STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G040	A. BUILDING _____ B. WING _____	07/17/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SKILL CREATIONS	2101 ROYALL AVE GOLDSBORO, NC 27534

(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
E 004	Develop EP Plan, Review and Update Annually CFR(s): 483.475(a) [The [facility] must comply with all applicable Federal, State and local emergency preparedness requirements. The [facility] must develop establish and maintain a comprehensive emergency preparedness program that meets the requirements of this section.] * [For hospitals at §482.15 and CAHs at §485.625(a):] The [hospital or CAH] must comply with all applicable Federal, State, and local emergency preparedness requirements. The [hospital or CAH] must develop and maintain a comprehensive emergency preparedness program that meets the requirements of this section, utilizing an all-hazards approach. The emergency preparedness program must include, but not be limited to, the following elements:] (a) Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be [reviewed], and updated at least annually. * [For ESRD Facilities at §494.62(a):] Emergency Plan. The ESRD facility must develop and maintain an emergency preparedness plan that must be [evaluated], and updated at least annually. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the Emergency Preparedness (EP) plan was reviewed and updated at least annually. The finding is: The facility's EP plan was not reviewed or updated annually.	E 004		

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

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E 004	Continued From page 1 Review on 7/16/19 of the facility's EP plan revealed no date. Further review of the plan did not include evidence of an annual review or update. Interview on 7/17/19 with the Qualified Intellectual Disabilities Professional (QIDP) revealed she was not aware if the EP plan had been reviewed or updated.	E 004		
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, record reviews, and interviews, the facility failed to ensure 2 of 3 audit clients (#3, #6) received a continuous active treatment plan consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the area of objective implementation, adaptive equipment use and participation with medication administration. The findings are: 1. Client #3's medication administration guidelines were not implemented as written.	W 249		

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W 249	Continued From page 2 During morning observations of medication administration in the home on 7/17/19 at 7:35am, client #3 was given a choice of drinks. The nurse prepared the medications, fed them to the client and threw away trash. During an interview on 7/17/19, when asked how client #3 participates with the med pass and if she has any goals which are implemented at this time, the facility's nurse revealed the client "knows her medications" and they go over them with her. Additional interview indicated client #3 was not capable of performing any physical tasks due to contractures in her hands/arms. Review on 7/17/19 of client #3's IPP dated 2/5/19 revealed a service goal (19-S) for medication administration (revised 9/21/18). Additional review of the guidelines noted, "Med staff will review the names and purpose of her medication with her and she will repeat it..." Interview on 7/17/19 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #3's service goal was current and should have been implemented during the med pass. 2. Client #6's mealtime objectives were not implemented as written. During lunch observations in the home on 7/16/19 at 1:01pm, Staff B cleared client #6's dirty dishes without prompting or assisting her to participate with this task. During dinner observations in the home on 7/17/19 at 6:51pm, Staff I wiped client #6's mouth during the meal without prompting or assisting her to participate with this task.	W 249		

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W 249	Continued From page 3 Interview on 7/17/19 with Staff B revealed client #6 can put her items in a bin after meals, wipe her mouth and feed herself with assistance. Review on 7/17/19 of client #6's IPP dated 10/9/18 revealed objectives to put her cup in the bin with gestures for 14 consecutive months (implemented 10/31/18) and to wipe her mouth with prompts for 5 consecutive sessions (implemented 1/11/19). Interview on 7/17/19 with the QIDP confirmed the objectives were current and should be implemented as written. 3. Client #6's adaptive dining mat was not provided at dinner. During dinner observations in the home on 7/16/19 at 6:44pm, client #6 was assisted to consume her meal using a scoop plate, wide based cup, cloth napkin and built-up handle spoon. No dycem mat was utilized. Review on 7/16/19 of client #6's IPP dated 10/9/18 revealed she utilizes a scoop plate, built-up handle spoon, wide based cup, dycem mat and cloth napkin at meals. Interview on 7/17/19 with the QIDP confirmed client #6 should use a dycem mat at meals.	W 249		