

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

PRINTED: 03/03/2021
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G135 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 03/02/2021 |
|---|---|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER SCOTLAND FOREST HOME | | | STREET ADDRESS, CITY, STATE, ZIP CODE 21760 ANDREW J. HWY MAXTON, NC 28364 | | |
| (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 000 | INITIAL COMMENTS A recertification and complaint survey was conducted on 3/1/21-3/2/21. Deficiencies were not cited as a result of the complaint survey for Intake #NC00173600. A deficiency was cited as a result of the recertification survey. | W 000 | | | |
| W 249 | 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 review, and interviews, the facility failed to ensure 1 of 3 audit clients (#3) received a continuous active treatment program consisting of needed interventions and services to ensure the consistent implementation of supports established in client #3's Individual Program Plan (IPP) in the area of mealtime safety guidelines. The finding is: During mealtime observations in the home on 3/1/21 at 6:15pm, client #3 was seated at the dining room table next to staff A. He served a chicken drumstick, rice, corn, gravy and toast onto his plate. He poured grape koolaid and water into his cups for beverages with his meal. Staff A sat beside him and verbally cued him to | W 249 | | | |

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

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 249 | <p>Continued From page 1</p> <p>slow his pace of eating and reminded him to take sips of beverages during his meal. Client #3 was also not cued to swallow between every bite.</p> <p>During observations of breakfast in the home on 3/2/21 at 6:57am client #3 was seated beside staff C. He served oatmeal, toast, turkey bacon onto his plate. He poured orange juice and water for his beverages with his meal. Staff C cued him to slow his pace of eating and to cut up his turkey bacon. He was not cued by staff C to swallow between every bite.</p> <p>Review on 3/2/21 of a nurse's note for client #3 dated 12/22/20 revealed he started coughing during medication administration on 12/22/20 and seemed to be having difficulty swallowing. After staff made certain he was not choking and made the decision he did not require the Heimlich maneuver, they contacted Nursing and then 911 to have client #3 evaluated. Local Emergency Management Services transported him to the hospital to be evaluated. It was determined by his physician that direct care staff would provide pudding or applesauce to client #3 for medication administration in the future.</p> <p>Review on 3/1/21 of client #3's IPP dated 1/19/21 revealed he receives a regular diet, whole consistency, thin liquids. His medications are to be given with applesauce or pudding.</p> <p>Further review on 3/1/21 of his IPP revealed client #3 has specific mealtime swallowing guidelines dated 8/12/18 that include:</p> <ul style="list-style-type: none"> a) Sitting upright at 90 degrees. b) Using a fork to pierce his food, can use a spoon for syrup fruit, ice cream or cereal. c) Slow his pace of eating and chew. Encourage | W 249 | | | |

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| W 249 | <p>Continued From page 2</p> <p>client #3 to double swallow which should be enforced at all meals.</p> <p>d) Have client #3 sit upright for 30 minutes following all meals.</p> <p>Interview on 3/2/21 with the residential manager (RM) revealed client #3's swallowing guidelines are current and should be followed at every meal.</p> <p>Interview on 3/2/21 with the facility Nurse and the qualified intellectual disabilities professional (QIDP) confirmed direct care staff should carefully follow client #3's swallowing guidelines at every meal.</p> | W 249 | | |