STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G027	A. BUILDING _____ B. WING _____	C 05/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SCOTTHURST I & II	174 HOOTS DRIVE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 000	INITIAL COMMENTS A complaint survey was completed on 5/20/25 for intake #NC00230148 and intake #NC00230236. The complaint was unsubstantiated; however, a deficiency was cited.	W 000		
W 154	STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(3) 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: 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. 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. 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	W 154		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G027	A. BUILDING _____ B. WING _____	C 05/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SCOTTHURST I & II	174 HOOTS DRIVE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 154	Continued From page 1 was missing information regarding the iPad.	W 154		