

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

PRINTED: 05/21/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G027</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/20/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>SCOTTHURST I &amp; II</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>174 HOOTS DRIVE</b> <b>WINSTON-SALEM, NC 27107</b>		
(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 000	INITIAL COMMENTS	W 000			
W 154	<p>STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(3)</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated. This STANDARD is not met as evidenced by: Based on observations, document/record review and interviews, the facility failed to ensure all allegations were thoroughly investigated. This affected 1 of 1 audit clients (#1). The finding is:</p> <p>Review on 5/20/25 of the facility's internal investigation initiated on 5/5/25 revealed a staff alleged another staff had used her personal cell phone to record a client who was undressing during a behavior episode. Continued review of the investigation revealed the facility did not substantiate exploitation due to the alleged staff did not have a personal cell phone, but an agency issued iPad where she was documenting in Therap.</p> <p>Further review of the internal investigation revealed staff statements. Review of the staff written statements revealed no information regarding the alleged staff using an agency issued iPad instead of a personal cell phone.</p> <p>Interview on 5/20/25 with the Qualified Intellectual Disabilities Professional (QIDP) revealed during the investigation, the alleged staff stated she was using an agency issued iPad. Further interview with the QIDP confirmed that the investigation</p>	W 154			

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 154	Continued From page 1 was missing information regarding the iPad.	W 154			