

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL034-329</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>04/30/2025</b>
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**MCTAVISH HOME**

**236 MCTAVISH LANE  
WINSTON SALEM, NC 27103**

(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) COMPLETE DATE
V 000	<b>INITIAL COMMENTS</b>  An annual survey was completed on April 30, 2025. A deficiency was cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.  This facility is licensed for 4 and has a current census of 4. The survey sample consisted of audits of 3 current clients.	V 000	- During ISP Planning Meeting OP will discuss the <del>then</del> unsupervised with time to ensure it is still appropriate for the member.	
V 290	<b>27G .5602 Supervised Living - Staff</b>  10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or	V 290	- OP will ensure the ISP is properly updated and reflects the amount of unsupervised time.  - OP will provide ongoing monitoring and supervision to ensure the plan reflects what was discussed and that the member	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

VDSJ11

If continuation sheet 1 of 3

*Duffy Graham* *NA, OP*

*5/9/2025*

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V 290	<p>Continued From page 1</p> <p>(2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to document in the clients' treatment plan that the client was capable of remaining in the community without supervision for a specified period of time affecting 1 of 3 audited clients (#2). The findings are:</p> <p>Review on 4/30/25 of client #2's record revealed: -An admission date of 6/13/19 -Diagnoses of Autism Spectrum Disorder, Bipolar Type 1, Mild Intellectual Developmental Disability, Tourette's Syndrome and Cystic Fibrosis -A treatment plan dated 12/17/24 with no documentation client #2 was capable of remaining in the community without supervision for a specified period of time.</p>	V 290	<p>- can have unsupervised time.</p> <p>- Monitoring/Supervision will occur monthly by OP and plan will be updated annually or more often if deemed necessary by this team</p> <p>- Care Manager added a note and team will meet and on 5/12/2025 to have an official plan update meeting</p> <p>- Can provide update if necessary</p>	

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V 290	<p>Continued From page 2</p> <p>Interview on 4/29/25 with client #2 revealed: -Walked in the neighborhood almost every day without staff</p> <p>Interview on 4/29/25 with staff #1 revealed: -"[Client #2] can have limited unsupervised time, with parental consent, to walk around the neighborhood."</p> <p>Interview on 4/29/25 with staff #2 revealed: -"[Client #2] gets to walk in the neighborhood by himself ..."</p> <p>Interview on 4/30/25 with the Qualified Professional (QP) revealed: -Had discussed unsupervised time for client #2 with the Care Coordinator "as she writes the treatment plans."</p> <p>Further interview on 4/30/25 with the QP revealed: -Had just spoken with the Care Coordinator and "though we discussed his unsupervised time, we did not put it in the treatment plan." -Would ensure client #2's unsupervised time was addressed in the treatment plan.</p>	V 290		

CARE PLAN

MEMBER PRIMARY INFORMATION					
Member Name:	B		Gender :	N	
Member DOB:	12		Age:	3	
Member Phone Number:	N		Address:	1	
Primary Care Manager:	N				
Care Staff Phone Number:	82		City, State, Zip:	C	
Medicare ID:	N		Medicaid ID:	N	

## ELIGIBILITY DETAILS

Eligibility	Start Date	End Date
North Carolina (01) >> External Insurance (04) >> None (13) >> None (33)	12/01/2010	12/31/2099
North Carolina (01) >> External Insurance (04) >> None (13) >> None (33)	01/01/2024	12/31/2099
North Carolina (01) >> Medicaid (02) >> TP Innovations Waiver Managed Care (46) >> TP Innovations Non-Dual (49)	07/01/2024	06/30/2025
North Carolina (01) >> Medicaid (02) >> Medicaid Direct (59) >> MD BH - Innovations (62)	02/01/2024	06/30/2024

## MANUAL DIAGNOSIS

Diagnosis Code	Description	Is Primary	Start Date	End Date	Created On
R73.02	Impaired glucose tolerance (oral)	No	11/25/2024	Not Available	11/25/2024
K90.0	Celiac disease	No	11/25/2024	Not Available	11/25/2024
J47.9	Bronchiectasis, uncomplicated	No	11/25/2024	Not Available	11/25/2024
J06.9	Acute upper respiratory infection, unspecified	No	11/25/2024	Not Available	11/25/2024
F70	Mild intellectual disabilities	No	11/25/2024	Not Available	11/25/2024
F41.1	Generalized anxiety disorder	No	11/25/2024	Not Available	11/25/2024
F31.9	Bipolar disorder, unspecified	No	11/25/2024	Not Available	11/25/2024
F31.32	Bipolar disorder, current episode depressed, moderate	No	11/25/2024	Not Available	11/25/2024
E84.9	Cystic fibrosis, unspecified	No	11/25/2024	Not Available	11/25/2024
E84.0	Cystic fibrosis with pulmonary manifestations	No	11/25/2024	Not Available	11/25/2024
E63.9	Nutritional deficiency, unspecified	No	11/25/2024	Not Available	11/25/2024
E56.1	Deficiency of vitamin K	No	11/25/2024	Not Available	11/25/2024
E55.9	Vitamin D deficiency, unspecified	No	11/25/2024	Not Available	11/25/2024
E46	Unspecified protein-calorie malnutrition	No	11/25/2024	Not Available	11/25/2024

## CONDITIONS

SNO	Condition	Category	Level	Created On
No Records				

## MEDICATIONS

Allergies/Sensitivities:		Not Available				
SNO	Medication	Dosage	Start Date	End Date	Frequency	Source
No Records						

## CLINICAL INTERVENTIONS

SNO	OGGI	Priority	Status	Start Date	Target Date	Term
1	Opportunity Assist member with identifying services/programs to address their personal needs	High	In Progress	1/1/2025	12/31/2025	Long Term



	<b>Goal Group</b>	Community & Social Support					
	<b>Goal</b>	Ensure member has information/resources to address their personal needs					
	<b>Member Goal</b>	I will gain more knowledge services and programs available to meet my personal needs					
	<b>Member Plan</b>	I will learn from my care team about service and program resources available to meet my personal needs					
	<b>Intervention</b>	Will provide information to the Member to assist in identifying programs and services to help address personal needs					

**Notes:**

SNO	Notes	Created By	Created On	Source
1	QP of Wescare Pro. requested plan to reflect that [REDACTED] able to be left alone for short walks without known risks for exploitation in the community for up to an hour which he has historically done without incident and stated that Thad currently sleeps through the night without awakening.	[REDACTED]	4/30/2025 2:15:00 PM	Care Plan
2	Spoke with [REDACTED] about options that exist for him. He was wanting more information about the Enrichment Center. He also stated that he would like to one day live on his own in his own apartment.	[REDACTED]	4/15/2025 3:59:23 PM	Care Plan
3	Community Networking: 30hours/week [REDACTED] requires assistance in identifying key services and programs of benefit to himself. [REDACTED] is able, with staff support to learn about programs and activities available to him when he networks with others in the community.	[REDACTED]	3/28/2025 10:55:48 AM	Care Plan
4	[REDACTED] has been dissatisfied with Day Supports Group due to the group having more deficits than he. He has requested Community Networking to grow his independence in the community. He would prefer to be around his non-disabled peers in a community setting. Thad enjoys getting out into the community and would like to be able to live in supported living one day. With Community Networking [REDACTED] will gain skills in socialization, money management, and learn about scheduling activities for himself.	[REDACTED]	3/11/2025 12:31:57 PM	Care Plan
5	[REDACTED] and his Care Team are all assisting [REDACTED] with keeping his scheduled appointments with his doctor and helping stay on track with his diet.	[REDACTED]	2/7/2025 11:58:20 AM	Care Plan
6	Member is making progress towards this goal.	[REDACTED]	1/17/2025 1:26:49 PM	Care Plan

2	<b>Opportunity</b>	Educate member on a Diabetes Prevention Program					
	<b>Goal Group</b>	Education					
	<b>Goal</b>	Ensure member has increased knowledge about a Diabetes Prevention Program	Medium	In Progress	1/1/2025	12/31/2025	Long Term
	<b>Member Goal</b>	I will get enrolled into a Diabetes Prevention Program					
	<b>Member Plan</b>	I will contact a Diabetes Prevention Program					
	<b>Intervention</b>	Refer member to a Diabetes Prevention Program					

**Notes:**

SNO	Notes	Created By	Created On	Source
1	Thad is willing to accept assistance with his healthcare needs.	[REDACTED]	4/15/2025 4:00:53 PM	Care Plan
2	Residential Supports 1 unit/day [REDACTED] receives residential supports that assist him with learning about his diabetic condition and provide guidance according to doctor's orders on things he can do to improve his health status.	[REDACTED]	3/28/2025 10:57:25 AM	Care Plan
3	[REDACTED] requires assistance with controlling his diet choices. At home he receives meals served from a planned menu with Residential Supports in a group home, out in the community he needs to make choices for himself. [REDACTED] is seeking to change from Day Supports Group to Community Networking in order to grow independence in several areas. With Community Networking he will be able to have the option to make more food choices himself while he is in the community.	[REDACTED]	3/11/2025 12:36:26 PM	Care Plan

4	████ is making sure he keeps his scheduled doctor's appointments to get his blood drawn for monitoring.	████	2/7/2025 11:59:49 AM	Care Plan
5	Member is making progress towards this goal.	████	1/17/2025 1:26:49 PM	Care Plan

3	<b>Opportunity</b>	Member has vision issues	High	In Progress	1/1/2025	12/31/2025	Long Term
	<b>Goal Group</b>	Education					
	<b>Goal</b>	Member will indicate improved vision					
	<b>Member Goal</b>	I will gain more knowledge about my vision issues and treatment					
	<b>Member Plan</b>	I will learn from my care team about my vision issues and treatment options					
	<b>Intervention</b>	Care Team will provide approved information to member about current diagnosis and treatment options					

## Notes:

SNO	Notes	Created By	Created On	Source
1	Thad needs to be reminded to wear corrective lenses.	████	4/15/2025 4:02:20 PM	Care Plan
2	Supported Employment 10 hours/week: █████ has vision issues which impede him from being able to find and maintain employment. █████ would benefit from additional training to follow doctor's recommendations while searching for employment online and while completing any work training activities.	████	3/28/2025 11:02:45 AM	Care Plan
3	████ wearing his glasses.	████	2/7/2025 12:00:20 PM	Care Plan
4	Member is making progress towards this goal.	████	1/17/2025 1:26:49 PM	Care Plan

4	<b>Opportunity</b>	Educate the member about risk factors	High	In Progress	1/1/2025	12/31/2025	Long Term
	<b>Goal Group</b>	Education					
	<b>Goal</b>	Ensure member has increased knowledge about risk factors					
	<b>Member Goal</b>	I will gain more knowledge about risk factors					
	<b>Member Plan</b>	I will learn from my care team about risk factors					
	<b>Intervention</b>	Educate member about risk factors					

## Notes:

SNO	Notes	Created By	Created On	Source
1	████ receives residential supports who assist him to learn about risk factors associated with his conditions.	████	4/15/2025 4:01:37 PM	Care Plan
2	Residential Supports: 1 unit/day and Community Networking 30 hours/week. █████ would benefit from more training in the areas of risk factors about his health. He could benefit from training when making choices at home and in the community about what he eats and how much he eats.	████	3/28/2025 10:59:09 AM	Care Plan
3	████ requires assistance to learn about risk factors associated with his diagnosis.	████	3/11/2025 12:37:36 PM	Care Plan
4	████ and with the assistance from staff works on community and house safety.	████	2/7/2025 11:56:25 AM	Care Plan
5	Member is making progress towards this goal.	████	1/17/2025 1:26:49 PM	Care Plan

5	<b>Opportunity</b>	Educate member on benefits of increased physical activity with Primary Care or Specialist approval	High	New	10/2/2024	10/16/2024	Short Term
	<b>Goal Group</b>	Education					
	<b>Goal</b>	Ensure member has increased knowledge about benefits of increased physical activity with Primary Care or Specialist approval.					
	<b>Member Goal</b>	I will increase my physical activity					

<b>Member Plan</b>	I will learn from my care team about benefits of increased physical activity with Primary Care or Specialist approval					
<b>Intervention</b>	Educate member on benefits of increased physical activity with Primary Care or Specialist approval					

**CARE PLAN BARRIERS**

Goal Name	Priority	Barrier	Status	Type	Created By	Created On	Updated By	Updated On
Member will indicate improved vision	Medium	member has vision problems.	In progress	Health Condition		3/14/2025	Not Available	Not Available
Ensure member has increased knowledge about risk factors	Not Available	Thad would like to make decisions for himself and sometimes they are not healthy decisions.	In progress	Other		3/14/2025	Natalie Brake Saad	4/9/2025
Ensure member has increased knowledge about a Diabetes Prevention Program	Medium	Member is not literate in health issues and requires substantial supports to help him understand his conditions.	In progress	Literacy		3/14/2025	Not Available	Not Available
Ensure member has information/resources to address their personal needs	Medium	Member has cognitive deficits which impair his ability to understand.	In progress	Health Condition		3/14/2025	Not Available	Not Available

**CARE PLAN STRENGTHS**

Goal Name	Priority	Strength Name	Type	Created By	Created On	Updated By	Updated On
Ensure member has increased knowledge about a Diabetes Prevention Program	Not Available	Member is able to read printed materials and literature about health and wellness. He is able to understand the concepts of diabetes risk mitigation.	Health Literacy		4/9/2025	Not Available	Not Available
Member will indicate improved vision	Not Available	Residential provider works to help Member improve vision by taking him to appointments and providing the prescribed supports.	Health Literacy		3/14/2025	Not Available	Not Available
Ensure member has increased knowledge about risk factors	Not Available	Residential provider is very aware of risk factors and work to educate Member about them.	Significant Community Support		3/14/2025	Not Available	Not Available

Ensure member has increased knowledge about risk factors	Not Available	LRP and natural supports are very aware of his condition and the risk factors associated.	Significant Family Support		6/14/2025	Not Available	Not Available
Ensure member has information/resources to address their personal needs	Not Available	LRP is very involved and advocates on his behalf to receive services he needs.	Significant Family Support		6/14/2025	Not Available	Not Available

### CARE TEAM

SNO	Name	Clinic / Org. / Dept.	Care Team Role	Specialty	Phone	Fax	Start Date
1		Not Available	EXT: TCM	Not Available	Not Available	Not Available	9/1/2024
2		Admin	INT: Care Manager	SIS Assessor	828-225-2785	Not Available	5/23/2024
3		Not Available	EXT: PCP AMH	Not Available	Not Available	Not Available	7/1/2024
4		Admin	INT: Care Manager	Innovations Care Manager	828-225-2785	Not Available	3/7/2025
5		Admin	INT: RN Care Manager	RN Care Manager	828-225-2785	Not Available	3/17/2025
6		Not Available	CG: Case Head	Not Available	Not Available	Not Available	12/18/2023
7		Not Available	CG: Authorized Representative	Not Available	Not Available	Not Available	12/18/2023

**SIGNATURE**

SNO	Title	Name Signed by:	Role	Credentials	Signature	Care Plan Participation	Care Plan Agreement	Reason(s)	Entered Date	Created On
No Records										