STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G084	A. BUILDING _____ B. WING _____	C 04/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SKILL CREATIONS OF GREENVILLE	2701 W 5TH STREET GREENVILLE, NC 27835

(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 153	STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(2) The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. This STANDARD is not met as evidenced by: Based on document review and interview, the facility failed to ensure an injury of unknown source was reported immediately to the facility administrator. This affected 1 of 2 audit clients (#2). The finding is: A burn sustained by client #2 was not immediately reported to the facility director. Review on 4/19/18 of an incident report dated 4/15/18 (no time) revealed, "[Client #2] has been complaining about his side hurting every time you touch him in that certain area. I took [Client #2] to the shower room and began taking his clothes off and discovered a burn mark." The report noted the injury was being investigated. Further review of the report did not indicate the facility administrator had been notified of the injury. Interview on 4/19/18 with the Qualified Intellectual Disabilities Professional (QIDP) revealed on 4/15/18 a second shift staff noted a burn area on client #2's right lower abdomen. The QIDP indicated he was not made aware of the injury until the morning of 4/16/18. Additional review on 4/19/18 of the facility's incident reporting policy (no date) revealed, "All	W 153		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G084	A. BUILDING _____ B. WING _____	C 04/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SKILL CREATIONS OF GREENVILLE	2701 W 5TH STREET GREENVILLE, NC 27835

(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 153	Continued From page 1 incidents that are inconsistent with the routine operation of a service or care that are likely to lead to adverse effects must be documented and reported, as defined by DHHS."	W 153		
W 192	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(2) For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs. This STANDARD is not met as evidenced by: Based on document review and interviews, the facility failed to ensure staff received sufficient training for reporting each client's health needs to appropriate healthcare professionals as indicated. This affected 1 of 2 audit clients (#2). The finding is: Staff were not adequately trained to report an injury sustained by client #2. Review of an incident report dated 4/15/18 (no time) revealed, "[Client #2] has been complaining about his side hurting every time you touch him in that certain area. I took [Client #2] to the shower room and began taking his clothes off and discovered a burn mark." The report noted the injury was being investigated. Further review of the report did not indicate the nurse had been notified of the injury. Interview on 4/19/18 with the staff person involved confirmed the injury had not been reported to the on-call nurse since the medication monitor had informed him there was no need to call the nurse.	W 192		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G084	A. BUILDING _____ B. WING _____	C 04/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SKILL CREATIONS OF GREENVILLE	2701 W 5TH STREET GREENVILLE, NC 27835

(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 192	Continued From page 2 Interview on 4/19/18 with the facility's nurse revealed she had not been made aware of the injury to client #2 until the morning of 4/16/18 when she arrived at the facility. Additional interview indicated staff should have called the on-call nurse about the injury per the facility's policy for incident reporting. Interview on 4/19/18 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed the facility's nurse had not been made aware of client #2's injury until the morning of 4/16/18. The QIDP confirmed the nurse should have been notified of the injury per the facility's policy for incident reporting. Review on 4/19/18 of the facility's policy for incident reporting (no date) noted, "Consumer injury that requires medical treatment... Staff will consult with appropriate nursing staff for directions on treatment of specific issue..."	W 192		