

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

PRINTED: 12/01/2023
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 11/28/2023
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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 125	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to provide hair care services to 3 of 3 audit clients (#3, #5 and #6). The findings are:</p> <p>A. During the survey on 11/27/23 to 11/28/23, client #3 was observed with long bangs that fell in eyes. It was also observed that client #3's hair did not appear to be shampooed recently and had a cowlick in the back from not being brushed.</p> <p>Interview on 11/28/23 with the House Manager (HM) revealed the clients were taken to get a haircut 2 to 3 months ago. The HM also revealed that clients hair was typically washed every other day.</p> <p>Interview on 11/28/23 with the Finance Assistant (FA) revealed client #3's last haircut was purchased on 8/22/23.</p> <p>B. During the survey on 11/27/23 to 11/28/23, client #5 was observed with uncombed hair with uneven lengths.</p> <p>Interview on 11/28/23 with the HM revealed client #5's hair grew fast. The HM found a receipt that revealed client #5's last haircut was purchased on 10/11/23.</p> <p>C. During the survey on 11/27/23 to 11/28/23,</p>	W 125	<p><u>W 125:</u></p> <p>By January 8, 2024, the Director of ICF, will meet with all 5 ICF day managers and train on ensuring monthly haircuts for all ICF individuals. The Director of ICF and QPs of each ICF home will monitor and document haircuts for all individuals monthly.</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Belinda Woodson</i>	TITLE <i>Dir of ICF</i>	(X6) DATE <i>12/01/2023</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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W 125	Continued From page 1 client #6 was observed with short haircut that appeared to need a trim. Interview on 11/28/23 with the HM revealed the clients were taken to get a haircut 2 to 3 months ago. Interview on 11/28/23 with the FA revealed client #6's last haircut was purchased on 8/25/23. Interview on 11/28/23 with the Qualified Intellectual Disabilities Professional (QIDP) revealed the clients had budgets for them to get a hair cut twice a month.	W 125		
W 331	NURSING SERVICES CFR(s): 483.460(c) The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to provide nursing services in accordance with the needs of 1 of 3 audit clients (#6) relative to reviewing laboratory results that were abnormal and ensure the physician was promptly notified. The finding is: Record review on 11/27/23 of client #6's Individual Program Plan dated 9/7/23 revealed she was a diabetic, on a sugar-free, heart healthy, no added salt diet. An additional review of client #6's Annual Nursing Evaluation dated August 2023, revealed her blood pressure had increased and her medication to treat hypertension was also increased. A test on 7/27/23 to check her A1C levels showed an increase to 7.3, necessitating a higher dose of Metformin to treat diabetes.	W 331	<u>W 331:</u> By January 8, 2024, the Director of ICF will retrain the QP and RN to ensure that the nursing services are in accordance with the needs of all Laramie Drive individuals. Specifically, any abnormal labs, reports, or results are addressed in a timely manner. The Director of ICF will also train all ICF QP's and Day Managers to make sure that all labs are up to date and filed in each individual's volume one along with up-to-date medical appointments. Quarterly record reviews will be conducted to ensure all needed documentation is filed and all issues or medical concerns are being addressed. A copy of documentation will be forwarded to the QP of the home.	

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W 331	<p>Continued From page 2</p> <p>Record review on 11/28/23 of client #6's laboratory results collected on 11/13/23 revealed her A1C was 7.9. It was noted that Glycemic control for adults with diabetes if < 7.0. Client #6's Glucose was recorded at 209 - High. The average range was 70-99. Client #6's Hemoglobin was low at 10.0; the average range was 11.1-15.9 and the Hematocrit was low at 29.9, the average range was 34.0-46.6%. The November 2023 Medication Administration Record (MAR) was reviewed and did not indicate any new vitamin supplements to address the low blood levels or adjustments to her diabetic medication. In addition, the Nurse's Notes revealed there were three visits to the home on 11/16/23, 11/20/23 and 11/26/23 and there was no evidence the newest labs were reviewed or shared with the physician.</p> <p>Interview on 11/28/23 with the nurse revealed client #6's diet aimed to reduce sweets in her diet and she should not have additional salt. The nurse acknowledged client #6's medications were increased during the summer. The nurse was not available to discuss if new recommendations were made, once the November 2023 laboratory results became available to review.</p>	W 331		
W 382	<p>DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(I)(2)</p> <p>The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure all medications were kept locked up to the point of administration. The finding is:</p>	W 382	<p><u>W 382:</u></p> <p>By January 8, 2024, the agency RN will retrain staff on the importance of record keeping, keeping the med room door locked, and keeping all unoccupied medications stored and locked away in the medication closet. A copy of training will be filed in the employee training record. The QP and members of the coordinating staff, will monitor med administration weekly and fade to monthly as appropriate. A copy of documentation will be forwarded to the QP of the home.</p>	

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W 382	Continued From page 3	W 382			
W 460	<p>Upon arrival to the home on 11/27/23 at 10:15am, a bottle of Guaifenesin cough medication was noted on a desk in the medication area. The medication remained on the desk and accessible to anyone in the home for over an hour.</p> <p>Interview on 11/28/23 with the facility's nurse revealed the medication was likely from stock medications and should not have been left unsecured on the desk.</p> <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, record reviews and interviews, the facility failed to ensure each client received their modified and specially-prescribed diets as indicated. This affected 2 of 3 audit clients (#3 and #5). The findings are:</p> <p>A. During dinner observations in the home on 11/27/23 at 6:05pm, client #5 was served fish, wax beans and broccoli cheese soup. Closer observation of the fish revealed it was chunky and dry with visible bits of fish throughout. The other food items were a pureed consistency. The client consumed the fish without difficulty.</p> <p>During breakfast observations in the home on 11/28/23 at 7:51am, client #5 consumed pureed cereal and muffins. Later, at the meal, Staff E placed circular slices of a banana on the client's</p>	W 460	<p><u>W 460:</u></p> <p>By January 8, 2024, the RSL Dietician will retrain the Laramie Drive group home staff on diet orders, diet modifications, diet consistencies, and meal prep for client #3 and client #5 along with all other residents of the home. QP and other members of the supervising staff will monitor weekly and fade to monthly to ensure staff are following proper diet orders for Client #3 and client #5, and all other ladies at Laramie Drive. A copy of all trainings will be filed in staff records.</p>		

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W 460	<p>Continued From page 4 plate. The slices were approximately the size of a quarter. Client #5 consumed the banana slices without difficulty.</p> <p>Interview on 11/28/23 with Staff E revealed client #5 had recently started consuming a pureed diet and she was not sure what the client's food should look like. The staff indicated she thought the client could have the banana slices.</p> <p>Review on 11/27/23 of client #5's Individual Program Plan (IPP) dated 10/26/23 revealed she was downgraded to a pureed diet from a ground diet in February 2023. Additional review of a diet list posted in the kitchen of the home also indicated her food consistency was pureed which was defined as "Smooth and loose, not runny".</p> <p>Interview on 11/28/23 with the facility's nurse confirmed client #5's diet was previously changed to pureed and she should not have been given slices of a banana at the meal.</p> <p>B. During dinner observations in the home on 11/27/23 at 6:05pm, client #3 served herself two fish filets and consumed them. During breakfast observations in the home on 11/28/23 at 7:51am, client #3 served herself a large bowl of cereal with milk. After consuming the cereal, the client asked for and was allowed to serve herself a second serving of the cereal. Both servings of cereal filled the large bowl.</p> <p>Review on 11/27/23 of client #3's IPP dated 8/3/23 and Nutritional Evaluation dated 7/15/23 revealed she should receive a regular heart healthy, diabetic diet with second servings of fruits and vegetables. Additional review of the dinner menu for 11/27/23 indicated a regular</p>	W 460		
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W 460	Continued From page 5 serving of fish consisted of a single 3 oz fish filet.	W 460			
W 472	<p>Interview on 11/28/23 with Staff D revealed client #3 was a diabetic and they follow her diabetic a diet with her.</p> <p>Interview on 11/28/23 with the Qualified Intellectual Disabilities Professional (QIDP) indicated staff should follow a list of each client's diet which is posted in the kitchen of the home.</p> <p>MEAL SERVICES CFR(s): 483.480(b)(2)(i)</p> <p>Food must be served in appropriate quantity. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to utilize equipment to ensure 2 of 3 audit clients (#3 and #6) received their appropriate portion size at meals. The findings are:</p> <p>A. During observations in the home on 11/27/23 at 6:00 pm, client #3 served herself a large bowl of broccoli cheddar soup and two pieces of baked breaded fish. On 11/28/23 at 8:00 am for breakfast, client #3 served herself two servings of dry cereal with milk using 4 extra large heaping spoonfuls.</p> <p>Record review on 11/27/23 of a dietary order for client #3 posted in the kitchen revealed she should receive a regular heart healthy diet for diabetics, with seconds only on fruits and vegetables. Next to the diet orders was a sheet that described portion sizes.</p> <p>Record review on 11/27/23 of the dinner menu revealed the serving size for a regular diet</p>	W 472	<p><u>W 472:</u></p> <p>By January 8, 2024, the RSL Dietician will retrain the Laramie Drive group home staff on individualized portions for client #3, #6, and all other clients of the home. By January 8, 2024, ICF Director will ensure the QP of the home has all needed equipment and tools for staff for prepping and serving during mealtimes. The QP and other members of the supervising staff will monitor weekly and fade to monthly to ensure staff are measuring and serving appropriate portions for Client #3, #6, and all other ladies of the home. A copy of all trainings will be filed in staff records.</p>		

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W 472	<p>Continued From page 6 included 6 ounces of broccoli cheese soup and 3 ounces for fish sandwich on bun. Record review on 11/28/23 of the breakfast menu revealed the serving size for a regular diet included 3/4 cup of cold cereal plus 1 cup of milk.</p> <p>B. During observations in the home on 11/27/23 at 6:00 pm, revealed client #6 had a large bowl of broccoli cheddar soup with bite size pieces of baked breaded fish. On 11/28/23 at 8:00 am, client #6 served herself a large bowl of cold cereal with milk using 4 extra large heaping spoonfuls.</p> <p>Record review on 11/27/23 of a dietary order for client #6 posted in the kitchen revealed she should receive a diabetic, heart healthy diet, no added salt, lean meats only. Client #6 could receive 2nd portions of fruits and vegetables. Next to the diet orders was a sheet that described portion sizes.</p> <p>Interview on 11/28/23 with the Home Manager (HM) revealed there were no marked utensils that measured portion size to assist clients at mealtimes.</p> <p>Interview on 11/28/23 with the Nurse revealed both client #3 and #6 were diabetics and stated portion control was especially important for them. The nurse revealed the homes were supposed to use a metal spoon that had measurements to prevent extra portions for clients that were on a weight loss diet or diabetic. The nurse acknowledged the extra portions of cereals allowed more concentrated sweets. The nurse futher acknowledged they were previously successful in discontinuing client #6's insulin by getting her A1C down with management of her</p>	W 472		
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W 472	Continued From page 7 diet.	W 472		