

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

FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  34G021	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  08/09/2022
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N) PROVIDER OR SUPPLIER  RALPH SCOTT LIFESERVICES, INC/TOWN BRANCH RD	STREET ADDRESS, CITY, STATE, ZIP CODE 710 TOWN BRANCH RD GRAHAM, NC 27253
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W 240	<p><b>INDIVIDUAL PROGRAM PLAN</b> CFR(s): 483.440(c)(6)(i)</p> <p>The individual program plan must describe relevant interventions to support the individual toward independence. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure the Individual Program Plan (IPP) included specific information to support the independence of 4 of 6 clients (#2, #4, #5 and #6) concerning their accessibility and use of items/areas which were restricted for two clients in the home. The finding is:</p> <p>During observations throughout the survey in the home on 8/8 - 8/9/22, no toilet paper or paper towels were located in any of the four bathrooms in the home. In addition, the laundry room door was locked and chimes were located on an exterior door of the home. The refrigerator door also contained a lock and the pantry was locked when staff were not performing tasks in the kitchen. Dinner observations on 8/8/22 also revealed no knives were on the table at the meal.</p> <p>Interviews on 8/9/22 with Staff E and Staff F revealed toilet paper, paper towels, and latex gloves are kept out of the bathrooms or locked up due to a client in the home who will try to eat these items. Additional interview indicated another client has aggressive behaviors concerning knives which is why knives are not readily available to him. The staff also noted the client will also attempt to elope from the home so an alarm had been placed on the back door.</p> <p>Review on 8/9/22 of client #2, #4, #5 and #6's IPP did not reveal information to support their</p>	W 240	<p><u>W 240:</u></p> <p>By October 1, 2022, The ICF book review form will be updated to ensure a review of house restrictions are completed. The Director of ICF will train all ICF QPs on the updated form; QPs will ensure accommodations are present in IPPs for all individuals effected by a restriction. QP will also ensure HRC approved house restriction forms will be added to each resident's Volume I. A copy of training will be filed in the employee training record. The Director of ICF will review book review forms and initial each form as needed. A copy of the form will be forwarded to the QP of the home.</p>	10/1/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Belinda K. Anderson</i>	TITLE <i>Dir of ICF</i>	(X6) DATE 8/18/2022
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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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RALPH SCOTT LIFESERVICES, INC/TOWN BRANCH RD

STREET ADDRESS, CITY, STATE, ZIP CODE

710 TOWN BRANCH RD  
GRAHAM, NC 27253

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W 240	Continued From page 1 independent access and use of items/areas which were restricted due to inappropriate behaviors of other clients residing in the home.  Interview on 8/9/22 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed various items and areas of the home have been restricted due to the inappropriate behaviors of two other clients residing the home. The QIDP indicated the restrictions for those clients are included in their BSP and monitored by the Human Rights Committee. Additional interview confirmed the IPP for the remaining four clients did not indicate how they would maintain independent access to these restricted items and areas of the home.	W 240		
9	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 each client received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of meal preparation, adaptive equipment use and dining. This affected 3 of 4	W 249		

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W 249	<p>Continued From page 2</p> <p>audit clients (#1, #3 and #6). The findings are:</p> <p>A. During evening observations in the home on 8/8/22 at 4:35pm, Staff E prompted client #1 and client #6 to the kitchen to assist with meal preparation. Client #1 was observed to place chicken patties on a pan while client #6 placed a pot of water on the stove and added broccoli to the pot. The clients then left the area. Staff E continued to perform meal preparation tasks such as heating a pot water on the stove, using an electric can opener to open two large cans of green beans, preparing the beans on the stove, preparing instant mashed potatoes, and preparing a pan of a dozen corn bread muffins. Client #1 and #6 were not prompted or encouraged to return to the kitchen to assist with meal preparation tasks and not other clients were prompted to assist.</p> <p>Interview on 8/8/22 with Staff E revealed client #1 and client #6 usually assist in the manner which was observed during meal preparation.</p> <p>Review on 8/9/22 of client #1's IPP dated 5/26/22 revealed, "[Client #1] enjoys domestic task such as setting the table or helping in the kitchen (as he is physically able to). Staff attempts to find appropriate ways that he can help with meal preparation." Additional review of the client's Adult Daily Living Skills Evaluation (ADLSE) dated 5/26/22 noted he can independently make a simple drink, prepare a simple snack, use a microwave, follows simple instructions or recipe, and use a can opener safely.</p> <p>Review on 8/9/22 of client #6's IPP dated 3/3/22 indicated, "[Client #6] enjoys domestic task such as setting the table or helping in the kitchen (as</p>	W 249	<p><u>W 249:</u></p> <p>A &amp; C. By October 1, 2022, the QP will meet with the Direct Support Staff to review all individual's ADLSEs and to discuss appropriate active treatment, specifically in the areas of meal prep and use of utensils during meal times. Staff will be retrained on active treatment appropriate for each resident. A copy of the training will be filed in the employee training record. The QP and members of coordinating staff will monitor program implementation weekly and fade to monthly as appropriate. A copy of documentation will be forwarded to the QP of the home.</p>	10/1/22

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W 249	<p>Continued From page 3</p> <p>he is physically able to). Staff attempts to find appropriate ways he can help with meal preparation. He can assist with...other small kitchen task." Additional review of the client's ADLSE dated 3/3/22 revealed he can independently use a microwave, requires physical prompts to use the stove/oven, make simple entrees, cook some items and use a can opener. The evaluation also noted he can cook some full meals such as starches, proteins and vegetables with manipulation.</p> <p>Interview on 8/9/22 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #1 and client #6 can perform various tasks during meal preparation including stirring, pouring, or putting food into pots or bowls. The QIDP acknowledged both clients need to be prompted and encouraged to complete cooking tasks and could have done more to assist with preparing the dinner meal.</p> <p>B. During observations at the Day Program on 8/8/22 from 9:15am - 12:30pm, client #3 used a rollator walker when ambulating. Staff were noted to walk with the client while holding onto the belt loop of his jeans or grasping a fist full of his jeans. The client did not wear a gait belt or a regular belt in the loops of his jeans.</p> <p>Interview on 8/9/22 with Staff F revealed client #3 does not like to wear a gait belt or regular belt in his pants and will pull them off when applied.</p> <p>Review on 8/9/22 of client #3's Walking Assistance Guidelines dated 7/13/22 revealed, "[Client #3] should walk with the gait belt, or regular dress belt and contact guarding assistance through the gait belt or dress belt or</p>	W 249	<p><u>W 249:</u></p> <p>The RSL Physical Therapist will retrain residential and day service staff on properly implementing Client #3's walking guidelines. Upon previous observations, [REDACTED] will wear a regular belt or a gait belt, however he may require assistance with consistency. A copy of the training will be filed in the employee training record. The QP and members of coordinating staff will monitor program implementation weekly and fade to monthly as appropriate. A copy of documentation will be forwarded to the QP of the home.</p>	10/1/22

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W 249	Continued From page 4 by hand hold assist that included gentle arm support and a rollator walker."  Interview on 8/9/22 QIDP confirmed client #3 should have a gait belt or his regular belt on to assist with walking.  C. During dinner observations in the home on 8/8/22 at 5:50pm, no knives were located on the table. At the meal, client #1 consumed his whole chicken patty by piercing it with a fork and taking bites from it. Client #6 stacked his two chicken patties on top of the other, picked them up and consumed them as if eating a sandwich. Client were not prompted or assisted to use knives to cut up their food as needed.  Interview on 8/9/22 with Staff F indicated client #1 and client #6 could likely use a knife; however, they do not provide a knife for client #1 because of his aggressive behaviors.  Review on 8/9/22 of client #1's ADLSE dated 5/26/22 noted he can use utensils properly such as a fork, a spoon and a knife given verbal prompts.  Review on 8/9/22 of client #6's ADLSE dated 3/3/22 indicated he can independently use utensils properly such as a fork, a spoon and a knife.  During an interview on 8/9/22, the QIDP acknowledged knives may not have been provided at the dinner meal due to client #1's knife restriction; however, clients should be assisted to use knives as needed.	W 249	<u>W 249:</u>  A & C. By October 1, 2022, the QP will meet with the Direct Support Staff to review all individual's ADLSEs and to discuss appropriate active treatment, specifically in the areas of meal prep and use of utensils during meal times. Staff will be retrained on active treatment appropriate for each resident. A copy of the training will be filed in the employee training record. The QP and members of coordinating staff will monitor program implementation weekly and fade to monthly as appropriate. A copy of documentation will be forwarded to the QP of the home.	10/11/22
W 263	PROGRAM MONITORING & CHANGE	W 263		

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W 263	<p>Continued From page 5 CFR(s): 483.440(f)(3)(ii)</p> <p>The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #3's Behavior Support Plan (BSP) included written informed consent from the guardian for all restrictive components. This affected 1 of 4 audit clients. The finding is:</p> <p>During observations throughout the survey in the home on 8/8 - 8/9/22, no toilet paper or paper towels were located in any of the four bathrooms in the home.</p> <p>Interview on 8/9/22 with Staff E revealed toilet paper, paper towels, and latex gloves are kept out of the bathrooms or locked up due to the behaviors of client #3. The staff indicated he will try to eat these items.</p> <p>Review on 8/9/22 of client #3's BSP dated 4/11/22 and guardian consent signed 4/13/22 indicated only paper towels and gloves should be kept out of his reach or stored in locked boxes. The BSP and consent did not indicate toilet paper should be restricted.</p> <p>During an interview on 8/9/22, the Qualified Intellectual Disabilities Professional (QIDP) acknowledged toilet paper was not identified in the BSP or his consent form as a restricted item for client #3.</p>	W 263	<p><u>W 263:</u></p> <p>On August 16, 2022, the team met and revised Client #3's BIP to include the restriction of toilet paper due to past pica incidents. By October 1, 2022, Guardian and HRC consent will be obtained for the updated plan. The BSP for all other individuals will be reviewed and modified as needed. Staff will be retrained on all BSPs. A copy of training will be filed in the employee training record. The QP and members of coordinators staff will monitor to ensure restrictions, plans, and consents are all consistent weekly and fade to monthly as appropriate. Members of the psychology department will also monitor to ensure that restrictions, plans, consents, and staff practices are all in compliance. A copy of observation will be forwarded to the QP of the home.</p>	10/1/22
W 340	NURSING SERVICES	W 340		

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W 340	<p>Continued From page 6 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, record review and interviews, the facility failed to ensure staff were adequately trained regarding documenting on the Medication Administration Record (MAR) and preventative health measures. This affected 1 of 4 audit clients (#5). The findings are:</p> <p>A. During morning observations of medication administration at the Day Program on 8/8/22 at 11:18am, the Medication Technician (MT) administered one 80mg Gas Relief tablet to client #5. Before administering the medication, the MT placed the pill in a small pill crusher and crushed it. As the MT placed the pill into the crusher, an undetermined amount of pill residue was noted on the cap of the device. The pill crusher was not clean and free of residue prior to the administration of client #5's medication.</p> <p>Immediate interview with the MT revealed she was not aware if the pill crusher needed to be cleaned in between uses.</p> <p>Interview on 8/9/22 with the facility's nurse indicated she was not responsible for training staff on appropriate medication administration procedures; however, she had always been taught to clean pill crushers between uses.</p> <p>B. During morning observations of medication</p>	W 340	<p><u>W 340:</u></p> <p>By October 1, 2022, the Ralph Scott RN will retrain the group home and day program staff on appropriate MAR documentation, administering medications at the correct time as well as protective health measures including pill crusher cleaning. A copy of training will be filed in staff training record. Members of the coordinating staff will monitor med administration weekly and fade to monthly monitoring as needs are addressed. A copy of observation will be forwarded to the QP of the home.</p>	10/11/22

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W 340	Continued From page 7 administration in the home on 8/9/22 at 6:43am, client #6's Medication Administration Record (MAR) was reviewed. The MAR noted several of the client's morning medications for 8/8/22 were not initialed as given.  Immediate interview with the MT indicated she had been the assigned MT on the morning of 8/8/22 and client #6 had received his medications; however, she had not initialed the MAR.  After speaking with the surveyor, the MT began initialing client #6's MAR for medications given on the morning of 8/8/22.  Review on 8/9/22 of the facility's Medication Administration Policy 6.1 (updated 3/2012) noted, "Medications administered shall be recorded immediately after administration."	W 340		
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: Based on observations, record review and interviews, the facility failed to ensure all medications were administered in accordance with physician's orders. This affected 1 of 4 audit clients (#5). The finding is:  During observations at the Day Program on	W 368	W 368:  By October 1, 2022 the IDT team will meet to discuss and review physician orders for all residents of Townbranch and to ensure the administration of all medications at the day program and group home are in compliance with physician's orders. Residential and day service staff will be re-trained by the RSL Nurse on newly reviewed physician orders. A copy of training will be filed in staff training record. Members of the coordinating staff will monitor progress weekly and fade to monthly monitoring as needs are addressed. A copy of the observation will be forwarded to the QP of the home.	10/1/22



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W 368	Continued From page 8 8/8/22 at 11:02am, client #5 began consuming his lunch meal. At 11:18am, Staff B assisted the client to the medication room for his afternoon medicine. Client #5 was administered one 80mg Gas Relief tablet, which he consumed.  Immediate review of client #5's Medication Administration Record (MAR) and later review on 8/9/22 of his current physician's orders (dated 7/2 - 9/30/22) revealed an order for Gas Relief 80mg tab, one tablet by mouth "prior to each meal".  Immediate interview with the Medication Technician and Staff B confirmed client #5 should have received the medication prior to his lunch meal.  Interview on 8/9/22 with the facility's nurse confirmed client #5's Gas Relief tablet should have been administered prior to his meal in accordance with the physician's order.	W 368		
W 383	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(f)(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 observation, record review and interviews, the facility failed to ensure only authorized persons had access to the keys to the drug storage area. The finding is:  During morning observations of medication administration in the home on 8/9/22 at 6:45am, the Medication Technician (Staff C) left the medication area to retrieve another client. During this time, the keys to the medication closet were left inside the lock.	W 383	<u>W 383:</u>  By October 1, 2022, the RSL RN will retrain staff on med room security procedures and practices. A copy of training will be filed in the employee training record. The QP and members of coordinating team will monitor med administration weekly and fade to monthly as appropriate. The RSL Nurse will also provide monitoring and documentation on medication administration practices and med key security. A copy of the observation will be forwarded to the QP of the home.	10/1/22

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W 383	Continued From page 9  Immediate interview with Staff C indicated the keys to the medication closet are usually kept in a lock box; however, during medication administration they carry the keys with them.  Review on 8/9/22 of the facility's Medication Administration Policy 6.4 (updated 3/2012) revealed, "All medications, prescription and non-prescription, will be stored in a safe manner under locked security except when under immediate supervision of staff in charge of medication administration." The policy noted, "Access to the secured storage area will be limited to staff authorized to administer medication."  Interview on 8/9/22 with the facility's nurse confirmed the keys to the medication closet should be kept on the Medication Technician during medication administration once the keys have been removed from the lock box.	W 383			