



**Skill Creations, Inc.**  
Post Office Box 1636  
Goldsboro, North Carolina 27533-1636  
Telephone: (919)734-7398 Fax: (919)735-5064  
"Creating Life Skills With Those We Serve"



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## Fax Transmission

To: Mr. James Silva  
Mental Health and Licensure Certification Section  
NC Division of Health Service Regulation  
  
919-715- 8078

From: Fontaine Swinson

Date: 4/30/2018

**RECEIVED**

By MH Lic & Cert Section at 3:41 pm, May 01, 2018

Here is the Plan of Correction for:

**Skill Creations of Greenville**  
Provider Number 34G084, MHL 074-012

If you have any questions, do not hesitate to contact me. I can be reached via email  
or by telephone at : [fontaine.swinson@skillcreations.com](mailto:fontaine.swinson@skillcreations.com); phone number 919-920-4476

The original is being sent by US Mail.

Thank you,



NC DEPARTMENT OF  
**HEALTH AND  
 HUMAN SERVICES**  
 Division of Health Service Regulation

ROY COOPER • Governor  
 MANDY COHEN, MD, MPH • Secretary  
 MARK PAYNE • Director

April 23, 2018

Ms. Fontaine Swinson, COO  
 Skill Creations, Inc.  
 P.O. Box 1636  
 Goldsboro, NC 27533

Re: Complaint Investigation Survey April 19, 2018  
 Skill Creations of Greenville, 2701 W. 5<sup>th</sup> St, Greenville, NC 27835  
 Provider Number: 34G084  
 MHL Number: MHL074-012  
 E-mail Address: [fontaine.swinson@skillcreations.com](mailto:fontaine.swinson@skillcreations.com)  
 Complaint Intake: NC00137954

Dear Ms. Swinson:

Thank you for the cooperation and courtesy extended during the complaint investigation survey completed on April 19, 2018.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form (CMS-2567). The purpose of the Statement of Deficiencies is to provide you with specific details of the practices that do not comply with regulations. You must develop one Plan of Correction that addresses each deficiency listed on the CMS-2567 form and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance and what to include in the Plan of Correction.

#### Type of Deficiencies Found

- Standard level deficiencies were cited.

#### Time Frames for Compliance

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is June 18, 2018

#### What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the CMS-2567 Form.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION  
 MENTAL HEALTH LICENSURE AND CERTIFICATION SECTION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603  
 MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718  
[www.ncdhhs.gov/dhsr/](http://www.ncdhhs.gov/dhsr/) • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

April 23, 2018  
Skill Creations, Inc.  
Ms. Fontaine Swinson, COO

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

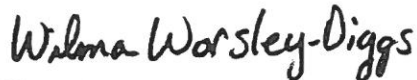
Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section  
NC Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2718

Please be advised that additional W tags may be cited during the Life Safety Code portion of the recertification survey.

A follow-up visit will be conducted to verify all deficient practices have been corrected. If we can be of further assistance, please call Wilma Worsley-Diggs at 919-612-5520.

Sincerely,



Wilma Worsley-Diggs, M.Ed., QIDP  
Facility Survey Consultant I  
Mental Health Licensure & Certification Section

Enclosures

Cc: Rob Robinson, Director, Alliance Behavioral Health LME/MCO  
Wes Knepper, Quality Management Director, Alliance Behavioral Health LME/MCO  
Leza Wainwright, Director, Trillium Health Resources LME/MCO  
Kim Keehn, Quality Management Director, Trillium Health Resources LME/MCO  
File

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G084</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>04/19/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SKILL CREATIONS OF GREENVILLE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2701 W 5TH STREET GREENVILLE, NC 27835</b>
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(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
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W 153	<p><b>STAFF TREATMENT OF CLIENTS</b> CFR(s): 483.420(d)(2)</p> <p>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.</p> <p>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:</p> <p>A burn sustained by client #2 was not immediately reported to the facility director.</p> <p>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.</p> <p>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.</p> <p>Additional review on 4/19/18 of the facility's incident reporting policy (no date) revealed, "All</p>	W 153	<p><b>All staff will be trained on Abuse / Neglect / Mistreatment definitions and reporting policies &amp; procedures by the Chief Nursing Officer. The facility staff will be instructed to immediately notify the administrators and/or the on-call person if an administrator is not present in the building. The RN Team Lead will be contacted immediately for all incidents of injuries of <u>unknown source/ findings of burn marks, bruises, unusual areas</u> etc. The facility administration will immediately begin a preliminary inquiry necessary for a full investigation and contact the assigned facility Executive Director for further instructions. The Executive Director will contact the Chief Officer of Human Resource for consultation regarding any staff/personnel concerns.</b></p>	6/18/18
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Antonia Simon* TITLE *Chief Operations Officer* (X6) DATE *4-30-2018*

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.

**RECEIVED**  
By MH Lic & Cert Section at 3:42 pm, May 01, 2018

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

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

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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	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	<b>All employees will receive training by the Chief Nursing Officer with a focus on skills and competencies for immediately reporting all client's health needs. An emphasis will be placed on reporting all clients' health needs to the appropriate discipline, RN Team Lead and/or facility nurse if present at the facility to avoid any delay with needed treatment and/or consultation with the appropriate healthcare professional. In the event that the Nurse is not available the Administrator will be contacted immediately for needed follow up. The Director/QP will monitor ongoingly and follow up on any noted concerns with the RN team lead for needed assistance and instructions.</b>	6/18/18

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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			