

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

PRINTED: 04/23/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G135	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/16/2025
NAME OF PROVIDER OR SUPPLIER SCOTLAND FOREST HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 21760 ANDREW J. HWY MAXTON, NC 28364		
(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 189	<p>STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1)</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure staff were proficient in dietary skills; to use equipment, follow recipe and modify special diets. This affected 1 of 3 audit clients (#6). The finding is:</p> <p>During observations in the home on 4/15/25 at 5:30pm, Staff A and Staff B assisted client #6 to puree the ingredients for a taco meal. A very large capacity food processor was used to blend very small portions of lettuce, tomatoes with skin and ground beef, adding water and multiple slices of wheat bread likely effecting the palability. Staff A and Staff B processed the ingredients for nearly an hour, resulting in the final appearance of the lettuce looking like green salsa, the diced tomatoes resembled "Thousand Islands Salad Dressing" and the ground beef was still lumpy. Client #6 ate his food without incident.</p> <p>Additional observations on 4/16/25 at 7:35am, Staff E prepared pureed pancakes for client #6 that resembled the texture of cooked grits. Client #6 ate his food without incident.</p> <p>Record review on 4/15/25 of client #6's Individual Program Plan, dated 11/6/24 revealed he was on a sugar-free pureed consistency diet with thinned liquids.</p> <p>Record review on 4/15/25 revealed the 3rd cycle spreadsheet for the home's menu. For a puree</p>	W 189			

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.

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

PRINTED: 04/23/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G135	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/16/2025
NAME OF PROVIDER OR SUPPLIER SCOTLAND FOREST HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 21760 ANDREW J. HWY MAXTON, NC 28364		
(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 189	Continued From page 1 diet, the evening meal replaced cheese, lettuce and tomato for 1/2 cup of tomato vegetable juice. Interview on 4/16/25 with the home manager revealed the food processor was purchased last year and she did not have concern of the machine's ability to blend smooth small qualities of food. Interview on 4/16/25 with the Qualified Intellectual Disabilities Professional (QIDP) acknowledged the dietician came to the home last Spring to train the staff on how to prepare modified diets, encouraging slices of bread as binders, after they were cited last year for it. The QIDP confirmed the menu book did have spreadsheets to substitute foods for different diets and staff would need to be trained that when preparing meals to review specific diet recommendations.	W 189			
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to modify the diet to the correct consistency for 1 of 3 audit clients (#6). The finding is: During observations in the home on 4/15/25 at 5:30pm, Staff A and Staff B assisted client #6 to puree the ingredients in the taco meal for dinner. The lettuce, tomatoes and ground beef were blended but did not achieve a smooth lump free	W 460			

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

PRINTED: 04/23/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G135	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/16/2025
NAME OF PROVIDER OR SUPPLIER SCOTLAND FOREST HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 21760 ANDREW J. HWY MAXTON, NC 28364		
(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 460	<p>Continued From page 2</p> <p>appearance after considerable processing. Client #6 ate his dinner without incident. Additional observations on 4/16/25 at 7:35am, Staff E prepared pureed pancakes for client #6 that resembled the texture of cooked grits. Client #6 ate his food without incident.</p> <p>Record review on 4/15/25 of client #6's Individual Program Plan, dated 11/6/24 revealed he was on a sugar-free pureed consistency diet with thinned liquids.</p> <p>Interview on 4/16/25 with the Qualified Intellectual Disabilities Professional (QIDP) acknowledged the dietician came to the home last Spring to train the staff on how to prepare modified diets.</p>	W 460			