AUG 31 2018

Lic. & Cert. Section

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

PRINTED: 08/23/2018
FORM APPROVED
OMB NO. 0938-0391

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 _____	08/21/2018

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 242	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(iii) The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them. This STANDARD is not met as evidenced by: Based on observations and record review the facility failed to assure 1 of 4 audit clients (#6) was provided with training in the area of dental hygiene. The finding is: Client #6 received no formal training in the area of dental hygiene. Observations at the facility on 8/20/18 and 8/21/18, client #6, was provided with an opportunity to brush his teeth. He was accompanied by staff. Client #6, was not observed by this surveyor being prompted or provided any instructions concerning his dental hygiene by staff. During record review on 8/21/18 at the facility client #6's record revealed the following dental appointments: 1. Date 3/7/18, revealed the following information: "recommend brushing at least 2 x daily and flossing daily. Patient may need assistance. recommend electric toothbrush ($100) please find who will provide this for him. w/o improved home	W 242	**An interim core team meeting will be held and a decision made how to best address client #6 dental hygiene needs. A goal will be developed as deemed appropriate by the team to maximize client #6 ability to brush his teeth with a focus on improving his dental hygiene. All staff will be in serviced on the goal. All client's dental hygiene needs will be assessed and goals developed as determined appropriate to address their dental hygiene needs. The Director/QP and Program Director will monitor at least 3 times a week for 2 weeks and then two times a week.** **In the future, when a Person Center plan is being developed, the QP will assure that the client's program will include, if the client lacks them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs) unless it has been demonstrated that the client is developmentally incapable of acquiring the skills.**	10-20-18

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

Chief Operations Officer 8-30-2018

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.

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W 242	Continued From page 1 care he is at risk for loosing teeth and exacerbated periodontal disease" 2. Date 3/9/18, revealed the following information: "brush 2 x daily purchase electric toothbrush ($100)- unsure who is responsible recommend 3 mo periodontal maintenance ($47.14) not covered by EPS." 3. Date 8/2/18, revealed the following information: "Recommend patient return every 3 months alternating between prophy and period maintenance. Patient will have to pay every other time due to insurance not covering every 3 months it is recommended that patient return every 3 months due to the amount of tartar present and localized bone loss present." Staff interviews (2) on 8/21/18 revealed client #6, is resistant to having his teeth brushed. However, they are assisting him and he has been doing better. During an interview on 8/21/18 with management confirmed client #6 was not working on a formal objective for dental hygiene. However, they had been ensuring he was cleaning his teeth better and his dental visit was better.	W 242		