

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

PRINTED: 08/19/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G084</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/14/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SKILL CREATIONS OF GREENVILLE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2701 W 5TH STREET GREENVILLE, NC 27835</b>
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(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
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W 249	<p><b>PROGRAM IMPLEMENTATION</b> CFR(s): 483.440(d)(1)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on record reviews, observations and interviews, the facility failed to ensure each client received a continuous active treatment plan consisting of needed interventions and services identified in the individual program plan (IPP) in the areas of active treatment and behavior management. This affected 2 of 5 audit clients (#1, #7). The findings are:</p> <p>1. Client #1 was not provided with his assistive device as required.</p> <p>Review on 8/13/19 of Client #1's IPP dated 4/17/19 revealed that Client #1 wears palm rollers throughout the day to keep moisture from building up in his palms and skin breakdown due to his fingers being contracted. Further review of Client #1's record revealed guidelines for wearing palm rollers that should be worn throughout the day and taken off at night.</p> <p>During afternoon observations in the home on 8/13/19 from 3:45pm until 6:45pm, Client #1 was observed without his palm rollers.</p>	W 249		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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 249	<p>Continued From page 1</p> <p>Interview on 8/14/19 with the Qualified Intellectual Disabilities Professional (QIDP) revealed that the palm rollers should be worn throughout the day and the guidelines in Client #1's record are current.</p> <p>2. Staff did not consistently implement client #7's behavior support plan (BSP) as written.</p> <p>During afternoon observations in the home on 8/13/19 at 3:56pm, Client #7 was observed slapping himself in the head for a total of 5 times, taking his shirt off and biting his hand. Staff were observed to ignore the behavior. Client #7 then came into the other dayroom at 3:59pm and continued hitting his head. His face was red and puffy on the side he hit.</p> <p>Further observations at 4:01pm while Client #1 was waiting for his medication, he was observed slapping his head for a total of 3 times and stomping his feet.</p> <p>Review on 8/13/19 of client #7's BSP implemented on 4/5/18 and revised on 10/30/18 noted that his target behaviors include self-injury. This plan noted client #7 should immediately be interrupted if he engages in self-injury. According to the plan, this interruption should begin with a verbal prompt and work through to physical prompts as needed.</p> <p>Interview on 8/13/19 with the QIDP of the facility confirmed the plan is current and should have been consistently implemented as written.</p>	W 249			
W 288	<p>MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3)</p>	W 288			

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W 288	Continued From page 2 Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program.  This STANDARD is not met as evidenced by: Based on record review and confirmed with interview, the facility failed to assure all techniques to manage behavior were incorporated into an active treatment program. This affected 1 of 5 audit clients (#6). The finding is:  Client #6's use of Melatonin to aid in sleep was not incorporated into an active treatment plan.  Review on 8/14/19 of client #6's physician's orders dated 6/27/19 revealed he is prescribed Melatonin for sleep.  Review on 8/14/19 of Client #6's active treatment plan revealed a behavior support plan (BSP) implemented 2/20/18. Further reviewed of the BSP revealed no mention of Melatonin for sleep.  Interview on 8/14/19 with the qualified intellectual disabilities professional (QIDP) confirmed client #6 receives Melatonin to help him sleep and she revealed there is a new program out for consent that probably has the Melatonin in the program.	W 288			
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.	W 369			

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W 369	<p>Continued From page 3</p> <p>This STANDARD is not met as evidenced by: Based on observations and confirmed with record reviews and interviews, the facility failed to assure all medications were given as ordered. This affected 2 of 5 audit clients residing in the facility (#1 and #5). The findings are:</p> <p>1. Client #1 did not receive the correct dose of Miralax.</p> <p>During observations on 8/14/19, client #1 received his medications at 9:00am. During the medication pass the nurse assisted him by preparing 17 grams of Miralax in 8 ounces of water. However, he refused to drink all but a couple of sips of this medication.</p> <p>Review on 8/14/19 of the physician's orders dated 6/26/19 confirmed client #1 should have received Miralax 17 grams in the morning.</p> <p>Interview on 8/14/19 with the Nurse and Acting Director confirmed client #1 should have received the dose as ordered.</p> <p>2. Client #5 did not receive the correct does of her Depakene.</p> <p>During observations on 8/13/19 at 4:05pm, client #5 received her medications. The nurse assisted her by drawing up into a syringe Valporic Acid for Depakene. The measurement was 5 ml. However when she fed this to her in a small medicine cup and a large portion of it drained back out of her mouth.</p> <p>Review on 8/14/19 of the physician's orders dated 6/26/19 confirmed client #5 should have received the full 5 ml of medication.</p>	W 369			

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W 369	Continued From page 4	W 369			
W 447	<p>Interview on 8/13/19 with the nurse confirmed there was medication that drained or drooled out of client #5's mouth. She did not know the amount. She indicated they will explore other ways of her taking her medications.</p> <p><b>EVACUATION DRILLS</b> CFR(s): 483.470(i)(2)(iii)</p> <p>The facility must file a report and evaluation on each evacuation drill.</p> <p>This STANDARD is not met as evidenced by: Based on document review and interview, the facility failed to ensure a report of each evacuation drill was completed. The finding is:</p> <p>Fire drill reports had not been completed.</p> <p>Review on 8/13/19 of the facility's fire drill evacuation book revealed no reports could be located for April 2019 - June 2019.</p> <p>Interview on 8/13/19 with the Qualified Intellectual Disabilities Professional (QIDP) revealed that fire drills had been done for April 2019 - June 2019. However, no reports had been completed.</p>	W 447			