STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G071	A. BUILDING _____ B. WING _____	04/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SKILL CREATIONS OF TARBORO	811 WESTERN BOULEVARD TARBORO, NC 27886

(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 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observations, interviews and record review, the facility failed to assure continuous and consistent active treatment included formal and informal times of choice and integrated activities. This affected 1 of 4 audit clients (#3). The finding is: Client #3 did not have continuous and consistent active treatment which included provision of leisure choices. During observations on 4/8/19 from 3:00pm until 3:45pm client #3 leaned to the left side of her wheelchair with her head in her hand and her eyes closed. A magazine was in front of her and at 3:45pm, staff C asked her if she was sleepy but client #3 did not move/respond or reply in anyway. Staff B sat near her looking through a magazine by herself. Client #3 continued to sleep in this position until 4:00pm, at which time staff A, B and C gathered all magazines, put them up and took the individuals to the other room. Once in the other activity area, client #3 who remained in the same position with her eyes closed, was ignored until 4:15pm when staff C said, "[Client	W 249		

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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W 249	Continued From page 1 #3] you need to wake up." Client #3 did not respond or move from her chin in the hand leaning to the left side position and her eyes remained closed. At 5:30pm, client #3 was moved to a row of individuals talking about dinner and preparing for dinner. Although she was put into this activity, she was not given a choice or called on during this discussion. At 5:55pm, she was moved to the table for dinner. During all observations no choices were provided to her. Interview with staff A and B on 4/8/19 confirmed this was a "typical afternoon." Interview with staff C revealed client #3 does not always sleep like this. Review on 4/8/19 of client #3's individual program plan (IPP) dated 10/3/18 revealed she can make choices by reaching out. The plan also included communication guidelines and range of motion exercises that could be integrated throughout her day. Interview with management staff on 4/9/19 confirmed staff should offer choices when individuals are not interested in the group activity.	W 249		
W 369	DRUG ADMINISTRATION CFR(s): 483.460(k)(2) The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to assure all medications were given without error. This	W 369		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G071	A. BUILDING _____ B. WING _____	04/09/2019

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W 369	Continued From page 2 affected 1 of 4 audit clients (#1). The finding is: Staff failed to administer all of client #1's medications without error. During observations on 4/9/19 of the 8:00am medication administration pass on 4/9/19, Client #1 received all oral medications but did not receive eye drops or inhalers. Review on 4/9/19 of the doctor's orders signed 3/2/19 revealed,"Pulmacort 90mcg flexhale inhale one puff by mouth twice daily" (8am and 8pm). The orders further revealed "Sodium Chlor 5% Muro 128 5% eye drops place 1 drop in each eye twice daily" (8am and 8pm) and "Ketorolac 0.5% Ophth Solution place 1 drop in affected eye(s) four times daily" (8am, 12pm, 4pm, 8pm.) Interview with the medication technician on 4/9/19 at the end of the observation revealed she had given client #1 all of his 8am ordered medications. After the record review the interview with the same medication technician revealed she did forget the non-oral medications such as inhalers and eye drops.	W 369		