

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

PRINTED: 08/03/2023
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 08/02/2023
NAME OF PROVIDER OR SUPPLIER RALPH SCOTT LIFESERVICES, INC/TOWN BRANCH RD			STREET ADDRESS, CITY, STATE, ZIP CODE 710 TOWN BRANCH RD GRAHAM, NC 27253		
(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 369	<p>DRUG ADMINISTRATION CFR(s): 483.460(k)(2)</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure all drugs were administered without error for 1 of 2 clients (#2) observed during medication administration. The finding is:</p> <p>During observations of the medication administration pass on 8/2/23 at 6:30am, staff D administered the following medications to client #2: Paliperidone 3 mg. (1), Ferrous Sulfate 325 mg. (1), Loratadine 10mg. (1), Metformin 500mg. (1), Sertraline 10mg. (1), Torsemide 500 mg. (1), Vitamin D 2,000 mg. (1), Zinc Sulfate 220 mg. (1), Baclofen 10mg. (1), Cetirizine 10 mg. (1), Divalproex ER 25 mg. (1) and Divalproex ER 500 mg. (1).</p> <p>Review of the physician orders for client #2 dated 8/20/23 revealed the following: Paliperidone 3 mg. (1), Ferrous Sulfate 325 mg. (1), Loratadine 10mg. (1), Metformin 500mg. (1), Sertraline 10mg. (1), Torsemide 500 mg. (1), Vitamin D 2,000 mg. (1), Zinc Sulfate 220 mg. (1), Baclofen 10mg. (1), Cetirizine 10 mg. (1), Divalproex ER 25 mg. (1) and Divalproex ER 500 mg. (1) and Azelastine nasal spray 0.1% spray 2 sprays each nostril at 7am for allergies.</p> <p>Interview on 8/2/23 with the qualified intellectual disabilities professional (QIDP) revealed client #2's physician orders are current and his Azelastine nasal spray should be given as ordered.</p>	W 369	<p><u>W 369 :</u></p> <p>By October 1, 2023, the QP and consulting RSL nurse will meet to review and discuss Client #2's 90-day order and reconcile to the MAR. The nurse will also review 90-day orders for all clients of the Townbranch group home to assure that all medication orders are being followed and distributed correctly. The RSL nurse will also complete a med pass retraining for all Townbranch staff. The QP and other members of the coordinating staff will monitor medication passes bi-weekly and fade out to monthly to ensure staff are in compliance with all medication orders. A copy of trainings will be filed in staff records.</p>	By 8/31/23	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Belinda D. ...

Dir of DCF

8/7/2023

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 460	<p>FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1)</p> <p>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure 1 of 3 audit clients (#2) received his specially-prescribed diet as indicated. The finding is:</p> <p>During observation of supper on 8/2/23 at 5:30pm, staff A put a white powder into an 8 ounce cup and two 6 ounce cups at client #2's placemaking at the dining room table. Staff A fastened the tops of the 3 cups which all had straws. Staff A did not stir the ingredients in each cup, nor did staff visualize the consistency of the Thick-it. When staff A was asked to identify what the powder was, she stated, "Thick it". Staff A explained client #2's beverages were to be nectar thickened.</p> <p>Immediate observation on 8/2/23 of the Thick it powder revealed it was in a Tupperware bowl with a top, no instructions with a blue scoop sitting on the kitchen counter. Additional observations on 8/2/23 in the kitchen cabinet revealed the original Thick it container with instructions.</p> <p>Review of the instructions on the original Thick it container revealed for nectar thickened liquids: Water add 3-3.5 teaspoons of thick it for 4 ounces of fluid, for apple juice add 3-3.5 teaspoons of thick it for 4 ounces of fluid, for milk add 3.5-4 teaspoons of Thick it for 4 ounces of fluid. Review of the instructions for the Thick it</p>	W 460	<p><u>W 460 :</u></p> <p>By October 1, 2023, the RSL Dietician will retrain the Townbranch group home staff on appropriate Nectar thick liquid modifications specific and consistent to client #2 along with a universal ICF Staff training on how to properly measure Thicket powder at the next ICF quarterly, scheduled in October 2023. The Dietician will retrain staff on how to follow necessary measurements consistent with a specific serving size cup. The dietician will also train the staff in a full review of all IWS diet orders at Townbranch. QP and other members of the supervising staff will monitor bi-weekly and fade out monthly to ensure staff are following the individual's appropriate thicket measurements for Client #2, along with appropriate diet orders for all Townbranch individuals. A copy of all trainings will be filed in staff records.</p>	By 8/31/23	

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W 460	<p>Continued From page 2</p> <p>revealed, "pour 4 ounces of hot or cold fluid into a glass, slowly add measured thickener to liquid, stirring with fork, spoon or whisk as you pour, stir briskly as thickener has dissolved. Before serving, let water and juices sit for 1 minute, let milk and supplements sit for 5-10 minutes before serving.</p> <p>During observations on 8/2/23 at 6:40am of breakfast, staff C took a Tupperware container with a top, no instructions with a blue scoop sitting on the kitchen counter. Staff scooped one and half scoops of Thick it into an 8 ounce cup and a 6 ounce cup. Staff then added juice into the 6 ounce cup and water into the 8 ounce cup. Staff A did not stir the ingredients in each cup, nor did staff visualize the consistency of the Thick-it.</p> <p>During interview on 8/2/23 staff C identified they use 1.5 scoops of Thick it to client #2's beverages and his beverages should be nectar thickened.</p> <p>Interview on 8/2/23 with the facility Nurse revealed staff should be measuring the appropriate amount of thickener for whatever beverage type and then stirring the beverage and visualizing it with a spoon to ensure it is nectar thickened. When asked about having the instructions available with the Tupperware container, the Nurse stated the instructions should be available to staff at the table or when they are preparing client #2's beverages.</p> <p>Interview on 8/2/23 with the qualified intellectual disabilities professional (QIDP) revealed staff should be measuring the appropriate amount of thickener for whatever beverage type and then stirring client #2's beverages and visualizing it with a spoon to ensure it is nectar thickened.</p>	W 460			