

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

PRINTED: 03/19/2026
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G241	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/18/2026
NAME OF PROVIDER OR SUPPLIER THE ARCHES-HORIZONS RESIDENTIAL CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 5900 BETHABARA PARK BOULEVARD WINSTON SALEM, NC 27106		
(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 There was a recertification survey completed on 3/18/2026 with no deficiencies cited. A complaint survey was completed on 3/18/2026 for intake # NC00236293 and the intake was substantiated and deficiencies were cited.	W 000			
W 331	NURSING SERVICES CFR(s): 483.460(c) The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on review of documents and interview, the facility failed to provide nursing services in accordance with the needs of 1 of 3 audited clients (#1). The finding is: Review on 3/17/26 of client #1's appointments in Therap revealed an appointment for client #1 on 2/25/26 at 2:30 PM. Further review revealed that the appointment description noted that the client was sent to Wake Forest Baptist Emergency Department (ED) at the request of DSS/Guardian due to client #1's uncomfortable appearance and crying. The client was admitted from 2/25/26-2/27/26 and treated for fecal impaction. Review on 3/17/26 of client #1's discharge summary for hospital admission from 2/25/26-2/27/26 revealed admission condition to be stable and discharge condition to be fair. Further review revealed that the client's principal problem was a large colonic stool ball with associated chronic constipation and nausea/vomiting. The diagnosis was established via CT of the abdomen/pelvis, which revealed a 5.9 cm stool ball in the rectum and mild mural thickening of the distal sigmoid colon and rectum,	W 331			

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 331	<p>Continued From page 1</p> <p>concerning for possible stercoral colitis. The client underwent manual disimpaction with large stool ball removed followed by initiation of an aggressive bowel regimen including MiraLAX twice daily, senna nightly, and as needed an enema. Zofran was used as needed for nausea.</p> <p>Review on 3/17/26 of the facility's 24-hour report follow-up book revealed that on 2/21/26 client #1 vomited x 2 within 2 hours and DON was called/texted and no interventions noted. Further review on 2/22/26 revealed that the client vomited x 2 and no BMs on first shift and no contacts or interventions noted. Continued review revealed that on 2/24/26 client #1 had nausea and vomiting and nurse ordered Zofran.</p> <p>Review on 3/17/26 revealed client #1's intake/elimination record noting that on 2/22/26, 2/23/26, and 2/24/26 the client was noted to have zero bowel movements (BM's). Further review revealed the client's medication administration record for February 2026 that noted the client was prescribed a PRN medication Polyethylene Glycol 3350 Powder by mouth daily as needed if no stool in 3 days. The medication was not administered to the client after no stools for 3 days which were on 2/22/26, 2/23/26, and 2/24/26. There were no current nursing notes provided to surveyor upon request and the last dated nursing notes in record were 2022.</p> <p>Review of records on 3/17/26 for client #1 revealed individual support plan (ISP) dated 3/24/26. Review of the ISP revealed the client's diagnosis of Wolf -Hirschhorn Syndrome, Profound IDD, Microcephaly, Pulmonary Valve Stenosis, Exophthalmos, Myopia, Exotropia, Amblyopia, Hypermature Cataract left eye, Left</p>	W 331			

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W 331	Continued From page 2 lens removed, absolute glaucoma left eye, primary open angle glaucoma right eye, Ocular Hypertension left eye, Dry eye syndrome, Hearing loss, Osteoporosis, GERD, Scoliosis, Seizure Disorder, Multiple Deformities of Upper and lower extremities, Acrocyanosis of feet, Dysmenorrhea and PMS, Generalized Anxiety Disorder, Oropharyngeal Dysphagia, Secundum Atrial Septal Defect(ASD), Pulmonary Valve Stenosis (PS), Chronic Hives (2022), Constipation. Further review of record revealed a nursing care plan for 2026 located in record with no signature or date from nursing staff for client #1. Continued review of record revealed the 2026 plan addresses history of constipation and fecal impaction/colonic fecal residual. Staff will continue to document intake daily, nursing will review intake data daily and determine need for intervention, and any persistent constipation will continue to be reported to the medical director. Interview on 3/17/26 with the director of nursing (DON) revealed that client #1's social worker requested that the client be sent to the hospital. Further interview with the DON revealed that the nurse felt that the facility could have treated the client's fecal impaction.	W 331			
W 342	NURSING SERVICES CFR(s): 483.460(c)(5)(iii) Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training direct care staff in detecting signs and symptoms of illness or dysfunction, first aid for accidents or illness, and basic skills required to meet the health needs of the clients.	W 342			

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W 342	<p>Continued From page 3</p> <p>This STANDARD is not met as evidenced by: Based on document review and medication administration record (MAR), nursing services failed to assure that disability support professionals (DSPs) were adequately trained and monitored to meet the prescribed health care needs of 1 of 3 audited clients (#1). The finding is:</p> <p>Review on 3/17/26 of the facility's 24-hour report follow-up book revealed that on 2/21/26 client #1 vomited x 2 within 2 hours and DON was called/texted and no interventions noted. Further review on 2/22/26 revealed that the client vomited x 2 and no BMs on first shift and no contacts or interventions noted. Continued review revealed that on 2/24/26 client #1 had nausea and vomiting and nurse ordered Zofran.</p> <p>Review on 3/17/26 client #1's intake/elimination record revealed that on 2/22/26, 2/23/26, and 2/24/26 the client was noted to have zero bowel movements (BMs). Further review of client #1's MAR for February 2026 revealed that the client was prescribed a PRN medication Polyethylene Glycol 3350 Powder by mouth daily as needed if no stool in 3 days. The medication was not administered to the client after no stools for 3 days which were 2/22/26, 2/23/26, and 2/24/26. There were no current nursing notes provided to surveyor upon request and the last dated nursing notes in record were 2022.</p> <p>Review of records on 3/17/26 for client #1 revealed individual support plan (ISP) dated 3/24/26. Review of the ISP revealed the client's diagnosis of Wolf -Hirschhorn Syndrome, Profound IDD, Microcephaly, Pulmonary Valve Stenosis, Exophthalmos, Myopia, Exotropia,</p>	W 342			

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W 342	<p>Continued From page 4</p> <p>Amblyopia, Hypermature Cataract left eye, Left lens removed, absolute glaucoma left eye, primary open angle glaucoma right eye, Ocular Hypertension left eye, Dry eye syndrome, Hearing loss, Osteoporosis, GERD, Scoliosis, Seizure Disorder, Multiple Deformities of Upper and lower extremities, Acrocyanosis of feet, Dysmenorrhea and PMS, Generalized Anxiety Disorder, Oropharyngeal Dysphagia, Secundum Atrial Septal Defect(ASD), Pulmonary Valve Stenosis (PS), Chronic Hives (2022), Constipation. Further review of records revealed a nursing care plan for 2026 located in the client's record with no signature or date from nursing staff for client #1. Continued review revealed the plan addresses history of constipation and fecal impaction/colonic fecal residual. Staff will continue to document intake daily, nursing will review intake data daily and determine need for intervention, and any persistent constipation will continue to be reported to the medical director.</p> <p>Interview on 3/17/26 with the qualified intellectual disabilities professional (QIDP) revealed that client #1's nursing care plan 2026 located in the client's chart was completed a few weeks ago around the plan meeting for the client held on 3/10/26. Further interview revealed that the nursing care plan was not signed nor dated by any nursing staff. Continued interview revealed that staff have not been trained or in-serviced on the plan.</p>	W 342			