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

PRINTED: 12/12/2024 FORM APPROVED

RECTION DENTIFICATION NUMBER: 34G204 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 185 MARTINDALE RD WINSTON SALEM, NC 27107 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) AL COMMENTS W 000 RECEIVED TAG TO THE APPROPRIATE DEC 3 0 2024 DHSR-MH Licensure Sect W 331 Wilson Smith Cottage ICE/IDD group home. 04.07.	STATEMENT	OF DEFICIENCIES	(X1) PROMEDERIC IPPLIES	1	O	MB NO. 0938-03	
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or revealed triat triefe is no documentation	i se	NURSING SERVICE CFR(s): 483.460(c) The facility must proservices in accordant This STANDARD is Based on document facility failed to proviaccordance with the clients (#1). The finding Review of documents incident report for client accordance with the clients (#1). The finding Review of documents incident report for client revealed the client to staff noticing that the his usual self. Conting that the his usual self. Conting the provision of 126/24 with a client #1 to use Tylen ce, and compression as needed. Further rean incident report date #1 to be sent to the Earnd the client was admitted to the client was admitted to 12/9/24 with a client was admitted to 12/9/24 with a client was admitted to 12/9/24 with the client was admitted to 12/9/24 with a client was admitted to 12/9/24 wi	vide clients with nursing ace with their needs. not met as evidenced by: a review and interview, the de nursing services in needs of 1 of 2 sampled ing is: s on 12/9/24 revealed an ent #1 dated 9/26/24 that be sent to the ED due to client was not walking like used review of documents at summary regarding ED discharge instructions for oil and /or ibuprofen for pain, and to follow-up with Ortho eview of documents revealed ed 9/29/24 to reveal client iD due to swollen left knee mitted into the hospital. with the qualified intellectual all (QIDP) and home ed that client #1 was sent to 4 and 9/29/24 due to vever, no discharge interview with		will provide clients with nursing service accordance with their needs as eviden by adding an addendum to the current Nursing vender agreement to include a not limited to be following: • Within 48 hours, the nurse will be responsible for seeing any client in person or via video call who has been seen in urgent care or the emergency room. • After a client has had an urgent care/emergency room visit, the nurse who has been seen in urgent care for the client given input from the group home's management team. Staff will be trained by the nurse or management on the care plan. • The nurse will be responsible for routinely (as condition dictates) seeing a clients that have ongoing medical conceand will provide instructions on how staff are to address them. • The nurse will review all Resident Medical/Dental Consult forms to include After Visit Summaries (when provided) for clients once an appointment has bee attended. After the nurse reviews the information, the nurse will give further	is in ced but	
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TITLE

(X6) DATE

Tiffany Grant QP/Program Director 12/24/2024

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.

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

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STATEMENT	OF DEFICIENCIES	WEDICAID SERVICES			OMB	NO. 0938-039	
AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
NAME OF		34G204	B. WING			С	
NAME OF PROVIDER OR SUPPLIER WILSON SMITH COTTAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 185 MARTINDALE RD WINSTON SALEM, NC 27107	12/09/2024		
(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 CORRECT (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	II D RE	(X5) COMPLETION E DATE	
	9/26/24 discharge ins Interview on 12/9/24 v revealed that client #1 9/26/24. Facility nurse 9/26/24 hospital visit a Ortho consult for 9/26 sent to ED by the HM. receive the medical co- all medical appointments staff to take client bacil 10:11 am due to the le swollen and nurse did information from the he the client did not return	are for client #1 regarding structions. with the facility nurse I was sent to the ED on a was not aware of the and later stated she had an /24; however, the client was The manager and the QP consultations and schedule ints. Facility nurse advised is to the ED on 9/29/24 at fit knee being excessively not receive any further cospital. It is also noted that in to the group home communications.	W 33	The nurse will review all clients Medication Administration Record a month The nurse will be responsible for completing an annual review/represent client at the time of their year treatment team meeting/Individual Habilitation Plan update. The nurse is responsible for doin monthly or quarterly reviews/represently reviews/represently reviews/represently reviews/represently reviews/represently reviews/represently record professional will monitor Registered Nurse's responsibilities ensure completion and submission documentation. In addition to the above, Wilson S Cottage - Lutheran Services Caro agency's quality improvement tea conduct quarterly record reviews, documentation will be reviewed to that the contracted registered nurse fulfills responsibilities and, meets expectations and adheres to standard responsibilities and responsibili	or ort for arly al ort. e's r the s and n of mith linas' m will Nursing ensure se		