

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

PRINTED: 01/07/2019  
FORM APPROVED  
OMB NO. 0938-0391

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  C 12/31/2018
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 156	<p><b>STAFF TREATMENT OF CLIENTS</b> CFR(s): 483.420(d)(4)</p> <p>The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident.</p> <p>This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to assure the local officials specifically the local department of social services was notified according to their own policy. The finding is:</p> <p>The facility did not report to the local Department of Social Services upon initiation of the investigation.</p> <p>Review on 12/31/18 of the facilities investigations revealed an investigation for an allegation of neglect that occurred on 12/8/18. This investigation was initiated immediately and completed within the five working days required by federal regulation and the depart of social services was notified on 12/14/18. However, review of the facility policies revealed the following "investigation procedures": "The local Department of Social Services shall be notified upon initiation of the investigation."</p> <p>Interview with management on 12/31/18 revealed they were aware of their own failure to notify the local department of social services upon initiation of the investigation. The management indicated they were not sure how the failure occurred.</p>	W 156	<p>In the future, the results of all investigations will be reported to all designated representatives and/or officials' in accordance to state laws within 5 working days and local agencies specifically Department of Social services according to their policy upon initiation of an investigation. The administrator will be retrained on IRIS (Incident Response and Reporting System).</p> <p>The Assigned facility Executive Director will monitor all investigations at least monthly.</p> <p><b>DHSR - Mental Health</b></p> <p><b>JAN 14 2019</b></p> <p><b>Lic. &amp; Cert. Section</b></p>	1-30-19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Fontaine Swain* Chief Operations Officer 1-11-2019

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.