

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G047	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/06/2018
NAME OF PROVIDER OR SUPPLIER SKILL CREATIONS OF CLINTON			STREET ADDRESS, CITY, STATE, ZIP CODE 223 FOREST TRAIL CLINTON, NC 28328		
(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 124	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(2)</p> <p>The facility must ensure the rights of all clients. Therefore the facility must inform each client, parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to assure for 1 of 5 audit clients (#2) that her guardian's refusal to consent for surgical intervention and the concern for client #2's non-compliance with the equipment prescribed for her sleep apnea was discussed by the team to ensure the possible consequences to these issues were resolved. The finding is:</p> <p>The team failed to meet and discuss client #2's continued non- compliance with her continuous positive airway (CPAP) machine and her guardian's refusal for surgical intervention.</p> <p>Review on 11/5/18 of client #2's individual program plan (IPP) dated 4/9/18 revealed she has been diagnosed with severe intellectual disability, Down's Syndrome, Separation Anxiety and obstructive sleep apnea. Further review revealed she was seen by an ear, nose and throat (ENT) physician on 12/13/16 and the physician found poor compliance with the use of her CPAP machine and she was most likely removing her mask after it was applied. It was noted that she was wearing it an average of 15-20 minutes in 79 out of 180 nights. Subsequently, a new mask was purchased and</p>	W 124			

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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W 124	<p>Continued From page 1</p> <p>again her compliance with wearing the mask was found. At a subsequent ENT appointment on 6/27/17 the physician determined she was only wearing the mask for one hour out of 30 days. The ENT discussed with the team the possibility of ENT surgery to correct client #2's obstructive sleep apnea. The guardian refused to consent to the surgery. The CPAP machine remained available for client #2 to use nightly until several weeks ago, when it was sent out for repairs.</p> <p>During observations on 11/6/18 at 6am client #2 was noted to be asleep in her bedroom without the CPAP machine.</p> <p>Interview on 11/6/18 with direct care staff revealed at the present time, client #2's CPAP machine has been sent out for repairs. Further interview revealed the machine has not been available for client #2's use for several weeks. Additional interview with direct care staff revealed when the CPAP machine is working and the mask is placed on client #2's face at night, she frequently removes the mask and it has to be placed back on her face several times during the night shift. Direct care staff confirmed several types of masks have been attempted in an effort to get client #2 to tolerate the CPAP machine.</p> <p>Interview on 11/6/18 with the facility Nurse revealed client #2's CPAP machine is out for repairs so alternate pieces can be exchanged. Additional interview confirmed client #2's compliance with the CPAP machine is poor and that the ENT physician had recommended surgical intervention but the guardian would not consent for this surgery and the team agreed her compliance with aftercare would be greatly compromised given her intellectual deficits and</p>	W 124			

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W 124	Continued From page 2 inappropriate behaviors. Further interview revealed the ENT physician had indicated since surgical intervention was not being pursued and client #2's compliance with the C-Pap machine continued to be poor that he did not need to see her for any further follow up. Interview on 11/6/18 with Corporate staff and the Program Director revealed the team had not met with client #2's guardian to resolve the issue about possible surgical intervention and her poor compliance with the CPAP machine to determine what treatment, if any, needed to be implemented to treat client #2's sleep apnea.	W 124			
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 observation, record review and interviews direct care staff failed to follow physician orders consistently in caring for 1 of 5 audit clients (#2) healing right ankle. The finding is: During observations on 11/5/18 at 10:30am client #2 was seated in a wheelchair at the facility in the activity room. Her right foot was not elevated. There were no verbal cues to elevate her foot. Interview on 11/5/18 with the Program Director revealed client #2 was diagnosed with a fracture of her right ankle in July 2018 . Additional interview revealed after x-rays were completed, it	W 192			

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W 192	<p>Continued From page 3</p> <p>was determined this ankle required surgical intervention with plates, pins and screws to surgically fixate her ankle. Further interview revealed she is still healing and can briefly put weight on her ankle. For any mobility within or outside the facility, she is utilizing a wheelchair.</p> <p>During observations on 11/6/18 from 3:45pm until 6:45pm at the facility client #2 was noted to utilize a wheelchair for mobility in the activity room and hallways of the facility. Her right foot was not elevated.</p> <p>During observation on 11/6/18 at 8:30am revealed client #2 in her wheelchair wearing a compression stocking, an ankle brace and her right foot was elevated using her right footrest. Her foot appeared swollen.</p> <p>Review on 11/6/18 of an orthopedic follow up appointment note dated 8/31/18 revealed, "Right ankle appears to be healed with no discharge or signs of infection, skin is thinning but no skin breaks or discharge. ... Still has swelling in foot. Elevate foot and move ankle back and forth to help with swelling. Start ASO ankle brace, wear all day except for showers. Start PT for ankle/leg. WBAT with walker. Monitor foot and perform foot care. Start compression stocking to help with swelling."</p> <p>Interview on 11/6/18 with the facility Nurse revealed direct care staff should elevate client #2's right ankle using the footrest on her wheelchair as much as possible. Additional interview revealed she checks her compression stockings, ankle brace daily and reminds direct care staff to elevate her foot because of continued edema in her right healing ankle.</p>	W 192			

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W 242	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(iii)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interview the interdisciplinary team failed to ensure objective training to meet identified needs relative to privacy were implemented for 1 of 5 audit clients (#1). The finding is:</p> <p>The team failed to consider client #1 for training in the area of privacy after this was identified as a need.</p> <p>During observations at the facility on 11/6/18 at 6am client #1 was up, dressed in her gown, robe and bedroom shoes in the activity room. She got up walked down the hallway at 6:05am and went into another male clients bedroom without knocking. Direct care staff redirected her out of the bedroom.</p> <p>During observations at the facility on 11/6/18 at 6:10am client #1 walked into bedroom #8 without knocking and tried to wake client #2. Client #1 stood over client #2, talked to her and then sat down in her recliner until 6:25am. Direct care staff attempted to redirect client #1 out of client #2's bedroom and when this was unsuccessful, they</p>	W 242			

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W 242	<p>Continued From page 5</p> <p>shut client #2's bedroom door with client #1 still inside the bedroom. Client #1 came out of client #2's bedroom at 6:25am.</p> <p>Interview on 11/6/18 with direct care staff revealed client #1 often walks into a male clients bedroom and staff redirects her out. Direct care staff stated she does not interfere with the other client or engage in any inappropriate behavior. Staff explained client #1 used to live in this bedroom and that sometimes she seems confused about the location of her bedroom.</p> <p>Review on 11/6/18 of client #1's individual program plan (IPP) dated 12/11/17 revealed she has inappropriate behaviors of physical aggression, non-compliance and elopement. Further review revealed she has a behavior support plan to address these inappropriate behaviors. Additional review of the IPP revealed the following objectives: set glasses and dirty dishes in bin, wash her face, behavior support program to address inappropriate behaviors, put underwear in dresser, trace letters of the alphabet and wiping down dining room table. There was no training listed in the area of privacy.</p> <p>Interview on 11/6/18 with the Program Director revealed direct care staff had told management staff client #1 sometimes wanders into the bedroom of another client if not monitored. Additional interview revealed the team address this by a badge system that has been implemented to monitor client #1's whereabouts. However further interview revealed the team has not considered client #1 for training in the area of privacy.</p>	W 242			