

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

PRINTED: 01/14/2025
FORM APPROVED
OMB NO. 0938-0391

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 01/08/2025
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 227	<p>INDIVIDUAL PROGRAM PLAN 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 reviews and interview, the facility failed to ensure the Person Centered Plan (PCP) for 6 of 6 clients (#7, #8, #9, #10, #11 and #12) at Scotthurst II included specific objectives necessary to meet their needs. The findings are:</p> <p>A. Review on 1/7/25 of client #7's PCP dated 5/22/24 revealed formal objectives to dust furniture and clean lint filter. Continued review revealed two vocational goals to improve money management skills and counting by 5's. Further review of client #7's Activities of Daily Living (ADL) assessment revealed an update completed on 5/7/24.</p> <p>Interview on 1/8/25 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #7 continues to have needs in various areas; however, only has two formal objectives in place. Additional interview indicated other objectives are "in the works" but have not been implemented as of the date of the survey.</p> <p>B. Review on 1/7/25 of client #8's PCP dated 1/22/24 revealed a formal objective to bake muffins, cookies or bread. Continued review revealed a vocational goal to make change for up to one dollar. Further review of client #8's ADL assessment revealed an update completed on 3/30/24.</p> <p>Interview on 1/8/25 with the QIDP confirmed</p>	W 227			

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 227	<p>Continued From page 1</p> <p>client #8 continues to have needs in various areas; however, only has one formal objective in place. The QIDP indicated other objectives are "in the works" but have not been implemented as of the date of the survey.</p> <p>C. Review on 1/7/25 of client #9's PCP dated 5/2/24 revealed a formal objective to wash windows. Continued review revealed a vocational goal to recognize and print numbers. Further review of client #9's ADL assessment revealed an update completed on 5/28/24.</p> <p>Interview on 1/8/25 with the QIDP confirmed client #9 continues to have needs in various areas; however, only has one formal objective in place. The QIDP indicated other objectives are "in the works" but have not been implemented as of the date of the survey.</p> <p>D. Review on 1/7/25 of client #10's PCP dated 5/23/24 revealed formal objectives to react appropriately to frustration and select clothing for appropriate weather. Continued review revealed a vocational goal to write her full name. Further review of client #10's ADL assessment revealed an update completed on 7/24/24.</p> <p>Interview on 1/8/25 with the QIDP confirmed client #10 continues to have needs in various areas; however, only has two formal objective in place. The QIDP indicated other objectives are "in the works" but have not been implemented as of the date of the survey.</p> <p>E. Review on 1/7/25 of client #11's PCP dated 11/15/24 revealed a formal objective to wipe drool from her mouth. Continued review revealed two vocational goal to identify bills and sort colors.</p>	W 227			

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W 227	Continued From page 2 Further review of client #11's ADL assessment revealed an update completed on 7/26/24. Interview on 1/8/25 with the QIDP confirmed client #11 continues to have needs in various areas; however, only has one formal objective in place. The QIDP indicated other objectives are "in the works" but have not been implemented as of the date of the survey. F. Review on 1/7/25 of client #12's PCP dated 4/18/24 revealed a formal objective to dry her face. Continued review revealed two vocational goal to identify her name and recognize money. Further review of client #12's ADL assessment revealed an update completed on 3/30/24. Interview on 1/8/25 with the QIDP confirmed client #12 continues to have needs in various areas; however, only has one formal objective in place. The QIDP indicated other objectives are "in the works" but have not been implemented as of the date of the survey.	W 227			
W 322	PHYSICIAN SERVICES CFR(s): 483.460(a)(3) The facility must provide or obtain preventive and general medical care. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to assure 2 of 3 audit clients (#1and #3) at Scotthurst 1 received general and preventive medical care relative to scheduling follow up appointments as recommended by his physician. The finding is: Review on 1/7/25 of client #1's medical record revealed he was seen for a vision exam on	W 322			

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W 322	Continued From page 3 11/4/21 and the Optometrist asked for client #1 to be seen for a follow up appointment in 2 years. Interview on 1/8/25 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed that client #1 should have been scheduled for a vision exam and confirmed 11/4/21 as last exam. Additional interview with the QIDP confirmed the facility Nurse was responsible for scheduling the follow up appointments. Review on 1/7/25 of client #3's medical record revealed he was seen for a vision exam on 9/15/21 and the Optometrist asked for client #3 to be seen for a follow up appointment in 1 year. Interview on 1/8/25 with the QIDP confirmed that client #3 should have been scheduled for a vision exam and confirmed 9/15/21 as last exam. Additional interview with the QIDP confirmed the facility Nurse was responsible for scheduling the follow up appointments.	W 322			
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 adaptive equipment was furnished as prescribed for 1 of 3 audit clients (#3) at Scotthurst I. The finding is: Observation in the group home during	W 436			

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W 436	Continued From page 4 recertification survey 1/7/25-1/8/25 revealed client #3 to participate in the dinner meal and leisure activity including watching television. Continued observations revealed the client to participate in the breakfast meal. At no point during the survey observations was client #3 observed to be provided his prescribed knee pads for daily wear, rocker T knife, and clothing protector during mealtimes. Review of records for client #3 on 1/7/25 revealed a person-centered plan (PCP) dated 1/24/24. Continued review of PCP revealed adaptive equipment: knee pads(daily), safety monitor in bedroom, rocker T knife, clothing protector, regular spoon and fork, wheelchair(transfers). Interview with the Qualified Intellectual Disabilities Professional (QIDP) on 1/8/25 stated that she was unsure if the knee pads, rocker T Knife, and clothing protector were discontinued but could not find a clinical note or IDT meeting note discussing discontinued use of those items.	W 436			
W 454	INFECTION CONTROL CFR(s): 483.470(l)(1) The facility must provide a sanitary environment to avoid sources and transmission of infections. This STANDARD is not met as evidenced by: Based on observations and interviews the facility failed to ensure proper infection control procedures were followed in order to promote client health/safety and prevent possible cross-contamination. This potentially affected 6 of 6 clients (#1, #2, #3, #4, #5 and #6) The findings are:	W 454			

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W 454	Continued From page 5 During dinner observations on 1/7/25 revealed client #4 to use the restroom with the door slightly open. Continued observations revealed client #4 to leave the restroom without washing his hands and sat down at the dining room table for dinner. Further observations revealed clients #1, #2, #3, #5, and #6 to sit at the dining table for dinner. At no point did staff prompt residents to wash their hands prior to serving dinner. During breakfast observations on 1/8/25 revealed client #4 asked staff if he could use the restroom after sitting down at the dining table for breakfast. Continued observations revealed client #4 to leave the restroom without washing his hands and returned to the dining room table for breakfast. Further observations revealed clients #1, #2, #3, and #5 to sit at the dining table for breakfast. At no point did staff prompt residents to wash their hands prior to serving breakfast. Interview with the Qualified Intellectual Disabilities Professional (QIDP) on 1/8/25 revealed that staff should have prompted all clients to wash their hands prior to sitting at the table for mealtimes.	W 454			
W 480	MENUS CFR(s): 483.480(c)(1)(iv) Menus must include the average portion sizes for menu items. This STANDARD is not met as evidenced by: Based on observations, interviews and record review the facility failed to ensure the menu used by staff included the portion sizes to meet the prescribed diet for the 3 of 3 audit clients (clients #1,#2, and #3) at Scotthurst 1. The finding is:	W 480			

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W 480	<p>Continued From page 6</p> <p>During a dinner observation on 1/7/25 revealed a Fall/ Winter menu in binder on countertop in the kitchen. The week one/Tuesday dinner menu stated salmon stir fry, fruited jello, salad, butter, apple cinnamon bread pudding, 2% milk, and S.F. Beverage. Continued observations revealed no specific serving amounts or portion sizes were specified on this menu. The menu also did not include the average portion sizes for regular or reduced calorie diets for the dinner meals, nor were there any measuring utensils used.</p> <p>During a breakfast observation on 1/8/25 revealed the same Fall/Winter Menu for week 1/Wednesday stated orange juice, boiled eggs, whole wheat bagel, cream cheese, 2 %milk, decaf coffee if desired. The menu also did not include the average portion sizes for regular or reduced calorie diets for the dinner meals, nor were there any measuring utensils used.</p> <p>Record Review on 1/7/25 of client #1's Person Centered Plan(PCP) dated 4/5/24 revealed a prescribed Weight Gain 2000 calories, heart healthy, ¼ inch consistency for meats diet, Ensure tid.</p> <p>Record Review on 1/7/25 of client #2's PCP dated 5/29/24 revealed a prescribed Weight Loss 1500 calories, heart healthy whole diet, high fiber, double portions of vegetables, pacing eating.</p> <p>Record Review on 1/7/25 of client #3's PCP dated 1/24/24 revealed a prescribed Regular diet, half inch consistency for meats, seconds of fruit and vegetables.</p> <p>Interview with the Staff A on 1/7/25 revealed that he was unaware that the fall/winter menus did not</p>	W 480			

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W 480	Continued From page 7 specify portions or serving sizes. Staff A stated that the prior menus did include portion sizes but could not locate any current menus with portions or serving sizes. Interview with the Qualified Intellectual Disabilities Professional (QIDP) on 1/8/25 revealed that she was unaware that the fall/winter menus did not specify portions or serving sizes.	W 480			