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

PRINTED: 08/01/2018 FORM APPROVED OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | (X3) DATE SURVEY COMPLETED | | |
|---|--|--|--|---|--|--|----------------------------|
| | | 34G079 | B. WING_ | | The state of the s | 07/ | 31/2018 |
| NAME OF PROVIDER OR SUPPLIER SKILL CREATIONS OF WILSON | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2000 MARTIN LUTHER KING JR PARKWAY WILSON, NC 27893 | | | |
| (X4) ID PREFIX TAG | PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL | | ID PREFI TAG | | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY) | | (X5) COMPLETION DATE |
| W 368 | that all drugs are adnot the physician's orders. This STANDARD is a Based on observation review, the facility fail were administered in orders. This affected during medication and Client #5 did not rece according to his curred During observations in the home on 7/31/Practical Nurse (LPN tablespoon utensil are amount of Miralax we later used a regular to Citrucel powder from the powder into a driccitrucel was not measured the Miralax water. Immediate interview #5 ingests a half table and one tablespoon nurse indicated this interview interview indicated this intervi | administration must assure ninistered in compliance with s. not met as evidenced by: ons, interviews and record led to ensure all medications accordance with physician's d 1 of 6 clients observed liministration. The finding is: eive his medications ent physician's orders. of medication administration 18 at 7:25am, the Licensed did poured an undetermined owder onto the spoon before into a drinking cup. The leas not measured. The LPN cablespoon utensil to scoop a the container and poured inking cup. The amount of assured. Client #5 later ax and Citrucel mixed with with the LPN revealed client despoon of Miralax powder of Citrucel powder. The is how they usually measure sing a spoon from the | W | 368 | In the future, client #5 will receive Miralax and Citrucel powder in acc with the physician's order. All clie receive all medications in accordant the physician's order. The Nurse at Medication Monitors will be re-trait the SCI medication administration procedures with a focus on utilizing identified items to assure accuracy the appropriate measurements for dispensing powder and liquid medicated 206-01. The Director will monitor medicatical administration at least once monthly and the RN Team Lead will monitate at least quarterly. DHSR - Mental AUG 1020 Lic. & Cert. S | ordance onts will ce with and ined in grant for cations on yor | J-78-18 |
| 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) MULT A. BUILDII | TIPLE CONSTRUCTION NG | | (X3) DATE SURVEY COMPLETED | |
|---|--|--|-------------------------|---|---|-------------------------------|--|
| | | 34G079 | B. WNG_ | | | 07/31/2018 | |
| NAME OF PROVIDER OR SUPPLIER SKILL CREATIONS OF WILSON | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2000 MARTIN LUTHER KING JR PARKWAY WILSON, NC 27893 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | X (EACH CORRECTIVI CROSS-REFERENCEI | AN OF CORRECTION E ACTION SHOULD BE D TO THE APPROPRIA CIENCY) | | |
| W 368 | tablespoon in 8 oz of by mouth twice daily, mix 1 tablespoon in 8 by mouth every day, Interview via telephor Registered Nurse (RI have utilized a pre-ma | ted 6/1/18 - 11/30/18 Miralax powder, mix 1/2 beverage of choice and take 7a, 7pCitrucel powder, oz of milk or water and take 8a" | W | 368 | | | |