

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  34G311	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  11/08/2022
NAME OF PROVIDER OR SUPPLIER  RALPH SCOTT LIFESERVICES, INC/ROSEMONT STREET			STREET ADDRESS, CITY, STATE, ZIP CODE 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 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 250	<p><b>PROGRAM IMPLEMENTATION</b> CFR(s): 483.440(d)(2)</p> <p>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.</p> <p>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:</p> <p>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.</p> <p>B. During observations on 11/8/22 in the facility at 6:10am staff D asked client #1 to leave the dining room table where she was eating breakfast which included cereal, cinnamon toast, juice, and water to come to the medication closet to get her morning medications.</p>	W 250	<p>W-250 By December 29<sup>th</sup> QIDP will review and update current active treatment schedule for clients #1 and #5 and all the other client's active treatment schedule. The QIDP will retrain staff on current active treatment schedule to ensure that the schedule is flexible enough to accommodate there dinning and medication administration needs. QP will do observations bi-weekly to ensure that staff are following the active treatment schedule. QP will monitor bi-weekly to ensure that medication is given according to the active treatment schedule. A copy of training will be filed in staff training record.</p>	11/8/23	
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Belinda Gordon</i>			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.

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W 250	<p>Continued From page 1</p> <p>During continued observations in the facility on 11/8/22 at 6:12am, staff D assisted client #1 in administering her medications which included: (1) Emergencee pack, Cetirizine 10mg., Doxepin 50mg., Doxycycline 200 mg., Naltrexone 50 mg., Elderberry capsule, Fluoxetine 20 mg, and Seroquel 50 mg. Client #1 then returned to the dining room table at 6:14am.</p> <p>Interview with staff D on 11/8/22 revealed staff can administer medications an hour before or an after the time prescribed by their physician. When asked if staff routinely administer medications when clients are eating breakfast, staff D stated, "Yes, because [client #4] attends the vocational program and leaves around 8am." Staff D also stated they preferred to administer medications to clients after they had eaten.</p> <p>Interview on 11/8/ 22 with the Residential Manager (RM) revealed they preferred to administer medications to clients after they had eaten so they "would not be receiving medications on an empty stomach."</p> <p>Interview on 11/8/22 with the Qualified Intellectual Disabilities Professional (QIDP) revealed staff always have the option of structuring their active treatment schedule to administer medications an hour before or an hour after medications are prescribed. Further interview acknowledged most of the morning medications are prescribed at 7:00am. The QIDP explained since client #4 leaves for the day program around 8am, staff could start medication administration anytime between 6:00am-8:00am in the mornings. When asked, the QIDP could not locate a daily active treatment schedule which included client #1 and #5's mealtime and medication administration</p>	W 250		1/8/23	

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W 250	Continued From page 2 times.	W 250		11/8/23	
W 254	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(2)  The facility must document significant events that contribute to an overall understanding of the client's ongoing level and quality of functioning. This STANDARD is not met as evidenced by: Based on record review and confirmed by interviews with staff, the qualified intellectual disabilities professional (QIDP) failed to review the formal objectives for 2 of 3 audit clients (#1 and #5) to determine if they were making significant progress. The findings are:  A. Review on 11/8/22 of client #1's individual program plan (IPP) dated 5/5/22 revealed written formal objectives identify coins (quarter, dime, nickel, and penny) for 120/180 days, will learn 15/20 sign language words and will choose between leisure activities. Review of the progress summaries for these objectives revealed the following:  1. Identify coins: 2/3/22: hand over hand assistance. 8/4/22: requires hand over hand assistance.  2. Will learn to use 15/20 sign language cards: No notes since 2/3/22.  3. Will choose between leisure activities: 8/4/22: Continue objective.  Interview on 11/8/22 with the QIDP confirmed she did not have any numerical data to summarize client #1's progress for several months and it was difficult to determine client #1's progress towards	W 254			

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W 254	<p>Continued From page 3 completion of these programs.</p> <p>B. Review on 11/8/22 of client #5's IPP dated 10/6/22 revealed formal objectives to independently answer everyday questions about daily activities for 8/10 opportunities, sweep the floor for 120/180 days and independently identify monetary bills and add them for 120/180 days. Review of the progress summaries for these objectives revealed the following:</p> <ol style="list-style-type: none"> <li>1. Answer questions about everyday activities: No progress summaries for several months.</li> <li>2. Sweep the dining room floor for 120/180 days: No progress summaries for this objective.</li> <li>3. Identify monetary bills and add them for 120/180 days: August-November no progress summaries on this objective and limited data collection.</li> </ol> <p>Interview on 11/8/22 with the QIDP confirmed she did not have any numerical data to summarize client #5's progress for several months and it was difficult to determine client #5's progress towards completion of these programs.</p>	W 254	<p>W-254 By December 29<sup>th</sup> QP will review goal documentation and will review on the overall understanding of the client's ongoing level and quality of functioning for client #1 and #5. AD will retrain QPs on how to review all goal reviews and review goal documentation. AD will further train and review on summarizing numerical data for all the clients progress towards completion on these programs. QP will retrain staff on completing goal documentation. QP will monitor goal documentation quarterly and will summarize numerical data monthly. A copy of training will be filed in staff training records.</p>	1/8/23	

## 2<sup>nd</sup> Shift Schedule Monday through Friday

**\*\*This schedule has been put in place to help 2<sup>nd</sup> shift run smoother and as a more cohesive unit. It is our hopes that this schedule will improve our flow and we will then be prepared for survey! This schedule is expected to be ran Monday through Friday and should take place in the home upon arrival of pick up.**

- By 3:30pm-4:00PM Arrive at Group home
- 4:45pm-5:00pm Toileting/Medication
- 5:00pm-5:15pm Snack
  - \*Those who chose not to have snack can watch TV with staff supervision
- 5:15-5:30pm Group Game /Dinner Prep/Active Treatment/downtime
- 5:30-5:45pm Active Treatment, Goals
- 6:00pm-7:00pm Family Style Dining-where individuals typically serve themselves. If they have problems with mobility in their hands then staff should do hand over hands when serving food. Staff should put the food in bowls and put on table so it can be served to everyone.
  - \*\*Everyone should be participating, Follow Mealtime Guidelines
  - \*\* At least 2-3 staff if not 4 should be eating with clients, Follow Diet Consistencies, one at a time you can go and fix your plate and go back to the table.
  - \*\* Conversations are required to take place during this time
- 7:00pm-7:20pm- Clean up time
  - \*All clients should participate (Active Treatment)

- 7:20pm-8:00pm Baths/ Goals/Med time
- 8:30pm-9:30pm Documentation/Laundry
- 9:30-10:00pm check on individuals to see if they are soiled/wet before leaving.



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor  
KODY H. KINSLEY • Secretary  
MARK PAYNE • Director, Division of Health Service Regulation

November 16, 2022

Ms. Belinda Goodson, Director of ICF/IID Services  
Ralph Scott Lifeservices, Inc.  
408 West Trade Street  
Burlington, North Carolina 27249

Re: Recertification Completed on November 8, 2022  
Ralph Scott Lifeservices/Rosemont, 304 Rosemont Street, Gibsonville, NC 27249  
Provider Number : 34G311  
MHL:001-031  
E-mail Address: belinda@rsli.org

Dear Ms. Goodson:

Thank you for the cooperation and courtesy extended during the recertification survey completed on November 8, 2022. This survey was required for continued participation in the Medicaid program.

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 does/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 were cited.

**Time Frames for Compliance**

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is **January 8, 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.
- 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.

**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

November 16, 2022  
Ralph Scott Lifeservices, Inc.  
Ms. Belinda Goodson, Director of ICF/IID Services

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

Please be advised that additional W tags may be cited during the Life Safety Code portion of the recertification survey.

A follow up visit will be conducted to verify all deficient practices have been corrected. If we can be of further assistance, please call Kimberly McCaskill at (919)218-9152 or email at: [Kim.McCaskill@dhhs.nc.gov](mailto:Kim.McCaskill@dhhs.nc.gov).

Sincerely,



Kimberly C. McCaskill, MSW  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section

Enclosures

Cc: [QM@partnersbhm.org](mailto:QM@partnersbhm.org)  
[\\_DHSR\\_Letters@sandhillscenter.org](mailto:_DHSR_Letters@sandhillscenter.org)