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

PRINTED: 01/14/2025 FORM APPROVED

		THE DELIVIOES			OMB NO. 0938-0391
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED
	34G027		B. WING		24/22/222
NAME OF PROVIDER OR SUPPLIER  SCOTTHURST I & II			174	EET ADDRESS, CITY, STATE, ZIP CODE HOOTS DRIVE ISTON-SALEM, NC 27107	01/08/2025
21111	ALD HARDAGE			OTON-GALLIN, NG 27107	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE COMPLETION ATE DATE
W 227			W 227		
	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)  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:  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.  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.  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.  Interview on 1/8/25 with the QIDP confirmed			The clinical team will meet To review clients' number 7,8,9,10,11,12needs based their ABI. The Qualified Profedevelop and objective for each the Qualified Professional will all staff on the new objectives team will monitor x2 days a wone month and then on a rout VIA interaction assessments.  The Qualified Professional will are implemented for all people updated, the Qualified Professional will are the Person-Centered Pupdated by March 9,2025	upon ssional will ch client. ill in-service s. The Clinical reek for ine Basis. In the future, ensure objectives e supported and sional will also
ABORATORY D	RECTOR'S OR PROVIDER/SU	PPLIER 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.

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			1	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		34G027	B. WING		0	1/08/2025	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 174 HOOTS DRIVE WINSTON-SALEM, NC 27107		110072023	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(XS) COMPLETION DATE	
W 227	areas; however, only place. The QIDP indic the works" but have not the date of the survey.  C. Review on 1/7/25 of 5/2/24 revealed a formwindows. Continued regoal to recognize and review of client #9's Aupdate completed on Interview on 1/8/25 wiclient #9 continues to areas; however, only place. The QIDP indicates works but have not the date of the survey.  D. Review on 1/7/25 of 5/23/24 revealed form appropriately to frustra appropriately to frustra appropriate weather. Ovocational goal to write review of client #10's an update completed of interview on 1/8/25 wiclient #10 continues to areas; however, only place. The QIDP indices.	have needs in various has one formal objective in cated other objectives are "in ot been implemented as of ".  of client #9's PCP dated hal objective to wash eview revealed a vocational print numbers. Further DL assessment revealed an 5/28/24.  th the QIDP confirmed have needs in various has one formal objective in eated other objectives are "in ot been implemented as of the fill name. Further ADL assessment revealed a the her full name. Further ADL assessment revealed on 7/24/24.  the QIDP confirmed have needs in various has two formal objectives in eated other objectives are "in ot been implemented as of have needs in various has two formal objectives are "in ot been implemented as of	W 22'				
	11/15/24 revealed a for from her mouth. Contin	f client #11's PCP dated rmal objective to wipe drool nued review revealed two tify bills and sort colors.		,			

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING 34G027 B. WING 01/08/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 174 HOOTS DRIVE SCOTTHURST | & || WINSTON-SALEM, NC 27107 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY W 227 Continued From page 2 W 227 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 W322-The administrator will in-service the client #12 continues to have needs in various areas; however, only has one formal objective in nurses on clients 1 and 3. place. The QIDP indicated other objectives are "in the works" but have not been implemented as of General and preventive medical care for the date of the survey. vision exams and all other preventive care, W 322 PHYSICIAN SERVICES W 322 CFR(s): 483,460(a)(3) to include scheduling follow ups. The facility must provide or obtain preventive and The clinical team will monitor VIA monthly general medical care. This STANDARD is not met as evidenced by: record reviews to ensure all medical care Based on record review and interview, the facility is provided and follow ups are completed failed to assure 2 of 3 audit clients (#1and #3) at Scotthurst 1 received general and preventive for all people we support. In the future, the medical care relative to scheduling follow up appointments as recommended by his physician. Qualified Professional will ensure follow-ups The finding is:

Review on 1/7/25 of client #1's medical record revealed he was seen for a vision exam on

For all people supported for preventive medical

Care. By March9,2025

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	AND STREET OF THE STREET OF TH	T TOTAL OLIVIOLO			OMB NO. 0938-0391
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A, BUILDIN	PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED
- Land	34G027		B. WING _		01/08/2025
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 174 HOOTS DRIVE WINSTON-SALEM, NC 27107	1 01/00/2023
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE COMPLETION
	11/4/21 and the Optor be seen for a follow underview on 1/8/25 with Disabilities Profession client #1 should have exam and confirmed additional interview with facility Nurse was responded by the confirment of t	metrist asked for client #1 to p appointment in 2 years.  Ith the Qualified Intellectual tal (QIDP) confirmed that been scheduled for a vision 11/4/21 as last exam.  Ith the QIDP confirmed the consible for scheduling the standard for a vision exam on the metrist asked for client #3 to be appointment in 1 year.  Ith the QIDP confirmed that been scheduled for a vision 1/15/21 as last exam.  Ith the QIDP confirmed the consible for scheduling the standard for a vision 1/15/21 as last exam.  Ith the QIDP confirmed the consible for scheduling the standard for scheduling the schedul	W 43	W-436 The clinical team will a	Knife and clothing fessional will ensure Il staff are in-serviced am will monitor VIA essments x2 a week tine basis to ensure ed and provided to client #3 ne Qualified Professional cess to adaptive equipment

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

STATEMENT OF DEPICIENCES AND PLAN OF CORRECTION  346927    A BLIDING	1		MEDICAID SERVICES			OMB NO. 0938-0391	
MANE OF PROVIDER OR SUPPLIER  SCOTTHURST 1 & II  PROVIDERS PROVIDER OR SUPPLIER  SUMMARY STATEMENT OF DESCRICES PRINTING INFORMATION)  W 436  Continued From page 4 recordification survey 17725-18/25 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 revealed the client to participate in the breakfast meal. At no point during the survey observations revealed plan (PCP) dated 1/24/24. Confinued review of PCP revealed adaptive equipment: kneep ads(fally), safety monitor in bedroom, rocker T knife, clothing protector were discontinued use of those items.  Interview with the Qualified Intellectual Disabilities Professional (CIIDP) 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.  INFECTION CONTROL CRRS, 483.4700(f)  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 (ef. 14, 27, 48, 47, 85 and 487) The findings			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				
SCOTTHURST I.8. II  SUMMARY STATEMENT OF DEFICIENCIES (CALL DENTIFYING INFORMATION)  W 436  Continued From page 4 recordification survey 17/725-1/8/25 revealed client #3 to participate in the dimen meet and observations revealed the client participate in the dimension of infections.  Review of records for client #3 on 17/725 revealed a 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 use of those items.  W 454  W 454  W 455  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 454  W 454  W 455  W 455  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 456  W 457  INFECTION CONTROL  CFR(s): 483.470(I)(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 falled to ensure proper infection control procedures were followed in order to promote client health/actely and prevent possible or cross-contamination. This potentially affected 6 of 6 clients (et al., 47, 48, 48, 48 and 48). The findings			34G027	B. WING		01/08/2025	
PREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  W 436  Continued From page 4 recordification survey 17/725-1/8/25 revealed client #3 to participate in the dinner meal and leisure activity including watching television. Continued 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, wheelchafty(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 454  W 454  W 455  W 456  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 orose-contamination. This potentially affected 6 of 6 clients (#1, #2, #3, #4, #5 and #6) The findings					174 HOOTS DRIVE	0.1100/2023	
recortification survey 1/7/25-1/8/25 revealed client #3 to participate in the dinner meal and leisure activity including watching television. Continued observations vascellent #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, wheelchalr(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 454  W 454 The Qualified Professional will in-service all staff on 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	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA	E COMPLETION DATE	
	W 454	recertification survey #3 to participate in the activity including watch observations revealed the breakfast meal. At observations was clier provided his prescribe rocker T knife, and clo mealtimes.  Review of records for a person-centered plant Continued review of Pe equipment: knee pads bedroom, rocker T knife regular spoon and fork Interview with the Qual Professional (QIDP) or was unsure if the knee clothing protector were find a clinical note or II discontinued use of the INFECTION CONTRO CFR(s): 483.470(I)(1)  The facility must provid to avoid sources and tr  This STANDARD is no Based on observations failed to ensure proper procedures were follow client health/safety and cross-contamination. T 6 clients (#1, #2, #3, #46)	diff/25-1/8/25 revealed client dinner meal and leisure hing television. Continued the client to participate in no point during the survey at #3 observed to be d knee pads for daily wear, thing protector during the survey of the dinner manner that the client #3 on 1/7/25 revealed on (PCP) dated 1/24/24. CP revealed adaptive (daily), safety monitor in the client in the client in the client in the pads, rocker T Knife, and discontinued but could not the pads, rocker T Knife, and discontinued but could not the pads. It meeting note discussing the second infections.  It met as evidenced by: It met as evi		W454 The Qualified Profession all staff on proper infection co and personal hygiene prior to 1,2,3,4,5,6  The Clinical Team will monitor Assessments x2 a week for one then on a routine basis. In the fixed Qualified Professional will insustaff are trained to ensure Infec	ntrol procedures meals for clients  VIA Interacction month and uture, the	

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTER	RS FOR MEDICARE &	MEDICAID SERVICES			FORM APPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  34G027		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLI A. BUILDING	E CONSTRUCTION	OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED
		B. WING			
NAME OF F	PROVIDER OR SUPPLIER		8	STREET ADDRESS, CITY, STATE, ZIP CODE	01/08/2025
scotthi	URSTI&II		1	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 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
W 454	During dinner observed client #4 to use the respension to leave the restroom and sat down at the distributions #5, and #6 to sit at the	ations on 1/7/25 revealed stroom with the door slightly ervations revealed client #4 without washing his hands ining room table for dinner. revealed clients #1, #2, #3, edining table for dinner. At	W 454		
	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 480	W-480 The clinical team will meet to discuss the menu book to includ Sizes for clients 1,2,3. The dieticial Menu book as needed. The clinical VIA mealtime assessments X2 a will month then on a routine basis to exportion sizes are included in the mean the future, the Qualified will ensure portion sizes are included in the mean portion sizes are included in the mean that the future is the Qualified will ensure the March 9,2025	de all portion  n will update the  al team will monitor  reek for one  nsure all  enu book.  ure all

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		34G027	B. WING			01	logionae
NAME OF PROVIDER OR SUPPLIER  SCOTTHURST   &		STREET ADDRESS, CITY, STATE, ZIP CODE  174 HOOTS DRIVE  WINSTON-SALEM, NC 27107					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
W 480	Fall/ Winter menu in bilikitchen. The week one stated salmon stir fry, apple cinnamon bread S.F. Beverage. Continuo specific serving am specified on this menuinclude the average pureduced calorie diets if were there any measured buring a breakfast observealed the same Fall/Wednesday stated of whole wheat bagel, condecaf coffee if desired include the average pureduced calorie diets if were there any measured reduced calorie diets if were there any measured reduced calorie diets if were there any measured reduced Plan(PCP) of prescribed Weight Gainhealthy, 1/2 inch consistensure tid.  Record Review on 1/7 dated 5/29/24 revealed 1500 calories, heart he double portions of vegen Record Review on 1/7 dated 1/24/24 revealed half inch consistency for and vegetables.	evation on 1/7/25 revealed a sinder on countertop in the el/Tuesday dinner menu fruited jello, salad, butter, dipudding, 2% milk, and nued observations revealed frounts or portion sizes were at the menu also did not portion sizes for regular or for the dinner meals, nor aring utensils used.  Servation on 1/8/25  Il/Winter Menu for week brange juice, boiled eggs, earn cheese, 2 % milk, and the cortion sizes for regular or for the dinner meals, nor aring utensils used.  1/25 of client #1's Person dated 4/5/24 revealed a n 2000 calories, heart tency for meats diet,  1/25 of client #2's PCP dia prescribed Weight Loss ealthy whole diet, high fiber, etables, pacing eating.	W 4	180			

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		34G027	B. WING_			01/08/2025
SCOTTH	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 174 HOOTS DRIVE WINSTON-SALEM, NC 27107	E	0110072023
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 480	specify portions or set that the prior menus d could not locate any c or serving sizes.  Interview with the Qua Professional (QIDP) o	rving sizes. Staff A stated lid include portion sizes but current menus with portions alified Intellectual Disabilities n 1/8/25 revealed that she fall/winter menus did not	W 48	30		