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

PRINTED: 04/23/2018 FORM APPROVED OMB NO. 0938-0391

	ION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
3	4 G084 B. W	VING		04/1) 19/2018
NAME OF PROVIDER OR SUPPLIER SKILL CREATIONS OF GREENVILLE	,		STREET ADDRESS, CITY, STATE, ZIP CODE 2701 W 5TH STREET GREENVILLE, NC 27835		
(X4) ID SUMMARY STATEMENT OF DEFIC PREFIX (EACH DEFICIENCY MUST BE PRECE TAG REGULATORY OR LSC IDENTIFYING II	DED BY FULL P	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)			(X5) COMPLETION DATE
W 153 STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(2) The facility must ensure that all alleg mistreatment, neglect or abuse, as winjuries of unknown source, are repoimmediately to the administrator or tofficials in accordance with State law established procedures. This STANDARD is not met as evid Based on document review and intefacility failed to ensure an injury of u source was reported immediately to administrator. This affected 1 of 2 at (#2). The finding is: A burn sustained by client #2 was not reported to the facility director. Review on 4/19/18 of an incident reported to the facility director. Review on 4/19/18 of an incident reported to the facility director. Review on 4/19/18 of an incident reported to the facility director. The reported to the facility director. Review on 4/19/18 of an incident reported to the facility director. Review on 4/19/18 of an incident reported to the facility director. Review on 4/19/18 of an incident reported to the facility director. The reported to the facility director. Review on 4/19/18 of an incident reported to the facility director. Review on 4/19/18 of an incident reported to the facility director. Review on 4/19/18 of an incident reported to the facility director. Review on 4/19/18 with the Qualification of the report did not indicate the facility director. Interview on 4/19/18 with the Qualification of the report did not indicate the facility director. Interview on 4/19/18 with the Qualification of the report did not indicate the facility director. Additional review on 4/19/18 of the findicated he was not made aware of until the morning of 4/16/18. Additional review on 4/19/18 of the fincident reporting policy (no date) repo	well as orted or other withrough withrough withrough withrough withrough withrough with facility audit clients of immediately ortificated #2] has been every time you [Client #2] to his clothes off report noted further review lity we injury. Med Intellectual realed on burn area on e QIDP of the injury.	W 153			

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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
			7 501251			(
		34G084	B. WING			04/	19/2018
NAME OF PROVIDER OR SUPPLIER SKILL CREATIONS OF GREENVILLE			27	TREET ADDRESS, CITY, STATE, ZIP CODE 701 W 5TH STREET REENVILLE, NC 27835			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPE DEFICIENCY)			(X5) COMPLETION DATE	
W 153 W 192	operation of a service	onsistent with the routine or care that are likely to is must be documented and by DHHS."		153 192			
		vork with clients, training nd competencies directed					
	Based on document facility failed to ensure training for reporting appropriate healthcar	not met as evidenced by: review and interviews, the e staff received sufficient each client's health needs to e professionals as indicated. udit clients (#2). The finding					
	Staff were not adequatinjury sustained by cli	ately trained to report an ent #2.					
	time) revealed, "[Clier about his side hurting that certain area. I too room and began takir discovered a burn ma injury was being invest	report dated 4/15/18 (no nt #2] has been complaining every time you touch him in ok [Client #2] to the showering his clothes off and ark." The report noted the stigated. Further review of cate the nurse had been					

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STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	IPLE CONSTRUCTION NG	(X3	(X3) DATE SURVEY COMPLETED	
		34G084	B. WING_			C 04/19/2018	
NAME OF PROVIDER OR SUPPLIER SKILL CREATIONS OF GREENVILLE				STREET ADDRESS, CITY, STATE, ZIP CODE 2701 W 5TH STREET GREENVILLE, NC 27835			
(X4) ID PREFIX TAG			ID PREFI) TAG	((EACH CORRECTIVE ACTION	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
W 192	Interview on 4/19/18 revealed she had not injury to client #2 unti when she arrived at the interview indicated stron-call nurse about the policy for incident repolicy for incident repolicy for incident repolicy shall be injury until the modified of the injury princident reporting. Review on 4/19/18 of incident reporting (no	with the facility's nurse been made aware of the I the morning of 4/16/18 he facility. Additional aff should have called the ne injury per the facility's orting. with the Qualified Intellectual nal (QIDP) confirmed the ot been made aware of client orning of 4/16/18. The nurse should have been her the facility's policy for the facility's policy for date) noted, "Consumer edical treatment Staff will ate nursing staff for	W 1	92			