

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G223</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>11/30/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>RALPH SCOTT LIFESERVICES, INC/LARAMIE DRIVE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>108 LARAMIE DRIVE MEBANE, NC 27302</b>		
(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 340	<p><b>NURSING SERVICES</b> CFR(s): 483.460(c)(5)(i)</p> <p>Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interviews, nursing services failed to ensure staff were adequately trained in the wearing of facial masks and the disposable of medications. The findings are:</p> <p>A. During observations in the home on 11/28/22 from approximately 11:26am until 11:52am, Staff A was observed wearing her facial mask below her nose. Further observations revealed the facial mask was seen on her chin. Staff A was observed standing next to a client while the client was in her wheelchair. Additional observations revealed Staff A was again observed wearing her facial mask below her nose from 12:17pm until 12:24pm while sitting on a couch next to a client while they were talking to each other. At no time did Staff A pull the mask up, to cover her nose.</p> <p>During an interview on 11/29/22, the facility's nurse stated while staff are in the home within close proximity to the clients, they are to wear a facial mask. Further interview revealed the facial masks should at all times cover their nose.</p> <p>During an interview on 11/29/22, the Qualified Intellectual Disabilities Professional (QIDP) reported facial masks are to cover the nose while being worn.</p> <p>B. During Medication administration observations</p>	W 340			

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

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OMB NO. 0938-0391

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W 340	<p>Continued From page 1</p> <p>on 11/28/22, a pill dropped on the floor. Staff B who was the medication technician picked up the pill from the floor with a paper towel and placed it in the trash can. Further observations revealed the trash can remained in the unlocked medication room while other staff, clients and the surveyor where in the home.</p> <p>During an interview on 11/29/22, Staff C revealed if a pill drops on the floor, it is placed in coffee grounds and flushed down the toilet.</p> <p>During an interview on 11/29/22, the facility's nurse stated if a pill drops on the floor it should be placed in coffee grounds or wet sand and disposed in the trash. The facility's nurse revealed that both the coffee grounds and the wet sand will neutralize the pill to become ineffective. Further interview revealed the nurse should also be called.</p>	W 340			