

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G027	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/31/2026
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NAME OF PROVIDER OR SUPPLIER SCOTTHURST I & II	STREET ADDRESS, CITY, STATE, ZIP CODE 174 HOOTS DRIVE 222 HERITAGE DRIVE, WINSTON-SALEM, North Carolina, 27107
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E0015	<p>Subsistence Needs for Staff and Patients</p> <p>CFR(s): 483.475(b)(1)</p> <p>§403.748(b)(1), §418.113(b)(6)(iii), §441.184(b)(1), §460.84(b)(1), §482.15(b)(1), §483.73(b)(1), §483.475(b)(1), §485.542(b)(1), §485.625(b)(1)</p> <p>[(b) Policies and procedures. [Facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated every 2 years [annually for LTC facilities]. At a minimum, the policies and procedures must address the following:</p> <p>(1) The provision of subsistence needs for staff and patients whether they evacuate or shelter in place, include, but are not limited to the following:</p> <p>(i) Food, water, medical and pharmaceutical supplies</p> <p>(ii) Alternate sources of energy to maintain the following:</p> <p>(A) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions.</p> <p>(B) Emergency lighting.</p> <p>(C) Fire detection, extinguishing, and alarm systems.</p> <p>(D) Sewage and waste disposal.</p> <p>*[For Inpatient Hospice at §418.113(b)(6)(iii):] Policies and procedures.</p> <p>(6) The following are additional requirements for hospice-operated inpatient care facilities only. The policies and procedures must address the following:</p> <p>(iii) The provision of subsistence needs for hospice</p>	E0015		
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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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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E0015	<p>Continued from page 1 employees and patients, whether they evacuate or shelter in place, include, but are not limited to the following:</p> <p>(A) Food, water, medical, and pharmaceutical supplies.</p> <p>(B) Alternate sources of energy to maintain the following:</p> <p>(1) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions.</p> <p>(2) Emergency lighting.</p> <p>(3) Fire detection, extinguishing, and alarm systems.</p> <p>(C) Sewage and waste disposal.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observations, record review and interviews, the facility failed to ensure the provision of subsistence needs for clients and staff, regardless of whether they evacuate or shelter in place, including but not limited to, food and water, as required by Emergency Preparedness Plan (EPP) regulations for Scotthurst II. The finding is:</p> <p>Observations during the 3/30/26 - 3/31/26 recertification survey revealed a garage where the emergency food supply was stored. Further observations revealed several food items and bottles of variety juices to be expired ranging from 6/25-12/25.</p> <p>Review of the EPP supply list located in one of the bins revealed the last date inventory was completed was in 1/25.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 3/31/26 revealed staff did not make her aware there was a need to shop for emergency food. Further interview with the QIDP verified that the emergency food supply should be fully stocked and rotated every six months to ensure the food does not expire.</p>	E0015		
W0130	<p>PROTECTION OF CLIENTS RIGHTS</p> <p>CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p>	W0130		

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W0130	Continued from page 2 This STANDARD is NOT MET as evidenced by: Based on observation, record and interview, the facility failed to ensure clients had the right to privacy during care and treatment. This affected 1 of 12 audit clients (#2). The finding is: During observations in the home on 3/31/26 at 6:48am, client #2 was observed in his bedroom with nothing but an incontinence brief on, that was hanging half-way down his buttocks. At 6:51am, client #2 walked out of his bedroom and into the bathroom, with the incontinence brief hanging further down his body. Client #2 was observed to walk out of the bathroom, into his bedroom, and then back into the bathroom. Client #2 proceeded to undress and take his shower, with the door to the bathroom being open. Throughout the observations, clients and staff were observed to walk or propel past client #2's bedroom and bathroom. At no time during the observation did staff prompt client #2 to close the door nor did they close the door. Review on 3/30/26 of client #2's person-centered plan (PCP) dated 7/17/25 revealed no information or training regarding client #2 requiring assistance with maintaining his privacy. Interview on 3/31/26 with the qualified intellectual disabilities professional (QIDP) confirmed if client #2 did not close the door, staff should have prompted him or closed the door themselves.	W0130		
W0227	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4) The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is NOT MET as evidenced by: Based on record reviews and interview, the facility failed to ensure the Person Centered Plan (PCP) for 2 of 12 audited clients (#8 and #9,) at Scotthurst II included specific objectives necessary to meet their needs. The findings are: A. Review on 3/30/26 of client #8's PCP dated 1/14/26 revealed formal objectives to bake muffins/cookies,	W0227		

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W0227	Continued from page 3 sweep front porch. Continued review revealed two vocational goals to make change up to \$3.00 and choose an activity/exercise. Further review of client #8's Activities of Daily Living (ADL) assessment revealed an update completed on 3/30/24. Interview on 3/31/26 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #8 continues to have needs in various areas. further interview with the QIDP revealed client #8 training objectives are current and were implemented on the date of the PCP. B. Review on 3/30/26 of client #9's PCP dated 1/22/24 revealed formal objectives to wash hands and baking activity. Continued review revealed a vocational goal to print numbers. Further review of client #9's ADL assessment revealed an update completed on 5/28/24. Interview on 3/31/26 with the QIDP confirmed client #9 continues to have needs in various areas. Further interview with the QIDP revealed client #9's training objectives are current and were implemented on the date of the PCP.	W0227		
W0369	DRUG ADMINISTRATION CFR(s): 483.460(k)(2) The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is NOT MET as evidenced by: Based on observation, record review and interviews, the facility failed to ensure medications were administered with error. This affected 2 of 12 audit clients (#3 and #6). The findings are: A. During observations in the home on 3/31/26 at 7:00am, Staff F and client #6 were observed during medication administration. Staff F administered Vitamin D3 2000iu (2 gel capsules), Carbamazepine 200mg (1 tablet), Multi-vitamin (1 tablet), Olanzapine 5mg (1 tablet), Clonidine 0.1mg (1 tablet), and Linzess 145mcg (1 tablet). Staff F crushed all medications and put them in applesauce. During the observation, Staff F stated to the surveyor he crushes the medications for client #6 because it "worries him" to give him pills/capsules in whole form. Review on 3/31/26 of client #6's physician's orders	W0369		

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W0369	Continued from page 4 dated 1/6/26 revealed no order for medications to be crushed. Interview on 3/31/26 with the facility nurse revealed she has no knowledge of client #6's medications being crushed. Further interview with the facility nurse confirmed the Vitamin D3 gel capsule should never be crushed. B. During observations in the home on 3/31/26 at 7:05am, Staff F and client #3 were observed during medication administration. Staff F was observed to pour mls of Chlorhexidine 0.12% mouthwash into a medication cup, dip client #3's toothbrush into the liquid, and hand client #3 the toothbrush. Client #3 was observed to rub the toothbrush across his teeth briefly. Staff F took the medication cup with more than half of the mouthwash still inside and threw it in the trash. Interview on 3/31/26 with the facility nurse confirmed client #3 should have received his full dose of Chlorhexidine mouthwash.	W0369		
W0436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is NOT MET as evidenced by: Based on observation, record review and interview, the facility failed to ensure 1 of 12 audit clients (#4) were taught to use and make informed decisions regarding eyeglasses. The finding is: Based on observation, record review and interview, the facility failed to ensure 1 of 12 audit clients (#4) were taught to use and make informed decisions regarding eyeglasses. The finding is: During observations in the home throughout the survey on 3/30/26 – 3/31/26, client #4 was observed to not wear eyeglasses. At no time during the observations did staff prompt client #4 to wear his eyeglasses.	W0436		

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W0436	Continued from page 5 Review on 3/30/26 of client #4's person-centered plan (PCP) dated 7/9/25 revealed client #4 wears eyeglasses daily. Interview on 3/31/26 with the qualified intellectual disabilities professional (QIDP) revealed client #4 should wear eyeglasses but stated that he chooses not to and will remove them. Further interview with the QIDP confirmed staff should provide client #4 with verbal prompts throughout the day to wear his eyeglasses.	W0436		
W0448	EVACUATION DRILLS CFR(s): 483.470(i)(2)(iv) The facility must investigate all problems with evacuation drills, including accidents. This STANDARD is NOT MET as evidenced by: Based on record reviews and interviews, the facility failed to investigate issues with fire drills. The findings are: A. Review of Scotthurst I fire drills for the review period of 02/25 through 3/25 revealed the following incomplete entries: 3/18/25 – no evacuation time listed. 5/7/25 – no shift or evacuation time listed. 6/11/25 – no evacuation time listed. 9/8/25 – total evacuation time of 5 minutes. 10/7/25 – total evacuation time of 6 minutes. 12/6/25 – no evacuation time listed. 1/7/26 – no evacuation time listed. 3/3/26 – no evacuation time listed. Interview on 3/31/26 with the qualified intellectual disabilities professional (QIDP) revealed she reviews and signs off on fire drills after they are completed. Further interview with the QIDP confirmed the forms	W0448		

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W0448	Continued from page 6 were not completed thoroughly. B. Review of Scotthurst II fire drills for the review period of 02/25 through 3/26 revealed the following incomplete entries: 3/5/26 – no evacuation time listed. 2/26/25 – no time listed for the fire drill. 12/6/25 – no evacuation time listed. 11/10/25 – total evacuation time of 0.3 minutes. 10/6/25 – total evacuation time of 0.3 minutes. 5/15/25 – total evacuation time of 6:15 minutes listed. Interview on 3/31/26 with the qualified intellectual disabilities professional (QIDP) revealed she reviews and signs off on fire drills after they are completed. Further interview with the QIDP confirmed the forms were not completed thoroughly.	W0448		
W0474	MEAL SERVICES CFR(s): 483.480(b)(2)(iii) Food must be served in a form consistent with the developmental level of the client. This STANDARD is NOT MET as evidenced by: Based on observation, record review and interview, the facility failed to ensure meals were served in a form consistent with the developmental level for 1 of 12 audit clients (#2). The finding is: During observations in the home on 3/30/26 at 5:39pm, client #2 was observed eating his dinner which consisted of fried chicken with skin on, green beans and mashed potatoes. The chicken and green beans were served in whole form. Client #2 was observed to use a rocker knife to cut some of the chicken up. Further observations revealed the green beans to remain in whole form, and most of the chicken to remain in large pieces, including the skin to remain in one large piece. Client #2 was observed to receive the same portion of food as his peers, and at no time was he offered a second portion by staff. Observations in the home on 3/31/26 at 7/24am revealed client #2 to eat breakfast, which consisted of cold	W0474		

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W0474	Continued from page 7 cereal and a fruit cup. Client #2 was observed to receive the same portion as his peers, and at no time was he offered a second portion by staff. Review on 3/30/26 of client #2's person-centered plan (PCP) dated 7/17/25 revealed a diet order consisting of regular, ¼ inch consistency, double portions, no hotdogs, no mustard or collard greens, no food in a casing, and no spicy foods. Interview on 3/31/26 with the qualified intellectual disabilities professional (QIDP) revealed client #2's diet order as listed in his PCP is current. Further interview with the QIDP confirmed staff should have assisted client #2 with cutting up his chicken and green beans into ¼ inch pieces, should have removed the skin from his chicken, and should have offered client #2 a second portion of food at dinner and breakfast.	W0474		
W0475	MEAL SERVICES CFR(s): 483.480(b)(2)(iv) Food must be served with appropriate utensils. This STANDARD is NOT MET as evidenced by: Based on observation, record review and interview, the facility failed to assure that 3 of 6 audited clients (#7, #8, and #10) were provided with appropriate utensils to allow each client to eat as independently as possible. The finding is: Observations in the group home on 3/30/26 at 5:30 PM revealed all clients to participate in the dinner meal which consisted of water, juice, oven fried chicken, parsley potatoes, green beans, and fruit. Continued observations revealed staff to provide all clients with a spoon and fork only as they participated in the dinner meal. Further observations revealed all clients to consume dinner utilizing the utensil provided with no concerns. Subsequent observations revealed clients #7 and #8 to pick up the chicken with both hands and bite into it until finished. Additional observations revealed client #10 to stick her fork into the chicken, turn it upside down and bite into it until it was all gone. At no point during the observation period were clients offered a full place setting of a fork, knife and spoon during the dinner meal. Review of records on 3/31/26 for clients #7, #8 and #10 did not reveal adaptive equipment use. Continued review	W0475		

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W0475	Continued from page 8 of records revealed clients #7, #8, and #10 can utilize a full place setting during meals. Interview with the qualified intellectual disabilities professional (QIDP) on 3/31/26 revealed all clients should have been offered a full place setting including a fork, knife and spoon during all meals. Continued interview with the QIDP verified that all clients should be provided with a full place setting to promote independence during mealtimes.	W0475		
W0478	MENUS CFR(s): 483.480(c)(1)(ii) Menus must provide a variety of foods at each meal. This STANDARD is NOT MET as evidenced by: Based on observation, record review and interview, the facility failed to ensure clients received food as specified on the facility's menu. This affected 12 of 12 audit clients (#1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11 and #12). The findings are: A. During observations on 3/31/26 at 7:24am in Scotthurst I revealed clients #1, #2, #3, #4, #5 and #6 to eat breakfast. The breakfast meal for clients #2, #3 and #5 consisted of cold cereal, a fruit cup, and water. Client #5 also had a cup of coffee. The breakfast meal for clients 4 and #6 consisted of oatmeal, a fruit cup and water. The breakfast meal for client #1 consisted of a chopped boiled egg, fruit cup and water. Review on 3/31/26 of the breakfast menu revealed the menu for breakfast to be cold cereal, stewed prunes, raisin toast, butter, 2% milk and decaf coffee. Interview on 3/31/26 with the qualified intellectual disabilities professional (QIDP) revealed that if items on the menu are unavailable, they can be substituted for a similar item (i.e. meat for meat, fruit for fruit). Further interview with the QIDP confirmed the clients should have been offered raisin toast bread, butter and 2% milk as the menu specified. B. Afternoon observations on 3/30/26 at 5:30 PM in Scotthurst II revealed clients #7, #8, #9, #10, #11 and #12 to participate in the dinner meal. The dinner meal for clients #7, #8, #9, #10, #11, and #12 consist of	W0478		

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W0478	Continued from page 9 over fried chicken, parsley potatoes, green beans, butter, fruit, water and juice. At no time during observations were the clients offered 2% milk. Review on 3/30/26 of the dinner menu revealed the following: oven fried chicken, parsley potatoes, green beans, butter, cup of fruit, 2% milk and beverage. Interview on 3/31/26 with the qualified intellectual disabilities professional (QIDP) revealed that if items on the menu are unavailable, they can be substituted for a similar item. Further interview with the QIDP confirmed the clients should have been offered 2% milk as the menu specified.	W0478		
W0483	DINING AREAS AND SERVICE CFR(s): 483.480(d)(2) The facility must provide table service for all clients who can and will eat at a table, including clients in wheelchairs. This STANDARD is NOT MET as evidenced by: Based on observation, record review and interview, the facility failed to ensure clients received their meals at the dining table. This affected 1 of 12 audits clients (#1). The finding is: During observations in the home on 3/30/26 at 5:39pm, client #1 was observed sitting at the dining table with his peers. Once the food items were placed on the table, client #1 was observed to try to grab his peers' plates of food. Staff D was observed to pull client #1's chair to the middle of the room, away from the table. Staff D was then observed to pull her chair in front of client #1 and feed him. During observations in the home on 3/31/26 at 7:24am, client #1 was observed sitting at the dining table with his peers. Once the food was placed on the table, client #1 was observed to try to grab his peers' plates. Staff G was observed to pull client #1's chair to the middle of the room, away from the table. Staff G was then observed to stand in front of client #1 and feed him. Review on 3/31/26 of client #1's person-centered plan (PCP) dated 1/16/26 revealed, "Others should know that [client #1] must be monitored during mealtimes and sit adjacent to his peers due to him taking food off others	W0483		

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W0483	Continued from page 10 plates.” Review on 3/31/26 of client #1’s behavior support plan (BSP) dated 10/1/25 revealed, “He is very impulsive about eating and drinking. Staff position themselves close by during mealtimes or when [client #1] is having a snack...If [client #1] is near food on others plates or simply food that has been left unattended, he is prone to attempt to grab the food and quickly ingest it. Due to choking risk posed by this behavior, staff may seat [client #1] out of arm’s reach of the plate of his peers.” Interview on 3/31/26 with the qualified intellectual disabilities professional (QIDP) revealed the PCP and BSP information is current. The QIDP revealed staff should have client #1 seated at the dining table in a way he cannot grab others’ plates or food.	W0483		