

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
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	
(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
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>	E0015	<p style="text-align: center;">RECEIVED APR 24 2026 DHSR-MH Licensure Sect</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>			

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

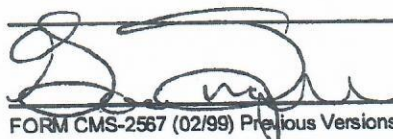

FORM APPROVED

OMB NO. 0938-0391

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

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					(X6) DATE 5/22/26	
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<p>E0015</p>	<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>	<p>E0015</p>	<p>E0015-. The Qualified Professional will; ensure all expired foods are removed from the home and replaced, the clinical Team will monitor VIA monthly environmental Assessments and ensure emergency foods are rep[laced every 6 months .In the future ,the Qualified Professional will ensure all emergency foods are updated & replaced every 6 months.</p> <p>By 05/30/26</p>	
<p>W0130</p>	<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>	<p>W0130</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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W0130	<p>Continued from page 2 This STANDARD is NOT MET as evidenced by:</p> <p>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:</p> <p>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.</p> <p>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.</p> <p>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.</p>	W0130	<p>W0130-The QP will Inservice client #2 right to privacy to include, shaving, grooming and closing the door and personal task. The clinical steam will monitor via interaction assessments for 1 month then on an ongoing basis. In the future the Qualified Professional will ensure client #2 all clients rights to privacy.</p> <p>By 05/30/26</p>	

<p>W0227</p>	<p>INDIVIDUAL PROGRAM PLAN</p> <p>CFR(s): 483.440(c)(4)</p> <p>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.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>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:</p> <p>A. Review on 3/30/26 of client #8's PCP dated 1/14/26 revealed formal objectives to bake muffins/cookies,</p>	<p>W0227</p>	<p>W0227- A) The Team will meet to discuss client # 8 needs for training objectives in the home. The Qualified Professional will Inservice all staff on client#8 program objectives based upon his needs The clinical team will monitor to ensure staff implement the new objectives Via interaction assessment 2 a week for a month then on a basis. In the future the Qualified Professional will ensure the Person-Centered Plan is updated to address client #8 measurable objectives based on his needs</p> <p>By 05/30/26</p>	
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W0227	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	W0227	<p>W0227- B).</p> <p>W0227- A) The Team will meet to discuss client # 9 needs for training objectives in the home. The Qualified Professional will Inservice all staff on client#8 program objectives based upon his needs The clinical team will monitor to ensure staff implement the new objectives Via interaction assessment 2 a week for a month then on a basis. In the future the Qualified Professional will ensure the Person-Centered Plan is updated to address client #9 measurable objectives based on his needs</p> <p>By 05/30/26</p>	

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- A) The nurse will inservice all staff on medication administration to ensure physicians orders are followed as written. The clinical team will monitor via medication observation x2 a week for 1 month to ensure medication is administered as prescribed. In the future, the nurse will ensure all staff are trained to administer all medications as ordered.

By 05/30/26

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W0369	<p>Continued from page 4 dated 1/6/26 revealed no order for medications to be crushed.</p> <p>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.</p> <p>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.</p> <p>Interview on 3/31/26 with the facility nurse confirmed client #3 should have received his full dose of Chlorhexidine mouthwash.</p>	W0369	<p>W0369-B) The nurse will Inservice all staff on medication administration to include all liquids that are administered completely. The clinical team will monitor via medication observation x2 a week for 1 month and then ongoing to ensure medication is administered as ordered. In the future, the nurse will ensure that all medications are administered prescribed by the physician.</p> <p>By 05/30/26</p>	
W0436	<p>SPACE AND EQUIPMENT</p> <p>CFR(s): 483.470(g)(2)</p> <p>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.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>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:</p> <p>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:</p>	W0436	<p>W0436 The Qualified Professional (QP) will implement a formal objective for client #4 to be trained to wear his eyeglasses. The Qualified Professional will Inservice all staff on the [program]. The clinical team will monitor VIA Interaction Assessment x2 a week for a month then on a routine basis to ensure client #4 compliance with wearing his eyeglasses. In the future, the Qualified Professional will ensure the Person-Centered Plan is updated to address all client needs.</p>	
	<p>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.</p>		<p>By 05/30/26</p>	

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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	<p>EVACUATION DRILLS</p> <p>CFR(s): 483.470(i)(2)(iv)</p> <p>The facility must investigate all problems with evacuation drills, including accidents.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on record reviews and interviews, the facility failed to investigate issues with fire drills. The findings are:</p> <p>A. Review of Scotthurst I fire drills for the review period of 02/25 through 3/25 revealed the following incomplete entries:</p> <p>3/18/25 – no evacuation time listed.</p> <p>5/7/25 – no shift or evacuation time listed.</p> <p>6/11/25 – no evacuation time listed.</p> <p>9/8/25 – total evacuation time of 5 minutes.</p> <p>10/7/25 – total evacuation time of 6 minutes.</p> <p>12/6/25 – no evacuation time listed.</p> <p>1/7/26 – no evacuation time listed.</p> <p>3/3/26 – no evacuation time listed.</p> <p>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</p>	W0448	<p>W0448- A) The Qualified Professional will review all fire drills documentation to ensure all required elements are completed. And addressed timely All staff will be in service on proper completion requirements to ensure no requirements are left blank. All staff will be retrained on conducting fire drills, required documentation components, and accuracy and completeness QP ' will review 100% of the fire drill documentation monthly, to ensure complete. In the future, the Qualified Professional will ensure all fire drills are reviewed, completed thoroughly and all areas of are addressed.</p> <p>By 05/30/26</p>
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<p>W0448</p>	<p>Continued from page 6 were not completed thoroughly.</p> <p>B. Review of Scotthurst II fire drills for the review period of 02/25 through 3/26 revealed the following incomplete entries:</p> <p>3/5/26 – no evacuation time listed.</p> <p>2/26/25 – no time listed for the fire drill.</p> <p>12/6/25 – no evacuation time listed.</p> <p>11/10/25 – total evacuation time of 0.3 minutes.</p> <p>10/6/25 – total evacuation time of 0.3 minutes.</p> <p>5/15/25 – total evacuation time of 6:15 minutes listed.</p> <p>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.</p>	<p>W0448</p>	<p>W 0448-B) The Qualified Professional will review all fire drills documentation to ensure all required elements are completed. And addressed timely All staff will be in service on proper completion requirements to ensure no requirements are left blank. All staff will be retrained on conducting fire drills, required documentation components, and accuracy and completeness QP ' will review 100% of the fire drill documentation monthly to ensure complete. In the future, the Qualified Professional will ensure all fire drills are reviewed, completed thoroughly and all areas of are addressed.</p> <p>By 05/30/26</p>
<p>W0474</p>	<p>MEAL SERVICES</p> <p>CFR(s): 483.480(b)(2)(III)</p> <p>Food must be served in a form consistent with the developmental level of the client.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>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:</p> <p>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.</p> <p>Observations in the home on 3/31/26 at 7:24am revealed client #2 to eat breakfast, which consisted of cold</p>	<p>W0474</p>	<p>W0474- The Qualified Professional (QP) will in service all staff on client #2 consistency. The Clinical Team will monitor via meal assessment x2 a week for a month then on a basis to ensure accuracy of diet & food consistency. In the future, Qualified Professional will ensure that all diet orders and food consistency are followed as written.</p> <p>By 05/30/26</p>

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W0474	<p>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.</p> <p>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.</p> <p>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.</p>	W0474		
W0475	<p>MEAL SERVICES</p> <p>CFR(s): 483.480(b)(2)(iv)</p> <p>Food must be served with appropriate utensils.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>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:</p> <p>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.</p> <p>Review of records on 3/31/26 for clients #7, #8 and #10 did not reveal adaptive equipment use. Continued review</p>	W0475	<p>W0475- The Qualified Professional will Inservice all staff that Residents #7, #8, and #10 utilize a complete place setting during all meals. The clinical team will conduct mealtime assessment observation 2 per week for 4 weeks and thereafter in the future the Qualified Professional will ensure all clients are provided the appropriate utensils at all meals</p> <p>By 05/30/26</p>	

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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					

<p>W0478</p>	<p>MENUS</p> <p>CFR(s): 483.480(c)(1)(ii)</p> <p>Menus must provide a variety of foods at each meal.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>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:</p> <p>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.</p> <p>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.</p> <p>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 that the clients should have been offered raisin toast bread, butter and 2% milk as the menu specified.</p> <p>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</p>	<p>W0478</p>	<p>W0478- A) Qualified Professional will ensure all meals by menu book. Staff will be inservice to ensure the menu book is followed. The clinical team will conduct two meal assessments for 4 weeks to ensure the menu book is being followed. In the future the Qualified Professional will ensure all menus & diet are followed as written by</p> <p>05/30/26</p> <p>B) The Qualified Professional will inservice all staff on following the menu book for all clients as written. The clinical team will monitor via mealtime assessments x2 a week for a month then on a basis. In the future the Qualified Professional will ensure the menu book is followed as written by</p> <p>05/30/26</p>	
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<p>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</p>	<p>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G027</p>	<p>(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING</p>	<p>(X3) DATE SURVEY COMPLETED 03/31/2026</p>
<p>NAME OF PROVIDER OR SUPPLIER SCOTTHURST I & II</p>		<p>STREET ADDRESS, CITY, STATE, ZIP CODE 174 HOOTS DRIVE 222 HERITAGE DRIVE, WINSTON-SALEM, North Carolina, 27107</p>	

(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
W0478	<p>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.</p> <p>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.</p> <p>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.</p>	W0478		
W0483	<p>DINING AREAS AND SERVICE</p> <p>CFR(s): 483.480(d)(2)</p> <p>The facility must provide table service for all clients who can and will eat at a table, including clients in wheelchairs.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>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:</p> <p>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.</p> <p>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.</p> <p>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</p>	W0483	<p>W0483- The QP will review client #1 Person Centered Plan (PCP) and behavior support plan (BSP) with all direct care staff to ensure understanding that client #1 is to remain seated at the dining room table with peers. He must be positioned appropriately to prevent access to others food and be monitored closely. The clinical team will conduct a mealtime assessment 2 times a week for 1 month to ensure proper dining. In the future the Qualified Professional will ensure all staff are served family style dining and follow the Behavior Support Plans</p> <p>By 05/30/26</p>	

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	
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			
(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	

W0483	<p>Continued from page 10 plates."</p> <p>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."</p> <p>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.</p>	W0483	
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