STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G241	A. BUILDING _____ B. WING _____	03/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ARCHES-HORIZONS RESIDENTIAL CARE CENTER	5900 BETHABARA PARK BOULEVARD WINSTON SALEM, NC 27106

(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 129	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7) The facility must ensure the rights of all clients. Therefore, the facility must provide each client with the opportunity for personal privacy. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure clients have a right to personal privacy for 2 of 4 sampled clients (#2, #8) during medication administration. The finding is: Observations in the facility on 3/5/25 at 7:00AM revealed staff I to prepare medications for client #2 in the hallway outside of his door. Further observations revealed staff I to enter client #2's bedroom and provide medications to the client in a cup. Continued observations revealed staff I to provide medication administration to client #2 as the door remained open. Additional observations revealed clients and staff to sit in front of the client #2's bedroom during medication administration. At no point during the observation did staff I close the door to ensure client #2's privacy during medication administration. Subsequent observations on 3/5/25 at 7:26AM revealed staff I to enter client #8's room with medication. Further observations revealed staff I to provide medication administration to client #8 while in his doorway as the door remained open. At no point during the observation did staff I ensure privacy for client #8 during medication administration. Interview with the facility nurse on 3/5/25 staff have been trained to provide medication administration to all clients. Continued interview with the facility nurse verified staff I should have	W 129		

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 129	Continued From page 1 closed the door to ensure privacy for clients during medication administration.	W 129		
W 368	DRUG ADMINISTRATION CFR(s): 483.460(k)(1) The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure medications were administered in accordance with physician's orders. This affected 1 of 4 audit clients (#8) observed during medication administration. The finding is: Observation during medication administration on 3/5/25 revealed client #8 to participate in the medication administration at 7:19 AM and staff I to dispense the following medications: Aripiprazole 5mg, Clonidine 0.1mg, Divalproex Sprinkle 125mg, DOK 100mg, Lactulose Solution, One Daily multi-vitamin, Polyethylene Glycol powder, and Vitamin D-3 50mcg. Further observation revealed client #8 to swallow all medications with V8 splash thickened and receive no further medications for the duration of the observation. Review on 3/5/25 of client #8's physician's orders dated 10/15/24 revealed Divalproex Sprinkle 125mg CAP take three caps(375mg) at 8am. Client #8 received only one Divalproex Sprinkle 125mg CAP. Interview on 3/5/25 with the Nursing Services Manager for the facility confirmed the physician's order was current and that client #8 should have	W 368		

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W 368	Continued From page 2 received the prescribed dosage of Divalproex Sprinkle during medication administration.	W 368		
W 382	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observations and interview, the facility failed to ensure all drugs remained locked except during medication administration. The finding is: During an observation of medication administration on 3/5/25 at 7:00 AM revealed client #2 to participate in the medication administration and staff I to prepare the medications in the hallway next to client #2's bedroom. Further observation revealed staff I walked away from the medication cart, leaving the door unlocked to walk down the hall to an office to retrieve a bottle of Omeprazole out of the cabinet. Continued observations revealed staff I to return to medication cart, dispensed all pills into a cup of V8 splash thickened, and then set a bottle of Fluticasone 50mcg and Ear Drop softener on top of the med cart. Subsequent observation revealed staff I to enter client #2's bedroom to administer the cup of medications, leaving both the Fluticasone 50mcg and Ear Drop softener on top of the medication cart in the hallway unattended. Interview on 3/5/25 with the Nursing Services Manager confirmed that the door to the medication cart and medications should be kept locked, except when staff are in the room	W 382		

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W 382	Continued From page 3 administering medications.	W 382		
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 interviews, the facility failed to ensure that adaptive equipment was used appropriately for 1 of 4 sampled clients (#9). The finding is: Observations in the facility on 3/4/25 at 5:05PM revealed staff to assist client #9 to the day room. Further observations revealed client #9 to fall asleep and the left foot was not secured on the foot rest. Continued observations revealed client #9's left foot to slide off of the foot rest behind the foot pad without any shoes. Additional observations revealed client #9's left foot to remain hanging behind the foot pad for a total of 42 minutes. Observations at 5:42PM revealed this surveyor to alert staff to assist client #9 with securing the client's feet into her shoes and onto the foot rest. Review of the record for client #9 on 3/5/25 revealed a physical therapy (PT) evaluation dated 7/16/24 which indicated client #9 relies on caregivers' assistance in the wheelchair. Continued review of the 7/2024 PT evaluation also indicated the foot straps are used to assist with safety and positioning.	W 436		

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W 436	Continued From page 4 Interview with the qualified intellectual disabilities professional (QIDP) on 3/5/25 verified that all of client #9's objectives and interventions are current. Further Interview with the QIDP verified that client #9 does not have wheelchair guidelines. Continued interview with the QIDP verified that staff should ensure the safety and positioning of client #9 while sitting in her wheelchair.	W 436		