

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

PRINTED: 08/07/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G204		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/24/2025	
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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 000	INITIAL COMMENTS			W 000			
W 200	<p>A complaint survey was completed on 7/24/25 for intake #NC00232150. The allegation was substantiated and deficiencies were cited.</p> <p>ADMISSIONS, TRANSFERS, DISCHARGE CFR(s): 483.440(b)(3)</p> <p>A preliminary evaluation must contain background information as well as currently valid assessments of functional developmental, behavioral, social, health and nutritional status to determine if the facility can provide for the client's needs and if the client is likely to benefit from placement in the facility.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to have on file a preliminary evaluation for 1 of 1 new admission client (#1). The finding is:</p> <p>Review of records on 7/24/25 revealed client #1's pre-admission behavioral, social and psychological assessments containing background information of his behaviors/triggers and functional developmental were not on file. Continued review of records revealed there were no pre-admission meetings with the Behavioral Specialist (BS) or Psychologist to assess client #1's behaviors and interventions.</p> <p>Interview on 7/24/25 with the qualified intellectual disabilities professional (QIDP) confirmed the facility did not have any pre-admission assessments for client #1 on file. Continued interview with the QIDP confirmed there were no meetings with the BS or Psychologist to assess client #1's needs prior to admission.</p>			W 200			
W 203	ADMISSIONS, TRANSFERS, DISCHARGE CFR(s): 483.440(b)(5)(i)			W 203			

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 203	<p>Continued From page 1</p> <p>At the time of the discharge the facility must develop a final summary of the client's developmental, behavioral, social, health and nutritional status.</p> <p>This STANDARD is not met as evidenced by: Based on document review and interview, the facility failed to develop a comprehensive discharge summary of the client's developmental, behavior, social, health and nutritional status that supports continuity of care for client #1. The finding is:</p> <p>Review of documents on 7/24/25 revealed a discharge summary completed on 5/5/25. Continued review of the discharge summary revealed client #1 was admitted on 5/2/25, discharged on 5/3/25, and a one line statement "unplanned, was discharged due to assault that client #1 did to his peers". Further review of the discharge summary did not include or address client #1's behavioral, health, nutritional, and developmental status. Additionally, there was no physician documented information about the basis for the transfer or discharge.</p> <p>Review of the facility's Transfers and Discharge policy dated 5/9/25 revealed the following: "If the facility determines it cannot meet the resident's needs, the documentation made by the resident's physician must include: 1) the specific resident needs that the facility could not meet; 2) the facility's efforts to meet those needs; and 3) the specific services the receiving facility will provide to meet the needs of the resident that cannot be met at the current facility".</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 7/24/25 verified that the</p>	W 203			

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W 203	Continued From page 2	W 203			
W 205	<p>agency's discharge policy and discharge summary were valid.</p> <p>ADMISSIONS, TRANSFERS, DISCHARGE CFR(s): 483.440(b)(5)(ii)</p> <p>At the time of the discharge, the facility must provide a post-discharge plan of care that will assist the client to adjust to the new living environment.</p> <p>This STANDARD is not met as evidenced by: Based on document review and interview, the facility failed to provide a post-discharge plan of care for client #1 to assist the client with adjusting to a new living environment. The finding is:</p> <p>Review of documents on 7/24/25 for client #1 revealed a discharge summary dated 5/5/25. Continued review of the discharge summary did not include the post discharge plan of care component to identify the essential supports, clients' needs, and necessary coordination of services</p> <p>Review of the facility's Transfers and Discharge policy dated 5/9/25 revealed the following: "Should there be no other option than involuntary discharge; the following guidelines must be followed: 1) The person of family is given written notification of cause for discharge within five working days of discharge, with a copy going to the referral agency; and 2) Every effort shall be made to ensure the client is linked with appropriate services and such efforts shall be documented in the termination summary".</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 7/24/25 confirmed client #1 was discharged on 5/3/25 and a</p>	W 205			

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W 205	Continued From page 3 post-discharge plan of care was not completed. Continued interview with the QIDP confirmed client #1's guardian did not receive a written notification of cause for discharge.			W 205			