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

PRINTED: 11/15/2022 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER RALPH SCOTT LIFESERVICES, INC/ROSEMONT STREET (PA) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MILST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) W 250 PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(2) The facility must develop an active treatment schedule that outlines the current active treatment program and that is readily available for review by relevant staff. This STANDARD is not met as evidenced by: Based on observations and confirmed by interviews with staff, the facility failed to ensure the active treatment schedule their dining and medication administration needs. The findings are: A. During observations on 11/8/22 in the facility at 6:00am, clients #1, #2, #3, #4 and #5 were sitting at the dining room table preparing to start breakfast. Direct care staff C and the Residential Manager assisted client #1 and client #5 to pour their cereal, milk and serve cinnamon toast onto their plates. As client #5 began scooping his cereal into his mouth with his spoon at 6:04am, staff D asked client #1 to [5,000 units) observations on 11/8/22 at 6:05am, client #5 was observed to receive Vitamin D (5,000 units) Oxybutynin (5 mg), Duloxetine (60 mg), Arippirazelo 5 mg. After consuming his medications with juice, he returned to the dining room table where she was eating breakfast which included cereal, clinnamon toast, juice, and water	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
RALPH SCOTT LIFESERVICES, INC/ROSEMONT STREET (X4) ID (X4) ID (EACH DEFICIENCY MUST BE REFCEEDED BY PULL TAG (EACH DEFICIENCY MUST BE REFCEEDED BY PULL TAG (EACH DEFICIENCY MUST BE REFCEEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) W 250 PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(2) The facility must develop an active treatment schedule that outlines the current active treatment program and that is readily available for review by relevant staff. This STANDARD is not met as evidenced by: Based on observations and confirmed by interviews with staff, the facility failed to ensure the active treatment schedule for 2 of 3 audit clients (#1 and #5) was flexible enough to accommodate their dining and medication administration needs. The findings are: A During observations on 11/8/22 in the facility at 6:00am, client #5, 142, 243, 44 and #5 were slitting at the dining room table vere innamon toast onto their plates. As client #5 began scooping his cereal into his mouth with his spoon at 6:04am, staff D asked client #3 and client #5 to pour their cereal, milk and serve cinnamon toast onto their plates. As client #5 began scooping his cereal into his mouth with his spoon at 6:05am, client #5 began scooping his cereal into his mouth with his spoon at 6:05am, client #5 began scooping his cereal into his mouth with his spoon at 6:05am, client #5 began scooping his cereal into his mouth with his spoon at 6:05am, client #5 began scooping his cereal into his mouth with his spoon at 6:05am, client #5 began scooping his cereal into his mouth with his poon at 6:05am, client #5 began scooping his cereal into his mouth with his poon at 6:05am, client #5 began scooping his cereal into his mouth with his poon at 6:05am, client #5 began scooping his cereal into his mouth with his poon at 6:05am, client #5 began scooping his cereal into his mouth with his poon at 6:05am, client #5 began scooping his cereal into his mouth with his poon at 6:05am, client #5 began scooping his cereal his poon and his poon and his poon and h		34G311		B. WING			11/08/2022	
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(2) The facility must develop an active treatment schedule that outlines the current active treatment program and that is readily available for review by relevant staff. This STANDARD is not met as evidenced by: Based on observations and confirmed by interviews with staff, the facility falled to ensure the active treither their dining and medication administration needs. The findings are: A. During observations on 11/8/22 in the facility at 6:00am, clients #1, #2, #3, #4 and #5 were sitting at the dining room table expension so the received in medication administration in the most onto their plates. As client #5 began socoping his cereal into his mouth with his spoon at 6:04am, staff D asked client #5 to get up from the dining room table be come to the medication closet to get his medications. During additional observations on 11/8/22 at 6:05am, client #5 was observed to receive Vitamin D (5,000 units) Oxybutynin (5 mg), Duloxetine (60 mg), Aripiprazole 5 mg. After consuming his medications on 11/8/22 in the facility at 6:10am staff D asked client #1 to leave the dining room table be review to the medication on table the review by a setting the facility at 6:10am staff D asked client #1 to leave the dining room table bere she was esting breakfast which					304 F	ROSEMONT STREET	•	
CFR(s): 483.440(d)(2) The facility must develop an active treatment schedule that outlines the current active treatment program and that is readily available for review by relevant staff. This STANDARD is not met as evidenced by: Based on observations and confirmed by interviews with staff, the facility failed to ensure the active treatment schedule for 2 of 3 audit clients (#1 and #5) was flexible enough to accommodate their dining and medication administration needs. The findings are: A. During observations on 11/8/22 in the facility at 6:00am, clients #1, #2, #3, #4 and #5 were sitting at the dining room table preparing to start breakfast. Direct care staff C and the Residential Manager assisted client #1 and client #5 to pour their cereal, milk and serve cinnamon toast onto their plates. As client #5 began scooping his cereal into his mouth with his spoon at 6:04am, staff D asked client #5 to get up from the dining room table to come to the medication closet to get his medications. During additional observations on 11/8/22 at 6:05am, client #5 was observed to receive Vitamin D (5,000 units) Oxybutynin (5 mg), Duloxetine (60 mg), Aripiprazole 5 mg. After consuming his medications with juice, he returned to the dining room table at 6:08am. B. During observations on 11/8/22 in the facility at 6:10am staff D asked client #1 to leave the dining room table there she was eating breakfast which	PRÉFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	<	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP) BE	COMPLETION
to come to the medication closet to get her morning medications. LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE		CFR(s): 483.440(d) The facility must deschedule that outling program and that is relevant staff. This STANDARD is Based on observation interviews with staff the active treatment clients (#1 and #5) accommodate their administration needs. A. During observation for the dining room to breakfast. Direct can be dining room to breakfast. Direct can be dining room to breakfast. Direct can be dining room to their cereal, milk and their plates. As client cereal into his mount staff D asked client room table to come get his medications on 11, observed to receive Oxybutynin (5 mg), Aripiprazole 5 mg. Amedications with jur room table at 6:08a. B. During observation of 10 ask room table where sincluded cereal, cinto come to the medication medication.	evelop an active treatment are the current active treatment are the current active treatment are the current active treatment are adily available for review by a not met as evidenced by: sions and confirmed by a f, the facility failed to ensure at schedule for 2 of 3 audit and was flexible enough to a dining and medication as. The findings are: ons on 11/8/22 in the facility at #2, #3, #4 and #5 were sitting able preparing to start are staff C and the Residential client #1 and client #5 to pour and serve cinnamon toast onto at #5 began scooping his the with his spoon at 6:04am, #5 to get up from the dining at the medication closet to a During additional (8/22 at 6:05am, client #5 was a Vitamin D (5,000 units) Duloxetine (60 mg), After consuming his ice, he returned to the dining he was eating breakfast which namon toast, juice, and water lication closet to get her as.		50	TITI E		(Y6) 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.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED		
		34G311	B. WING		11	/08/2022		
NAME OF PROVIDER OR SUPPLIER RALPH SCOTT LIFESERVICES, INC/ROSEMONT STREET			,	STREET ADDRESS, CITY, STATE, ZIP CO 304 ROSEMONT STREET GIBSONVILLE, NC 27217				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		SHOULD BE	(X5) COMPLETION DATE		
W 250	During continued of 11/8/22 at 6:12am, administering her remergencee pack 50mg., Doxycycline Elderberry capsules Seroquel 50 mg. Odining room table as Interview with staff can administer meafter the time preseasked if staff routing when clients are easier they have stated they preferred clients after they have administer medical eaten so they "wou medications on an Interview on 11/8/2 Disabilities Profess always have the optreatment schedule hour before or an interview of the morning medical to the morning medical to the morning medical to the day could start medical between 6:00am-8 asked, the QIDP correctment schedule to the day could start medical between schedule to treatment schedule to treatment schedule to the morning medical to the morning medical to the morning medical to the day could start medical between 6:00am-8 asked, the QIDP correctment schedule to the morning medical to the morning medical to the day could start medical between 6:00am-8 asked, the QIDP correctment schedule	bbservations in the facility on staff D assisted client #1 in medications which included: (1), Cetirizine 10mg., Doxepin e 200 mg., Naltrexone 50 mg., Fluoxetine 20 mg, and client #1 then returned to the at 6:14am. D on 11/8/22 revealed staff dications an hour before or an cribed by their physician. When nely administer medications ating breakfast, staff D stated, ent #4] attends the vocational es around 8am." Staff D also ed to administer medications to ad eaten.	W 2	250				

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		34G311	B. WING _		11	/08/2022		
NAME OF PROVIDER OR SUPPLIER RALPH SCOTT LIFESERVICES, INC/ROSEMONT STREET				STREET ADDRESS, CITY, STATE, ZIP CO 304 ROSEMONT STREET GIBSONVILLE, NC 27217				
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W 250	·	ge 2	W 25	50				
W 254	times. PROGRAM DOCU CFR(s): 483.440(e)		W 25	54				
	contribute to an over client's ongoing leve This STANDARD is Based on record re interviews with staff disabilities profession the formal objective	ccument significant events that erall understanding of the el and quality of functioning. It is not met as evidenced by: eview and confirmed by for the qualified intellectual conal (QIDP) failed to review es for 2 of 3 audit clients (#1 they were making to the control of the						
	program plan (IPP) formal objectives id nickel, and penny) 15/20 sign languag between leisure act	22 of client #1's individual dated 5/5/22 revealed written lentify coins (quarter, dime, for 120/180 days, will learn e words and will choose civities. Review of the progress de objectives revealed the						
	1. Identify coins: 2/3/22: hand over h 8/4/22: requires ha	and assistance. nd over hand assistance.						
	2. Will learn to use No notes since 2/3/	15/20 sign language cards: 22.						
	3. Will choose betw 8/4/22: Continue ob	veen leisure activities: ojective.						
	did not have any nu client #1's progress	2 with the QIDP confirmed she imerical data to summarize for several months and it was e client #1's progress towards						

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	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED 11/08/2022	
		34G311					
NAME OF PROVIDER OR SUPPLIER RALPH SCOTT LIFESERVICES, INC/ROSEMONT STREET				30	REET ADDRESS, CITY, STATE, ZIP CODE 4 ROSEMONT STREET BSONVILLE, NC 27217	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE .	(X5) COMPLETION DATE
W 254	completion of these B. Review on 11//8, 10/6/22 revealed for independently answer daily activities for 8 floor for 120/180 day monetary bills and Review of the progrobjectives revealed 1. Answer question No progress summ 2. Sweep the dining No progress summ 3. Identify monetar 120/180 days: August-November this objective and literview on 11/8/2 did not have any nuclient #5's progress	e programs. /22 of client #5's IPP dated ormal objectives to wer everyday questions about /10 opportunities, sweep the ays and independently identify add them for 120/180 days. ress summaries for these if the following: It is about everyday activities: haries for several months. In groom floor for 120/180 days: haries for this objective. In the progress summaries on imited data collection. 2 with the QIDP confirmed she umerical data to summarize is for several months and it was the client #5's progress towards		254			