PRINTED: 05/16/2025 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
34G204		B. WING _	B. WING		05/	14/2025	
	ROVIDER OR SUPPLIER		•	STREET ADDRESS,  185 MARTINDALE  WINSTON SALEI		•	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI) TAG	(EACH	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	§460.84(d)(2), §482.1 §483.475(d)(2), §484. §485.542(d)(2), §485. §485.920(d)(2), §491.  *[For ASCs at §416.5 at §485.542, OPO, "C §485.727, CMHCs at §491.12, and ESRD F  (2) Testing. The [facilit to test the emergency must do all of the following the following that it is the emergency must do all of the following that it is the emergency must do all of the following that is the emergency must do all of the following that is the emergency must do all of the following that is the emergency graph of the emergency acceptance of the emergency from engaging community-based or infunctional exercise fol actual event.  (ii) Conduct an addition of the emergency empty from the emergency exercise until the section is conducted in the following that is section is conducted in the following that is section is conducted in the following that is section in the following that is the following t	13(d)(2), §441.184(d)(2), 5(d)(2), §483.73(d)(2), 102(d)(2), §485.68(d)(2), 625(d)(2), §485.727(d)(2), 12(d)(2), §494.62(d)(2).  4, CORFs at §485.68, REHs organizations" under §485.920, RHCs/FQHCs at facilities at §494.62]:  ty] must conduct exercises plan annually. The [facility] owing:  scale exercise that is ery 2 years; or ity-based exercise is not facility-based functional s; or experiences an actual emergency that requires gency plan, the [facility] is g in its next required ndividual, facility-based lowing the onset of the onal exercise at least every 2 ear the full-scale or der paragraph (d)(2)(i) of ted, that may include, but is wing: e exercise that is ndividual, facility-based	EC	39	TITI F		(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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		34G204	B. WING		05/14/2025
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 185 MARTINDALE RD WINSTON SALEM, NC 27107	·
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	OULD BE COMPLETION
E 039	a narrated, clinically scenario, and a set of directed messages, designed to challeng (iii) Analyze the [faci maintain documental exercises, and emer [facility's] emergency *[For Hospices at 41 (2) Testing for hospipatient's home. The exercises to test the annually. The hospi (i) Participate in a fucommunity based even (A) When a community based even (B) If the hospice existence of the emergency plant, engaging in its next community-based existence on the emergency plant, engaging in its next community-based existence of the emerge (ii) Conduct an addition opposite the year the exercise under paraits conducted, that must be following:  (A) A second full-second community-based or exercise; or  (B) A mock disaster (C) A tabletop exercise.	des a group discussion using relevant emergency of problem statements, or prepared questions ge an emergency plan. lity's] response to and tion of all drills, tabletop gency events, and revise the y plan, as needed.  8.113(d):] Ideas that provide care in the hospice must conduct emergency plan at least one must do the following: all-scale exercise that is very 2 years; or an individual facility based every 2 years; or periences a natural or cy that requires activation of the hospital is exempt from required full scale exercise or individual scale exercise or functional graph (d)(2)(i) of this section ay include, but is not limited alle exercise that is	E 039		

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(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		· ·		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE COMPLETION
E 039	directed messages, designed to challeng (3) Testing for hospic care directly. The hospice of the year. The hospice of (i) Participate in an ais community-based (A) When a community-based function (B) If the hospice expansive man-made emergenthe emergency plan, engaging in its next based or facility-based following the onset of (ii) Conduct an adding may include, but is not (A) A second full-secommunity-based or exercise; or (B) A mock disaster (C) A tabletop exercise facilitator that include narrated, clinically-reand a set of problem messages, or preparchallenge an emerger (iii) Analyze the hosmaintain documenta	or prepared questions are an emergency plan.  Des that provide inpatient provide inp	E 03	9			

STATEMENT OF DEFICIENCIES (X) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED	
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E 039	conduct exercises to twice per year. The do the following:  (i) Participate in an a is community-based;  (A) When a commun accessible, conduct a facility-based function (B) If the [PRTF, Hosactual natural or mar requires activation of [facility] is exempt from the exercise of the emerger (ii) Conduct and and that may include following:  (A) A second full-scale community-based or functional exercise; of (B) A mock (C) A tabletop exiled by a facilitator and discussion, using a nemergency scenario, statements, directed questions designed to the plan.  (iii) Analyze the maintain documentated	184(d), Hospitals at §485.625(d):]  IF, Hospital, CAH] must test the emergency plan [PRTF, Hospital, CAH] must annual full-scale exercise that or ity-based exercise is not an annual individual, and exercise; or spital, CAH] experiences an annual emergency that the emergency plan, the omengaging in its next mmunity based or individual, and exercise following the ney event. [additional] annual exercise or , but is not limited to the ale exercise that is individual, a facility-based or disaster drill; or kercise or workshop that is d includes a group arrated, clinically-relevant and a set of problem messages, or prepared o challenge an emergency [facility's] response to and cition of all drills, tabletop gency events and revise the plan, as needed.	EO	39			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
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(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF COR ( (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
E 039	(2) Testing. The PAC exercises to test the annually. The PACE following: (i) Participate in an a is community-based; (A) When a community accessible, conduct a facility-based function (B) If the PACE experman-made emergency plan, engaging in its next representation of the emergency plan, engaging in its next representation of the exercise following the event.  (ii) Conduct an anyears opposite the years opposite the years opposite the years opposite the years onducted that man the following: (A) A second full-scat community-based or functional exercise; of (B) A mock disaster (C) A tabletop exercity a facilitator and included using a narrated, cliniscenario, and a set of directed messages, of designed to challenge (iii) Analyze the PAC maintain documentate exercises, and emerge PACE's emergency per terms of the packets o	E organization must conduct emergency plan at least organization must do the annual full-scale exercise that or ty-based exercise is not an annual individual, hal exercise; or riences an actual natural or by that requires activation of the PACE is exempt from equired full-scale community acility-based functional exercise every 2 for the full-scale or functional raph (d)(2)(i) of this section by include, but is not limited to all exercise that is individual, a facility based for drill; or see or workshop that is led by des a group discussion, incally-relevant emergency of problem statements, for prepared questions even emergency plan. E's response to and ion of all drills, tabletop gency events and revise the lan, as needed.	EC				

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(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CC ( (EACH CORRECTIVE ACTIO) CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
E 039	Continued From pa	_	EC	939			
	including unannoun emergency procedu ICF/IID] must do the (i) Participate in an is community-based (A) When a community-based function (B) If the [LTC facility actual natural or marequires activation of LTC facility is exem required a full-scale individual, facility-based individual, facility-based following the onset (ii) Conduct an additional exercise; (B) A mock disaste (C) A tabletop exer a facilitator includes narrated, clinically-rand a set of probler messages, or prepare challenge an emerging in Analyze the [LT and maintain documexercises, and emerging in the ICF/IIDs at §4 (2) Testing. The ICF to test the emergent The ICF/IID must details a community described in the ICF/IID must detail ICF/IIDF must	annual full-scale exercise that d; or nity-based exercise is not an annual individual, onal exercise. dy] facility experiences an an-made emergency that of the emergency plan, the pt from engaging its next ecommunity-based or ased functional exercise of the emergency event. ditional annual exercise that not limited to the following: cale exercise that is or an individual, facility based or redill; or cise or workshop that is led by a group discussion, using a relevant emergency scenario, on statements, directed ared questions designed to gency plan. To facility] facility's response to mentation of all drills, tabletop regency events, and revise the se emergency plan, as needed.  83.475(d)]:  F/IID must conduct exercises cy plan at least twice per year.					

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E 039	accessible, conduct a facility-based function (B) If the ICF/IID exponsion and a man-made emergency plan, engaging in its next recommunity-based or functional exercise for emergency event. (ii) Conduct an additionary include, but is not (A) A second full-scal community-based or functional exercise; of (B) A mock disaster of (C) A tabletop exercise a facilitator and includusing a narrated, clin scenario, and a set of directed messages, of designed to challenge (iii) Analyze the ICF/II maintain documentate exercises, and emergical ICF/IID's emergency  *[For HHAs at §484.1 (d)(2) Testing. The HI to test the emergency least annually. The HI to test the emergency least annually. The HI (i) Participate in a full community-based; or (A) When a comaccessible, conduct and accessible and community a	ty-based exercise is not an annual individual, all exercise; or. eriences an actual natural or by that requires activation of the ICF/IID is exempt from equired full-scale individual, facility-based illowing the onset of the onal annual exercise that of limited to the following: e exercise that is an individual, facility-based resultifully or see or workshop that is led by des a group discussion, ically-relevant emergency for problem statements, or prepared questions eran emergency plan. ID's response to and ion of all drills, tabletop gency events, and revise the plan, as needed.  O2] HA must conduct exercises or plan at HA must do the following: e-scale exercise that is munity-based exercise is not	E 03				

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E 039	or man-made emergof the emergency platengaging in its next to community-based or functional exercise for emergency event.  (ii) Conduct an additopposite the year the exercise under paragis conducted, that limited to the following (A) A second fulton community-based or functional exercise; (B) A mock disa (C) A tabletop eled by a facilitator and discussion, using a remergency scenario statements, directed questions designed following.  (iii) Analyze the HHA documentation of all emergency events, a emergency plan, as  *[For OPOs at §486. (d)(2) Testing. The Otto test the emergency following: (i) Conduct a paper-lyworkshop at least and led by a facilitator and discussion, using a remergency scenario	experiences an actual natural ency that requires activation an, the HHA is exempt from required full-scale individual, facility based ollowing the onset of the ional exercise every 2 years, e full-scale or functional graph (d)(2)(i) of this section at may include, but is not ag:  I-scale exercise that is an individual, facility-based or ster drill; or exercise or workshop that is ad includes a group harrated, clinically-relevant, and a set of problem messages, or prepared to challenge an emergency exercises, and and revise the HHA's needed.  360]  DPO must conduct exercises or anually. A tabletop exercise or anually. A tabletop exercise is	E 03	9	

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E 039	plan. If the OPO ext man-made emerger the emergency plan engaging in its next following the onset (ii) Analyze the OPO documentation of al emergency events, OPO's] emergency *[RNCHIs at §403.1 (d)(2) Testing. The Reversises to test the must do the followin (i) Conduct a paperleast annually. A tat discussion led by a clinically-relevant er of problem statement prepared questions emergency plan. (ii) Analyze the RNH maintain documents and emergency event emergency plan, as This STANDARD is Based on record refailed to conduct bis emergency prepare finding is:  Review on 5/13/25 on evidence of a ful facility-based trainin scale-community or mock drill, or tableto	to challenge an emergency periences an actual natural or noy that requires activation of , the OPO is exempt from required testing exercise of the emergency event. D's response to and maintain I tabletop exercises, and and revise the [RNHCl's and plan, as needed.  748]: RNHCl must conduct emergency plan. The RNHCl ig: -based, tabletop exercise at oletop exercise is a group facilitator, using a narrated, mergency scenario, and a set ints, directed messages, or designed to challenge an HCl's response to and ation of all tabletop exercises, ints, and revise the RNHCl's needed. In not met as evidenced by: view and interview, the facility emial testing of the facility's dness plan (EPP). The	EO	39		

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E 039	facility has no evidend community or facility- scale-community or fa mock drill, or tabletop	al (QIDP) confirmed that the ce of conducting a full-scale based training, a second full acility-based training or exercise.		039			
W 260	must be revised, as a process set forth in particles of the process of the pr	individual program plan ppropriate, repeating the aragraph (c) of this section. Not met as evidenced by: lews and interviews, the evidence that the behavior of for 4 of 5 audited clients here revised and updated at uired. The findings are:  To revise and update the BSP lient #1. For example:  I client #1 on 5/14/25 of 1/16/24. Continued record to the thing that the things are in the properties of the properties and update the BSP lient #2. For example:  I client #2 on 5/14/25 of 11/9/19. Continued record to the properties and update the BSP lient #2 to have no current BSP 2025.  To revise and update the BSP lient #3. For example:		260			

1, 7		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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W 262	record review revealed current BSP for the result of the review of records for revealed a BSP dated review revealed client for the review year of the review of the confirmed all clients at least annually. PROGRAM MONITO CFR(s): 483.440(f)(3). The committee should monitor individual proinappropriate behavior in the opinion of the collection of the protection and review of recility failed to obtain human rights committed for 4 of 5 audited client finding are:	d 10/13/19. Continued d client #3 to have no eview year of 2025.  Derevise and update the BSP lient #5. For example:  client #5 on 5/14/25 d 2/5/19. Continued record to the state of the s	W2				

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W 262	Continued record rehave no current HR of 2025.  B. The facility failed consent for client #2 Review of records for evealed an HRC of Continued record rehave no current HR of 2025.  C. The facility failed consent for client #8 Review of records for evealed an HRC of Continued record rehave no current HR of 2025.  D. The facility failed consent for client #8 Review of records for evealed an HRC of 2025.  D. The facility failed consent for client #8 Review of records for evealed an HRC of 2025.  Interview on 5/14/28 disabilities profession HRC consents for continued record rehave no current HR of 2025.	to obtain an annual HRC 2. For example:  or client #2 on 5/14/25 consent for the review year  or client #2 on 5/14/25 consent dated 11/19/19.  eview revealed client #2 to C consent for the review year  to obtain an annual HRC 3. For example:  or client #3 on 5/14/25 consent dated 10/13/19. eview revealed client #3 to C consent for the review year	W 2	62		

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NAME OF PROVIDER OR SUPPLIER  WILSON SMITH COTTAGE				STREET ADDRESS, CITY, STATE, ZIP COI 185 MARTINDALE RD WINSTON SALEM, NC 27107	DE		
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W 263	are conducted only we consent of the client, minor) or legal guard. This STANDARD is a Based on review of reacility failed to obtain guardians at least an clients (#1, #2, #3 and A. The facility failed to consent for client #1.  Review of records for revealed a guardian of Continued record revealed a guardian of Continued records for revealed a guardian of Consent for client #2.  Review of records for revealed a guardian of Continued record revealed a guardian of Continued record revealed a guardian of Continued record revealed a guardian of Consent for client #3.  Review of records for revealed a guardian of Continued record revealed record revealed a guardian of Continued record revealed record records for revealed a guardian of Continued record records for records for revealed a guardian of Continued record records for revealed a guardian of Continued records for revealed a guardian of Continued record records for revealed a guardian of Continued record records for records for records for revealed a guardian of Continued records for record	d insure that these programs with the written informed parents (if the client is a san. The parents of the client is a san. The parents and interviews, the parents and interviews, the parents of the pa	W 2	63			

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NAME OF PROVIDER OR SUPPLIER  WILSON SMITH COTTAGE				1	TREET ADDRESS, CITY, STATE, ZIP CODE 85 MARTINDALE RD VINSTON SALEM, NC 27107		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 369	Review of records for revealed a guardian of Continued record revibave no current guard year of 2025.  Interview on 5/14/25 of disabilities profession guardian consent for not been updated due psychologist position. QIDP confirmed all cliupdated guardian cord DRUG ADMINISTRAT CFR(s): 483.460(k)(2)  The system for drug at that all drugs, including self-administered, are This STANDARD is read a self-administered wire (#5) observed during the finding is:  Observation in the ground observation interview, and medications into a medication administration observation revealed medications revealed medications revealed observations revealed of the control of the cont	coobtain a annual guardian For example:  client #5 on 5/14/25 consent dated 2/5/19. iew revealed client #5 to dian consent for the review  with the qualified intellectual al (QIDP) confirmed the client #1, #2, #3 and #5 has to the facility's vacant Further interview with the ients should have an isent at least annually.  TION )  administration must assure to administered without error. not met as evidenced by: n, record review and failed to assure all drugs thout error for 1 of 5 clients medication administration.  Dup home on 5/14/25 at 7:46 to assist client #5 to punch edicine cup during ation. Continued the client to take all th water. Further d client #5 to take prescribed om and brush on his teeth.		369			

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	ROVIDER OR SUPPLIER		•	STREET ADDRESS, CITY, STATE, ZIP CODE 185 MARTINDALE RD WINSTON SALEM, NC 27107	·		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
W 369	Review of records for revealed physician or Review of the 5/1/202 medications to admin Chlorhexidine 0.12% cream, Qc multi Vite Mg, Risperidone 1 Mg, Sertraline Hcl 50 Mg, During the medication staff D was not obser Vite tab 130, Risperid 100 Mg, and Sertraline Interview with the quaprofessional (QIDP) ophysician orders date Continued Interview withe facility was in the	apply the client's medicated d stomach.  To client #5 on 5/14/25 Iders dated 5/1/2025. Iders dated 5/1/2006 Iders dated 5/1/2025 to be current. Iders discrepancies with the the medication s. Idens discrepancies with the discrepancies with the discrepancies with the the medication s. Idens discrepancies with the discrepancies	W 36				
	and teach clients to use choices about the use hearing and other corand other devices ide interdisciplinary team. This STANDARD is a Based on observation interviews, the facility	as needed by the client. not met as evidenced by: ns, record review and failed to assure that equipment was furnished for					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED		
		34G204	B. WING	····	05/	14/2025
NAME OF PROVIDER OR SUPPLIER  WILSON SMITH COTTAGE			•	STREET ADDRESS, CITY, STATE, ZIP CODE  185 MARTINDALE RD  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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
W 436	Continued From page	: 15	W 43	36		
W 448	and breakfast meal ethereakfast. Continued #5 was provided with spoon, and butter knit mealtime observation with a rocker knife.  Review of the record revealed an individual dated 2/3/25. Review dietary evaluation date that the client has an with assistance, and I spoon and fork.  Interview on 5/13/25 disabilities profession #5's IHP was current. The QIDP revealed the provided the client with knife.  EVACUATION DRILL CFR(s): 483.470(i)(2)  The facility must invese evacuation drills, incluing STANDARD is reason on record revifailed to investigate a including the reason fevacuation. The findire	consume the dinner meal except for an egg omelette at observations revealed client the following utensils: fork, fe. At no time during the s was client #5 provided  on 5/14/25 for client #5 I habilitation plan (IHP) of the IHP revealed a ed 2/10/25 that revealed adaptive knife that he uses he can feed himself with a with the qualified intellectual al (QIDP) verified that client Continued interview with at the staff should have the his prescribed rocker  S (iv)  estigate all problems with uding accidents. Not met as evidenced by: ew and interview, the facility my problems with fire drills, for extended times for	W 44	18		
		xceeded five minutes:				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G204	B. WING			05/	14/2025
NAME OF PROVIDER OR SUPPLIER  WILSON SMITH COTTAGE			•	1	STREET ADDRESS, CITY, STATE, ZIP CODE 85 MARTINDALE RD VINSTON SALEM, NC 27107		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 448	6/15/24-10 minutes and, 9/16/24-6 minutes.  Interview with the qualified intellectual disabilities professional (QIDP) on 5/14/25 revealed the facility fire drill form had been updated but did not include a section for staff to provide an explanation for extended evacuation times.  Continued interview with the QIDP revealed the update fire drill form also did not include a section to record the total number of clients and staff participating in the drill.		W 448		DEFICIENCY)		
	meal which consisted nuggets, roll, and juic revealed client #5 to and exit the dining are observations were staclient with his prescrib.  Observation in the grand AM revealed client #5 breakfast meal which omelette, juice, and revealed client #5 to describe the state of the st	oup home on 5/14/25 at 7:16					

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G204	B. WING _			)5/14/2025	
NAME OF PROVIDER OR SUPPLIER  WILSON SMITH COTTAGE				STREET ADDRESS, CITY, STATE, ZIP COD 185 MARTINDALE RD WINSTON SALEM, NC 27107	E		
(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)	N SHOULD BE	(X5) COMPLETION DATE	
W 463	the observations were the client with his present the client with his present the client with his present the client with two supplements calories. The client's simized with whole milk linterview on 5/14/25 with disabilities profession #5's diet as prescribe the QIDP confirmed the	e staff observed to provide scribed supplement.  5/14/25 for client #5 aluation dated 2/10/25. he dietary evaluation 5 is prescribed a regular diet a day for additional supplement is Ovaltine 3.  with the qualified intellectual al (QIDP) confirmed client d. Continued interview with that staff should have in his prescribed diet which	W 4	63			