

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G056</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/15/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>SKILL CREATIONS OF KENANSVILLE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>200 SOUTH STOKES STREET KENANSVILLE, NC 28349</b>		
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E 037	<p>EP Training Program CFR(s): 483.475(d)(1)</p> <p>(1) Training program. The [facility, except CAHs, ASCs, PACE organizations, PRTFs, Hospices, and dialysis facilities] must do all of the following:</p> <p>(i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected role.</p> <p>(ii) Provide emergency preparedness training at least annually.</p> <p>(iii) Maintain documentation of the training.</p> <p>(iv) Demonstrate staff knowledge of emergency procedures.</p> <p>*[For Hospitals at §482.15(d) and RHCs/FQHCs at §491.12:] (1) Training program. The [Hospital or RHC/FQHC] must do all of the following:</p> <p>(i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing on-site services under arrangement, and volunteers, consistent with their expected roles.</p> <p>(ii) Provide emergency preparedness training at least annually.</p> <p>(iii) Maintain documentation of the training.</p> <p>(iv) Demonstrate staff knowledge of emergency procedures.</p> <p>*[For Hospices at §418.113(d):] (1) Training. The hospice must do all of the following:</p> <p>(i) Initial training in emergency preparedness policies and procedures to all new and existing hospice employees, and individuals providing services under arrangement, consistent with their expected roles.</p> <p>(ii) Demonstrate staff knowledge of emergency procedures.</p>	E 037			

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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E 037	<p>Continued From page 1</p> <p>(iii) Provide emergency preparedness training at least annually.</p> <p>(iv) Periodically review and rehearse its emergency preparedness plan with hospice employees (including nonemployee staff), with special emphasis placed on carrying out the procedures necessary to protect patients and others.</p> <p>*[For PRTFs at §441.184(d):] (1) Training program. The PRTF must do all of the following: (i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles. (ii) After initial training, provide emergency preparedness training at least annually. (iii) Demonstrate staff knowledge of emergency procedures. (iv) Maintain documentation of all emergency preparedness training.</p> <p>*[For PACE at §460.84(d):] (1) The PACE organization must do all of the following: (i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing on-site services under arrangement, contractors, participants, and volunteers, consistent with their expected roles. (ii) Provide emergency preparedness training at least annually. (iii) Demonstrate staff knowledge of emergency procedures, including informing participants of what to do, where to go, and whom to contact in case of an emergency. (iv) Maintain documentation of all training.</p>	E 037			

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E 037	<p>Continued From page 2</p> <p>*[For CORFs at §485.68(d):(1) Training. The CORF must do all of the following:</p> <ul style="list-style-type: none"> <li>(i) Provide initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles.</li> <li>(ii) Provide emergency preparedness training at least annually.</li> <li>(iii) Maintain documentation of the training.</li> <li>(iv) Demonstrate staff knowledge of emergency procedures. All new personnel must be oriented and assigned specific responsibilities regarding the CORF's emergency plan within 2 weeks of their first workday. The training program must include instruction in the location and use of alarm systems and signals and firefighting equipment.</li> </ul> <p>*[For CAHs at §485.625(d):] (1) Training program. The CAH must do all of the following:</p> <ul style="list-style-type: none"> <li>(i) Initial training in emergency preparedness policies and procedures, including prompt reporting and extinguishing of fires, protection, and where necessary, evacuation of patients, personnel, and guests, fire prevention, and cooperation with firefighting and disaster authorities, to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles.</li> <li>(ii) Provide emergency preparedness training at least annually.</li> <li>(iii) Maintain documentation of the training.</li> <li>(iv) Demonstrate staff knowledge of emergency procedures.</li> </ul> <p>*[For CMHCs at §485.920(d):] (1) Training. The</p>	E 037			

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E 037	<p>Continued From page 3</p> <p>CMHC must provide initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles, and maintain documentation of the training. The CMHC must demonstrate staff knowledge of emergency procedures. Thereafter, the CMHC must provide emergency preparedness training at least annually.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure direct care staff were sufficiently trained on the facility's emergency plan (EP). The finding is:</p> <p>Staff had not received adequate training on the emergency plan (EP).</p> <p>Review on 5/14/18 of facility documents revealed training inservice sheets for direct care staff in regards to the EP.</p> <p>Staff interviews (2) on 5/15/18 revealed the following; staff were able to provide the procedures regarding fire drills and disaster drills; however, the staff could not provide specific details regarding the facility's EP program.</p> <p>Interview on 5/14/18 with the qualified intellectual disabilities professional (QIDP) revealed direct care staff had been trained regarding their EP and fire drills and disaster drills. However, she was aware they may still have some staff who were not sure and they would be having additional training.</p>	E 037			
W 189	STAFF TRAINING PROGRAM	W 189			

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W 189	<p>Continued From page 4 CFR(s): 483.430(e)(1)</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interviews and document review, the facility failed to ensure staff were sufficiently trained to perform their duties efficiently. This affected 1 of 4 audit clients (#10). The finding is:</p> <p>Staff did not have clear understanding of the behavior support plan (BSP).</p> <p>During observations in facility on 5/14/18, in the kitchen/dining area client #10, slapped himself on 3, separate occasions, there were 3 staff present in this area.</p> <p>Additional observation on 5/15/18 client # 10 was walking down the hallway near the medication room and slapped himself 2 times, there was a staff monitoring this hall and a staff walking behind client #10, neither staff responded.</p> <p>Review of client #10's BSP dated 2/16/18, revealed staff should provide verbal redirection when self injurious behaviors are demonstrated.</p> <p>Staff (2) interviews on 5/15/18, staff revealed they should redirect client #10 verbally to stop hitting himself.</p> <p>During an interview on 5/15/18, with the qualified intellectual disabilities professional (QIDP)</p>	W 189			

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W 189	Continued From page 5	W 189			
W 247	<p>confirmed staff should redirect client #10 when he is engaging in self injurious behavior.</p> <p><b>INDIVIDUAL PROGRAM PLAN</b> CFR(s): 483.440(c)(6)(vi)</p> <p>The individual program plan must include opportunities for client choice and self-management.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure 1 of 5 audit clients (#9) was provided the opportunity for choice. The finding is:</p> <p>Client #9 was not afforded the opportunity to make a choice to eat his lunch.</p> <p>During lunch observations in the facility on 5/14/18, client #9, received his sectioned plate with a plastic lid. Client #9, sat it at his table and sat down and started to remove the plastic lid, staff stated wait [Client #9] and he got up from the table walked around the room and returned to the table. Client #9, attempted a second time to remove his plastic lid from his plate and staff again asked [Client #9] to wait. Client #9, remained seated and in approximately 2 minutes client#9 removed the plastic lid and began eating his lunch.</p> <p>Review on 5/15/18, of client #9's individual program plan (IPP) dated 12/4/17, he eats independently.</p> <p>During interview on 5/14/18, staff revealed clients eat together because of family style dining.</p> <p>During interview on 5/15/18, management</p>	W 247			

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

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W 247	Continued From page 6 confirmed client #9 should have been allowed to eat his lunch when he wanted to.	W 247			