

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G071	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/10/2018
NAME OF PROVIDER OR SUPPLIER SKILL CREATIONS OF TARBORO			STREET ADDRESS, CITY, STATE, ZIP CODE 811 WESTERN BOULEVARD TARBORO, NC 27886		
(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 336	<p>NURSING SERVICES CFR(s): 483.460(c)(3)(iii)</p> <p>Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure 3 of 4 audit clients (#11, #12, #15) received a review of their health status at least quarterly. The finding is:</p> <p>1. Clients #11, #12, and #15's individual program plan (IPP) did not include all nursing quarterlies as indicated.</p> <p>a. Record review on 4/11/18 of client #11's IPP dated 8/23/17 revealed a nursing quarterly for the 5/31/17, 12/4/17 and 2/18/18. No additional nursing quarterly was located.</p> <p>b. Record review on 4/11/18 of client #12's IPP dated 7/26/17 revealed a nursing quarterly for 12/10/17 and 3/8/18. No additional nursing quarterlies were located.</p> <p>c. Record review on 4/11/18 of client #15's IPP dated 4/12/17 revealed a nursing quarterly for 6/21/17 and 1/17/18. No additional nursing quarterly was located.</p> <p>Interview on 4/11/18 with management confirmed there were no other nursing quarterlies for clients #11, #12 and #15.</p>	W 336			
W 362	DRUG REGIMEN REVIEW	W 362			

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 362	<p>Continued From page 1 CFR(s): 483.460(j)(1)</p> <p>A pharmacist with input from the interdisciplinary team must review the drug regimen of each client at least quarterly.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview, quarterly pharmacy reviews of the drug regimens were not completed for 4 of 4 audit clients (#8, #11, #12 and #15). The finding is:</p> <p>Client #8, #11, #12, and #15's individual program plan (IPP) did not include pharmacy reviews as indicated.</p> <p>a. Record review conducted on 4/11/18 of client #8's IPP dated 3/8/17 included quarterly pharmacy reviews for 2/16/17, 6/21/17 and 1/17/18. No additional reviews were located.</p> <p>b. Record review on 4/11/18 of client #11's IPP dated 8/23/17 included quarterly pharmacy reviews for 2/10/17, 6/21/17 and 1/17/18. No additional reviews were located.</p> <p>c. Record review on 4/11/18 of client #12's IPP dated 7/26/17 included quarterly pharmacy reviews for 7/17/17 and 1/17/18. No additional reviews were located.</p> <p>d. Record review on 4/11/18 of client #15's IPP included quarterly pharmacy reviews for 6/21/17 and 1/17/18. No additional reviews were located.</p> <p>During an interview on 12/19/17, management staff confirmed there were no other pharmacy reviews available.</p>	W 362			

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

PRINTED: 04/17/2018
FORM APPROVED
OMB NO. 0938-0391

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