

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G027	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/07/2021
NAME OF PROVIDER OR SUPPLIER SCOTTHURST I & II			STREET ADDRESS, CITY, STATE, ZIP CODE 174 HOOTS DRIVE WINSTON-SALEM, NC 27107		
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W 242	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(iii)</p> <p>The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review, and interviews, the facility failed to ensure 1 of 3 sampled clients (#3) in Scotthurst I received training in personal skills relative to toileting. The finding is:</p> <p>Observation in Scotthurst I at 9:00 AM on 12/7/21 revealed client #3 to enter and use the bathroom with the door open. Continued observation at 9:10 AM revealed client #3 to exit the bathroom without flushing the toilet or washing his hands and walk to the living room. Interview with staff C revealed client #3 uses the bathroom frequently, every 10 to 15 minutes, and client #3 is hard to catch to ensure he practices privacy and hygiene.</p> <p>Review of client #3's record revealed a person-centered plan (PCP) dated 6/11/21. Further review of client #3's record revealed an adaptive behavior inventory (ABI) dated 7/19/19. Review of the ABI indicated client #3 has partial independence with "closing bathroom door for privacy, flushing toilet and washing hands after toileting." Continued review of the ABI indicated client #3 has no independence with "wiping self as needed."</p>	W 242			

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 242	Continued From page 1 Interview with the qualified intellectual disabilities professional (QIDP) on 12/7/21 revealed toileting issues with client #3 had not been observed. Continued interview with the QIDP confirmed client #3 may benefit from skills training relative to toileting.	W 242			
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 sampled clients (#2) received a continuous active treatment program relative to their behavior support plan (BSP) in Scotthurst I. The finding is: Observation in Scotthurst I on 12/6/21 at 5:10 PM revealed client #2 to walk down the hallway in soiled sweatpants from a toileting accident. Continued observation revealed client #2 to retrieve an adult brief and take it to his room. Further observation at 5:15 PM revealed client #2 to sit at the dinner table in soiled sweatpants and participate in the dinner meal. Additional observation at 5:45 PM revealed client #2 to finish the dinner meal and walk to his room to change for a shower. It should be noted client #2 was	W 249			

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W 249	<p>Continued From page 2</p> <p>observed to sit for approximately 30 minutes in soiled sweatpants during the dinner meal.</p> <p>Review of client #2's record on 12/7/21 revealed a person-centered plan (PCP) dated 7/19/20. Review of client #2's PCP revealed a diagnosis of IDD moderate, mood disorder, impulse disorder, and bowel/bladder incontinence. Continued review of client #2's record revealed a BSP dated 9/8/21. Review of client #2's BSP indicated a target behavior of "prolonged refusal." Continued review of client #2's BSP indicated client #2's "occasional refusal to cooperate with reasonable staff requests remain an issue of clinical concern, as client #2 has missed medical appointments, meals and medications due to refusal. He has gone through periods wherein he refused to allow staff to change his soiled undergarments, a concern not only to health and hygiene, but to skin integrity and sanitation." Further review of client #2's BSP revealed staff's response to refusal to indicate "if client #2 refuses, staff should not engage client #2 for 10 minutes before further prompts. Staff should re-engage after 10 minutes."</p> <p>Interview with staff A on 12/6/21 revealed the staff did not notice client #2 had soiled his sweatpants and then prompted client #2 once to put on an adult brief and change the sweatpants. Continued interview with staff A revealed client #2 is supposed to wear adult briefs all the time, however, client #2 doesn't always want to wear them. Further interview with staff A revealed client #2 often refuses to change clothes after an accident.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 12/7/21 revealed client #2</p>	W 249			

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W 249	Continued From page 3 "is strong minded." Continued interview with the QIDP confirmed client #2's participation in the dinner meal in soiled sweatpants was a health and sanitation issue. Further interview with the QIDP confirmed staff should have followed client #2's BSP with intermittent prompting.	W 249			
W 260	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(2) At least annually, the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to The facility have evidence that the person centered plans (PCPs) for 2 of 6 sampled clients (#2 and #8) were revised and updated at least annually as required. The findings are: A. The facility failed to revise and update the PCP at least annually for client #8 in Scotthurst II. For example: Review of records for client #8 on 12/6/21 revealed a PCP dated 5/22/20. Continued record review revealed client #8 to have no current PCP for the review year of 2021. Interview with the Qualified Intellectual Disabilities Professional (QIDP) on 12/7/21 verified that a current PCP for client #8 could not be located during the survey. Further interview with the QA Manager and QIDP confirmed that all clients should have an updated PCP review at least annually. B. The facility failed to revise and update the PCP at least annually for client #2 in Scotthurst I. For example:	W 260			

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W 260	Continued From page 4 Review of client #2's record on 12/7/21 revealed a PCP dated 7/19/20. Continued review of client #2's record revealed no PCP revisions since 7/19/20. Interview with the QIDP on 12/7/21 revealed client #2's PCP has not been revised since 7/19/20. Further interview with the QIDP confirmed all PCPs should be revised at least annually.	W 260			
W 436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to assure that clients use and make informed choices relative to adaptive equipment as recommended for 2 of 3 sampled clients (#7, #9). in Scotthurst II. The findings are: A. The facility failed to assure that a gait belt was used a prescribed for client #7 in Scotthurst II. For example: Observations in Scotthurst II on 12/6/21 from 3:45 PM to 6:30 PM revealed client #7 to participate in various activities with staff assistance such as a block activity, to use the bathroom and to participate in the dinner meal.	W 436			

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W 436	<p>Continued From page 5</p> <p>At no point during the observation period was client #7 observed to wear a gait belt.</p> <p>Review of the record for client #7 revealed a person-centered plan (PCP) dated 12/14/21 which indicated that the client has the following prescribed adaptive equipment: shirt protector, wheel chair, gait belt, curved spoon, high sided dish, dycem mat and plate guard. Further review of the record revealed a physical therapy assessment dated 4/9/21 which indicated that client #7 must wear a gait belt during waking hours to assist with ambulation and transfer activities with contact guard assistance.</p> <p>Interview with the facility nurse on 12/7/21 verified that client #7 should have had on a gait belt along with a lap belt in the wheelchair. Further interview with the nurse confirmed that all of client #7's goals and objectives were current. Continued interview with the nurse and qualified intellectual disabilities professional (QIDP) confirmed that client #7 should wear a gait belt during waking hours as prescribed.</p> <p>B. The facility failed to teach client #9 to use and make informed choices relative to eyeglasses as prescribed in Scotthurst II. For example:</p> <p>Afternoon observations in Scotthurst II on 12/6/21 from 3:45 PM to 6:30 PM revealed client #9 to participate in various activities to include a block activity, a connect four game and to participate in the dinner meal. At no point during the observation period was client #9 prompted to wear eyeglasses.</p>	W 436			

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W 436	<p>Continued From page 6</p> <p>Morning observations in Scotthurst II on 12/7/21 from 6:30 AM to 9:15 AM revealed client #9 to participate in various activities to include a puzzle activity, a block game, to participate in the breakfast meal and to prepare for departure to the vocational center. At no point during the observation period was client #9 prompted to retrieve and wear her eyeglasses as prescribed.</p> <p>Review of records for client #9 on 12/7/21 revealed a PCP dated 1/13/21 which indicated that the client has the following adaptive equipment: eyeglasses, dycem mat, deep divided plate and shirt protector. Further review of the PCP revealed that client #9 must wear eyeglasses during waking hours. Review of a vision consult dated 4/26/21 indicated that client #9 has the following diagnosis: high myopia, chorioretinal myopic degeneration (both eyes) and optic nerve ectasia. Continued review of the record revealed an annual physical assessment dated 10/20/21 which indicated that client #9 has eyeglasses but does not like to wear her eyeglasses and breaks them.</p> <p>Interview with the facility nurse on 12/7/21 revealed that client #9 has not worn her eyeglasses for at least a year. Further interview with the nurse also verified that client #9 does not like to wear her glasses and will break them as soon as she gets a new pair. Subsequent interview with the facility nurse revealed that there was a mini-team meeting held a year ago to discuss how to address client #9's behavior of breaking her glasses and refusing to wear them. The nurse additionally confirmed that she would follow up with the interdisciplinary team to address client #9's behavior of refusing to wear</p>	W 436			

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W 436	Continued From page 7 and breaking her eyeglasses. Interview with the qualified intellectual disabilities professional (QIDP) on 12/7/21 verified that client #9 broke her glasses and has not received a new pair. The QIDP also verified that client #9's eyeglasses could not be located during the survey. The nurse and QIDP confirmed during the interview that client #9 should wear her glasses during waking hours as prescribed.	W 436			