PRINTED: 12/15/2023 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
34G027		B. WING		12	12/12/2023	
NAME OF PROVIDER OR SUPPLIER  SCOTTHURST I & II			STREET ADDRESS, CITY, STATE, ZIP CODE  174 HOOTS DRIVE  WINSTON-SALEM, NC 27107			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD B		(X5) COMPLETION DATE
W 436	CFR(s): 483.470(g)(2). The facility must furnis and teach clients to us choices about the use hearing and other comand other devices idea interdisciplinary team. This STANDARD is not be assed on observation interviews, the facility adaptive equipment where facility adaptive in the great facility and the faci	sh, maintain in good repair, se and to make informed of dentures, eyeglasses, munications aids, braces, ntified by the as needed by the client. Of met as evidenced by: ns, record review and failed to ensure that as furnished as prescribed es). The finding is:  up home on 12/11/23 and nt #5 to walk around the with an unsteady gate. In revealed that client #5 was ibed gait belt and that at no or assist client #5 to wear at nor assist him with the Further observation all to the floor while getting table and staff to direct not to offer the prescribed eance with ambulation for observation period.  Our client #5 revealed a action dated 9/24/20 which requires contact guard on and transitional	W	The Qualified Profession have a mini team meetic confirm orders for the use of the use of the equipment to ensure cliutilizing the gait belt as The clinical team will mensure client #5 and all Supported are furnished equipment as prescribe interaction assessments week for 1 month and throutine basis. In the future, the Qualified Professional will ensure People Supported are padaptive equipment as and ensure the Person Plan is updated to reflect changes.  By: 02/10/24  RECEIVED  DHSR-MH Licensure S	ng and se of e. The rill updated adaptive ent #5 is professor to People adaptive x2 per en on a ed all rovided ordered centered trany	

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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	#5 should have been belt during all waking MEAL SERVICES CFR(s): 483.480(b)(2) Food must be served developmental level of This STANDARD is not Based on observation interviews, the facility form consistent with the prescribed diets of 4 of #6). The findings are:  A. The facility failed to for client #1. For exame Observations in the grace of the filets, mashed potatoes cakes or yogurt. Continustaff to feed client #1 shococoli in a ground for cup. Further observation of the served milk nor a preakfast mixed with more observations in the grace of the filets, mashed potatoes cakes or yogurt. Ontinued observation of the served milk nor a preakfast mixed with more observations in the grace of the filets, mashed potatoes cakes or yogurt. Continued observation of the grace of the filets of the fil	wearing the prescribed gait hours.  (iii)  In a form consistent with the fithe client.  In the client with the fithe client.  In the client with the fithe client with the fithe client.  In the client with the fithe client with the cli	W 474		asis.	al .
	client is currently on a weight gain 2000+ calorie					

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	liquids with sippy cup 2% milk with breakfas of Carnation instant be twice daily, AM and P Interview with the quaprofessional (QIDP) or client #1's prescribed should have been offer instant breakfast at broad B. The facility failed to for client #2. For examon Observations of the satisfit to serve a whole chunks of broccoli to consume the food with modifying the food in a observation revealed to the same portion of food Subsequent observation request more salmon at that there was no more client #2. Continued of the same breakfast and two and client #2 to consume staff cutting up or mod manner.  Record review on 12/1 order for client #2 date client is currently on a	licy, whole portions, think only, nectar thick liquids, t and supper, and 1 packet reakfast mixed with milk M.  Ilified intellectual disability in 12/12/23 confirmed that diet is current and that he ared 2% milk and Carnation eakfast and supper.  The ensure the prescribed diet in the lient with	W 474	B. The Qualified Professional will inservice all staff on client #2's prescribed diet to include double portions and 1/4 consistency. The clinical tear monitor via mealtime assess x2 a week for 1 month and the a routine basis to ensure clier and all people supported's die followed. In the future, the Qualified Prowill ensure all diets are followed as prescribed.  By: 2/10/24	m will nents en on nt #2 ets are	nal

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	Interview with the qual professional (QIDP) or client #2's prescribed food should have been consistency and that confered double portions.  C. The facility failed to for client #5. For exame the food with modifying the food in a observation revealed to offered Ensure with his consume the food with modifying the food in a observation revealed to fered Ensure with his consume the food with modifying the food in a observation in the gray revealed the same brechient #5. Continued of to serve grits and a wholient #5 to consume the cutting up or modifying the food in a with 1/2" consistency, of fruits and vegetables regular snacks and the dinner and at evening the food should have been food should have been consistency food should have been consistency food should have been consistency for client #5's prescribed consistency food should have been consistency.	lified intellectual disability in 12/12/23 confirmed that diet is current and that his in modified to ½" blient #2 should have been is at all meals.  I ensure the prescribed diet aple:  I me dinner meal revealed salmon filet and large blient #5, and the client to appropriate the properties of the pr	W	c. The Qualified Properties all staff of prescribed diet to 2000+ calorie diet consistency as we with dinner and exclinical team will not client #5 and all periodiets are followed mealtime assessments for 1 month and the future, the Consistency as we with dinner and exclinical team will not followed mealtime assessments for 1 month and the future, the Consistency as we with dinner and exclinical team will not followed mealtime assessments for 1 month and the future, the Consistency as we with dinner and exclinical team will not followed mealtime assessments for 1 month and the future, the Consistency as we with dinner and exclinical team will not followed mealtime assessments for 1 month and the future, the Consistency as we with dinner and exclinical team will not followed mealtime assessments for 1 month and the future, the Consistency and for followed mealtime assessments for 1 month and the future, the Consistency and for followed mealtime assessments for 1 month and the future, the Consistency and for followed mealtime assessments for 1 month and the future, the Consistency and for followed mealtime assessments for 1 month and the future, the Consistency and for followed mealtime assessments for 1 month and the future, the Consistency and for followed mealtime assessments for 1 month and the future, the Consistency and for followed mealtime assessments for 1 month and the future for followed mealtime assessments for 1 month and the future for followed mealtime assessments for 1 month and the future for followed mealtime assessments for 1 month and the future for followed mealtime assessments for 1 month and the future for followed mealtime assessments for 1 month and the future for followed mealtime assessments for 1 month and the future for followed mealtime assessments for 1 month and 1 month	on client #5's include a regular with 1/2 ell provide Ensure vening snack. The nonitor to ensure eople supported's as prescribed via nents x2 per weenen on a routine by Qualified ensure all staff ow all diets of	e e s a k	

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W 474	observations of the satisfit to serve a whole chunks of broccoli to consume the food with modifying the food in a observation revealed offered Ensure with his observations in the grevealed the same broclient #6. Continued of to serve grits and a whole the theorem of the total serve the cutting up or modifying further observation renot offered Ensure with the consistency with doubt a client is currently on a heart healthy diet who consistency, with doubt snacks. Client #6 is also supplement, 1 contain meals. The physician's encourage client #6 to snacks, and supplement Interview with the qual professional (QIDP) or client #6's prescribed of food should have been	ensure the prescribed diet inple:  ame dinner meal revealed salmon filet and large client #6, and the client to mout staff cutting up or any manner. Further that client #6 was not sidinner.  oup home on 12/12/23 eakfast meal to be served to be be a served to be servations revealed staff nole muffin to client #6, and the muffin without staff gethe muffin in any manner. It is that client #6 was the his breakfast.  2/23 revealed a physician's end 12/12/23 stating that the weight gain 2000+ calorie lee with meats cut to 1/4" to be portions and high calorie is oprescribed Ensure er three times daily with a corder also directs staff to consume all meals, ints.  iffied intellectual disability in 12/12/23 confirmed that the modified to 1/4" the lient #6 should have been	W 474	D. The Qualified Professional inservice all staff on client #6' and food consistency to inclue Ensure Supplement as presc. The clinical team will monitor mealtime time assessments week for 1 month then on a robasis to ensure client #6 and people supported's diets are that as prescribed. In the future, the Qualified Professional will ensure all statrained on all people supported prescribed diet.  By: 2/10/24	s diet de ribed. via (2 a butine all followed	

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W 476	CFR(s): 483.480(b)(3) Food served to clients must be discarded. This STANDARD is in Based on observation failed to prevent 3 out from consuming expirity of milk in the refrigera of 12/07/23. Continued clients #2, #5, and #6 breakfast meal consismuffins, milk, and a fround observation revealed to clients was served a container in the refrigers some of the milk.  Interview with the qual professional (QIDP) of staff are trained to chees.	s individually and uneaten not met as evidenced by: n and interview the facility of 6 clients (#2, #4 and #5) ed milk. The finding is:  2/23 revealed one container tor with an expiration date d observations revealed to participate in the ting of grits, blueberry uity beverage. Further that each of the three up of milk from the only erator and to consume all or  lified intellectual disability n 12/12/23 confirmed that eck expiration dates before taff should have provided nilk or an appropriate	W4	The Qualified Profession inservice all staff on ensimilk is checked daily to eany expiring milk is being. The clinical team will more ensure expired milk is not or served to the people size wia mealtime assessment week for 1 month and the routine basis. In the future, the Qualifie will ensure all staff are transmonitor the status of milk.  By: 2/10/24	rring nsure disposed nitor to t be kept upported s x2 per en on a d Profess ined to	ional	