives should occur "daily". Further review of the data collections sheets for each objective did not include any documentation for 1/17/22 - 1/26/22. Interview on 1/27/22 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #2's objectives were current and staff should be	{W 252}	<u>W 252:</u> By February 28, 2022 the PC of Laramie Dr. will re-train all Direct Support Staff on accurate, consistent, and timeliness of program implementation which will include goal training, goal documentation, and daily progress documentation. Members of the ICF Administration team staff will observe twice weekly and fade out as appropriate to ensure that the Direct Care Staff are following procedures to document in measurable terms	2/25/22

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{W 252}	Continued From page 4 collecting data for them as indicated.	{W 252}			
{W 368}	<p>DRUG ADMINISTRATION CFR(s): 483.460(k)(1)</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.</p> <p>This STANDARD is not met as evidenced by: 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 1 client observed receiving medications (#4).</p> <p>During observations of medication administration in the home on 1/27/22 at 8:10am, client #4 ingested Clonidine, Slo Release Fe, Amlopidine and Metoprolol ER. Just prior to the consumption of her medications, Staff A attempted to take the client's pulse but could not obtain a reading due to the client's consistent movement.</p> <p>Review on 1/27/22 of client #4's physician's orders dated 12/1/21 revealed an order for Metoprolol ER (Toprol XL) 100mg tablet by mouth every morning, "(hold if pulse is < 50)".</p> <p>Interview on 1/27/22 with Staff A revealed client #4's pulse is difficult to take since she moves so much. The staff acknowledged the client's pulse should be taken prior to ingesting Metoprolol.</p> <p>Interview on 1/27/22 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #4's pulse should have been taken prior to ingesting her Metoprolol as indicated.</p>	{W 368}	<p><u>W 368:</u></p> <p>By February 28, 2022 the IDT team will meet to discuss and investigate the proper administration of all drugs and to assure the administration is in compliance with physician's orders. The 90-day med orders and individual MARs were reviewed and it was determined that all staff will be re-trained by the Nurse on proper Medication Administration. Members of the ICF Administration team staff will observe twice weekly and fade out as appropriate to ensure needs are addressed. A copy of documentation will be forwarded to the PC of the home.</p>	<p>2/15/22</p>	

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{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 #2 received her modified diet as indicated. This affected 1 of 2 audit clients. The finding is:</p> <p>During breakfast observations in the home on 1/27/22 at 7:50am, client #2 consumed a chopped granola bar. The pieces of granola were smaller than the size of a pea.</p> <p>Interview on 1/27/22 with Staff A revealed client #2 consumes a bite-size diet.</p> <p>Review on 1/27/22 of a client diet list dated 10/2021 revealed client #2 consumes a "bite-sized" consistency diet. The list noted bite-size would be "The size of a one bite-about 1/2 inch square, Chex Mix cereal."</p> <p>Interview on 1/27/22 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #2 consumes a bite-size food diet as indicated on the diet list.</p>	{W 460}	<p><u>W 460:</u></p> <p>By February 28, 2022 the IDT Team will meet to review the diet orders and mealtime guidelines for Client #2 as well as to ensure they remain appropriate for all other individuals at Laramie Drive to assure that all mealtime programs remain appropriate. The staff will be retrained on all individual diet orders and orders and guidelines will be updated as needed. Members of the ICF Administration team staff will observe twice weekly and fade out as appropriate. A copy of documentation will be forwarded to the PC of the home.</p>	<p><i>2/15/22</i></p>	