

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

PRINTED: 11/30/2022
FORM APPROVED
OMB NO. 0938-0391

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 11/30/2022
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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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(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 340	<p>NURSING SERVICES 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 disposal 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	<p>W 340: A</p> <p>By <u>December 22 2022</u>, the Nurse will meet with the Direct care staff to retrain them on the appropriate way to wear their facial mask. A copy of all trainings will be filed in staff records. Members of the Administrative ICF team will observe twice weekly and fade out as appropriate to ensure staff are appropriately wearing PPE. A copy of the observation documentation will be forward to the QP and Director for review.</p> <p>DHSR - Mental Health DEC 29 2022 Lic. & Cert. E. Coffin</p>	11/20/22
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>William Carr</i>	TITLE <i>VP</i>	(X6) DATE <i>12-15-22</i>
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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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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 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	<p>W 340: B</p> <p>By <u>December 22, 2022</u>, the direct care staff will also be retrained by the Nurse on the procedures for appropriate disposal of medication. A copy of all trainings will be filed in staff records. Members of the Administrative ICF staff will observe twice weekly to make sure any contaminated medications are disposed of properly. A copy of the observation documentation will be forward to the QP and Director for review.</p>	1/20/22
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NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

December 1, 2022

Ms. Jennifer Helton, CEO
Ralph Scott Lifeservices, Inc.
408 W. Trade Street
Burlington, NC 27217

Re: Recertification Survey Completed November 29, 2022
Ralph Scott Lifeservices, Inc – Laramine Drive Group Home
108 Laramine Dr., Mebane, NC 27302
Provider Number: 34G223
MHL Number: 001-027
E-mail Address: jennifer@rsli.org

Dear Ms. Helton:

Thank you for the cooperation and courtesy extended during the recertification survey completed on November 29, 2022. This survey was required for continued participation in the Medicaid program.

As a result of the recertification survey, it was determined that deficiencies have been cited, which is reflected on the enclosed CMS-2567.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form (CMS-2567). The purpose of the Statement of Deficiencies is to provide you with specific details of the practice(s) that do not comply with regulations. You must develop one Plan of Correction that addresses each deficiency listed on the CMS-2567 form and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance and what to include in the Plan of Correction.

Type of Deficiencies Found

- Standard level deficiencies during this recertification survey.

Time Frames for Compliance

- Cited standard level deficiencies must be **corrected** within 60 days from the exit of the survey, **January 27, 2023**.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603

MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718

www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the CMS-2567 Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. **Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.**

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all deficient practices have been corrected. If we can be of further assistance, please call Eugina Barnes at 919-819-8182.

Sincerely,

Eugina Barnes

Eugina Barnes, BSW, QIDP
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Enclosures

Cc: DHSR@Alliancebhc.org
dhhs@vayahealth.com
_DHSR_Letters@sandhillscenter.org
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