

## W 277

The team met and agreed that client #3 will be placed on new formal programs, involving, self-help, daily living and money management programs. Team agreed current formal programs will be d/c and new ones will be implemented. Team agreed that all clients ABI's will be reviewed by the Hab. Spec. and QP to ensure priority needs are being addressed or have been previously addressed.

Target Date 5/25/23

## W 340

- \* The team met and agreed that staff will not be wearing gloves in the kitchen, during mealtime unless staff or the clients are handling raw meats.

The team agreed Nursing will Inservice staff on the company's infection Control policy concerning the spread of infections and microorganisms to other individuals or the

Environment, also nursing will Inservice staff on hand washing policy, protocol and gloves usage.

The clinical team will conduct mealtime assessments until the situation has been resolved.

Target Date 5/25/23

## W 436

The team met and agreed that the Habilitation Specialist will implement a formal program for staff to prompt client #6 upon awaking and getting dressed for the day to wear his Eyeglasses daily and to store his eyeglasses on or in his nightstand when he is not wearing them.

Monitoring will occur through interaction assessment weekly by the Habilitation Specialist / Home Manager until the situation has resolved.

Target Date 5/25/23

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

PRINTED: 04/12/2023  
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  04/11/2023
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 227	<p><b>INDIVIDUAL PROGRAM PLAN</b> CFR(s): 483.440(c)(4)</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure client #3's Individual Program Plan (IPP) included specific objectives to meet his needs as identified in the comprehensive functional assessment. This affected 1 of 3 audit clients. The finding is:</p> <p>During observations at the day program on 4/10/23, client #3 shredded paper and picked up trash at the facility.</p> <p>Interview on 4/10/23 with Staff A revealed client #3 gets paid for his work tasks at the day program.</p> <p>Review on 4/10/23 of client #3's IPP dated 2/28/23 revealed objectives to clean the toilet, clean the pantry, clean trashcans and a behavioral objective. No other objectives were identified. Additional review of the IPP noted the client has trained on and met criteria for objectives to dry between his toes, apply lotion, identify coins/dollars, budget money, and carry money since 2009. Additional review of the client's Adaptive Behavior Inventory (ABI) last reviewed on 10/19/22 indicated various needs in the area of self-care, grooming, dressing and money management.</p> <p>Interview on 4/11/23 with the Home Manager (HM) confirmed client #3 continues to have needs in daily living skills and money management;</p>	W 227			

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

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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AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA  
IDENTIFICATION NUMBER:

34G135

(X2) MULTIPLE CONSTRUCTION

A. BUILDING \_\_\_\_\_

B. WING \_\_\_\_\_

(X3) DATE SURVEY  
COMPLETED

04/11/2023

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 227

Continued From page 1  
however, the team has not considered additional  
training in these areas.

W 340

NURSING SERVICES  
CFR(s): 483.460(c)(5)(i)

W 227

W 340

Nursing services must include implementing with  
other members of the interdisciplinary team,  
appropriate protective and preventive health  
measures that include, but are not limited to  
training clients and staff as needed in appropriate  
health and hygiene methods.

This STANDARD is not met as evidenced by:  
Based on observations, record review and  
interviews, the facility failed to ensure staff were  
sufficiently trained to wear latex gloves  
appropriately and implement protocols to prevent  
the potential spread of infections. This potentially  
affected all clients residing in the home (#1, #2,  
#3, #4, #5 and #6). The findings are:

A. During evening observations in the home on  
4/10/23 from 4:47pm - 5:48pm, client #6 assisted  
Staff B in the kitchen with meal preparation tasks.  
After washing his hands, the staff assisted the  
client to put on gloves. During this time, client #6  
assisted with placing raw turkey burgers on a  
pan. Upon completion of this task, the staff  
removed their gloves but prompted the client to  
continue wearing his gloves. Client #6 continued  
to perform various tasks in the kitchen while  
wearing the same gloves.

B. During dinner observations in the home on  
4/10/23 at 6:05pm, various staff assisted clients  
to pour drinks, pass serving bowls and serve  
themselves. The staff were noted to wear gloves  
as they stood around the table and assisted the  
clients.

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W 340	<p>Continued From page 2</p> <p>C. During morning observations in the home on 4/11/23 from 7:00am - 7:29am, client #4 and client #6 assisted Staff J in the kitchen with meal preparation tasks. The clients were assisted to put on gloves after washing their hands. Both clients continued to wear the same gloves while touching various surfaces, door knobs, handles, etc. The clients were not prompted or assisted to change their gloves as needed.</p> <p>D. During breakfast observations in the home on 4/11/23 at 7:38am, client #6 coughed directly into his right hand. Shortly afterwards, Staff C passed the client a pitcher of water which he retrieved with his right hand, poured his drink and passed the pitcher to a client next to him. Client #6 also picked up a bowl on the table, served himself and passed the bowl to a client next to him. Although Staff C stood next to the client at the table and at least four other staff were standing around the table, the client was not prompted or encouraged to wash and/or sanitize his hands after coughing.</p> <p>Interview on 4/10/23 with Staff E revealed they really don't have to wear gloves while assisting clients at meals. Additional interview indicated only the staff working in the kitchen needs to wear gloves.</p> <p>Interview on 4/11/23 with Staff J indicated clients and staff should be wearing gloves while working in the kitchen. The staff noted this keeps the clients from having wash their hands so much. Additional interview revealed clients should be changing their gloves when touching their face or other surfaces.</p> <p>Interview on 4/11/23 with Staff C indicated she</p>	W 340			