

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G079</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/31/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SKILL CREATIONS OF WILSON</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2000 MARTIN LUTHER KING JR PARKWAY WILSON, NC 27893</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 368	<p><b>DRUG ADMINISTRATION</b> CFR(s): 483.460(k)(1)</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure all medications were administered in accordance with physician's orders. This affected 1 of 6 clients observed during medication administration. The finding is:</p> <p>Client #5 did not receive his medications according to his current physician's orders.</p> <p>During observations of medication administration in the home on 7/31/18 at 7:25am, the Licensed Practical Nurse (LPN) retrieved a regular tablespoon utensil and poured an undetermined amount of Miralax powder onto the spoon before pouring the powder into a drinking cup. The amount of Miralax was not measured. The LPN later used a regular tablespoon utensil to scoop Citrucel powder from the container and poured the powder into a drinking cup. The amount of Citrucel was not measured. Client #5 later consumed the Miralax and Citrucel mixed with water.</p> <p>Immediate interview with the LPN revealed client #5 ingests a half tablespoon of Miralax powder and one tablespoon of Citrucel powder. The nurse indicated this is how they usually measure out the powder by using a spoon from the kitchen.</p> <p>Review on 7/31/18 of client #5's current</p>	W 368		
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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.

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

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W 368	Continued From page 1 physician's orders dated 6/1/18 - 11/30/18 revealed orders for "Miralax powder, mix 1/2 tablespoon in 8 oz of beverage of choice and take by mouth twice daily, 7a, 7p...Citrucel powder, mix 1 tablespoon in 8 oz of milk or water and take by mouth every day, 8a"  Interview via telephone on 7/31/18 with the Registered Nurse (RN) revealed the LPN should have utilized a pre-marked medication cup which provides specific measurements for dispensing liquids and powders.	W 368			