

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

PRINTED: 10/17/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G244	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/16/2019
NAME OF PROVIDER OR SUPPLIER SCI-DUPLIN HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 120 ORVILLE STREET WARSAW, NC 28398	
(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 255	<p>PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(1)(i)</p> <p>The individual program plan must be reviewed at least by the qualified intellectual disability professional and revised as necessary, including, but not limited to situations in which the client has successfully completed an objective or objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure client #3's Individual Program Plan (IPP) was revised after she had completed an objective. This affected 1 of 3 audit clients. The finding is:</p> <p>Client #3's IPP was not revised after she had completed 1 of 4 objectives.</p> <p>Review on 10/15/19 of client #3's IPP dated 11/19/18 revealed an objective, "Over the next calendar year, [Client #3] will not have more than 4 episodes of inappropriate behavioral outbursts per month for 10 out of 12 calendar months." Review of the psychology progress notes from January 2018 - August 2019 revealed the following behavioral episodes:</p> <p>01/18 - 2 02/18 - 2 03/18 - 3 04/18 - 1 05/18 - 2 06/18 - 1 07/18 - 2 08/18 - 0 09/18 - 0 10/18 - 0 11/18 - 1 12/18 - 2</p>	W 255	<p>Client # 3 behavior program will be reviewed and updated immediately as well as any other objectives identified in client # 3 and all clients' Person Center Plans found to be out of date. Staff will be retrained to report the completion of goals immediately. In the future, the QP and psychologist will monitor each client's behavior program progress in order to preplan for a follow up goal. If at any point the psychologist is not available to do regular monitoring of progress, the QP will monitor behavior data to determine progress. When the goal data reflects the goal is nearing completion, a core meeting will be held to establish a replacement goal to update client # 3 and all client Person Centered Plans. The QP will monitor progress notes at least quarterly and follow up on needs identified to update clients' Person Centered Plans (IPP).</p> <p style="text-align: center;">RECEIVED OCT 25 2019 DHSR-MH Licensure Sect</p>	12-14-19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Fatane Suir* TITLE: Chief Operating Officer (X6) DATE: 10-24-2019

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.

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NAME OF PROVIDER OR SUPPLIER SCI-DUPLIN HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 120 ORVILLE STREET WARSAW, NC 28398		
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W 255	Continued From page 1 01/19 - 2 02/19 - 1 03/19 - 1 04/19 - 1 05/19 - 1 06/19 - 1 07/19 - 0 08/19 - 1	W 255			
W 257	Interview on 10/16/19 with the Director confirmed client #3 has consistently had few behaviors and has remained well below the identified criteria for at least 20 months. PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(1)(iii) The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client is failing to progress toward identified objectives after reasonable efforts have been made. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure client #4's Individual Program Plan (IPP) was revised after she failed to progress towards identified objectives. This affected 1 of 3 audit clients. The finding is: Client #4's IPP was not revised after she failed to make progress towards 1 of 3 objectives. Review on 10/15/19 of client #4's IPP dated 4/29/19 revealed an objective to wash her clothes using gestures for 10 consecutive sessions (4 steps, implemented 11/9/18). Review of progress	W 257	A new goal or goal revision will be developed for client # 4. In the future, if client # 4 or any clients are not making progress within 3 months, a core team meeting will be held by the QP to determine needed revisions and/or changes to determine a more realistic goal or criterion to foster client # 4 and all client's ability to maximize their independence. The Director will monitor progress monthly and report to the QP. The QP will review the clients progress at least quarterly and follow up with noted concerns or updates identified for all clients Person Centered Plans (IPPs).	12-14-19	

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W 257	Continued From page 2 notes for the objective revealed the following: 12/18 - Step 1, "No progress" 01/19 - Step 1, "No progress" 02/19 - Step 1, "No progress" 03/19 - Step 1, "No progress" 04/19 - Step 1 05/19 - Step 1, "No progress" 06/19 - Step 1, "No progress" 07/19 - Step 1 08/19 - Step 1 During an interview on 10/16/19, the Director acknowledged the objective was in need of revisions.	W 257			



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Skill Creations, Inc.

Post Office Box 1636

Goldsboro, North Carolina 27533-1636

Telephone: (919)734-7398 Fax: (919)735-5064

"Creating Life Skills With Those We Serve"



Fax Transmission

To: Ms. Lesa Williams
Mental Health Licensure and Certification Section
NC Division of Health Service Regulation

919-715-8078

From: Fontaine Swinson

Date: 10/24/2019

Here is the Plan of Correction for:

SCI Duplin House
Provider Number 34G244, MHL031-009

If you have any questions, do not hesitate to contact me. I can be reached via email
or by telephone at : fontaine.swinson@skillcreations.com; phone number 919-920-4476

The original is being sent by US Mail.

Thank you,



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

October 18, 2019

Ms. Fontaine Swinson, COO
Skill Creations, Inc.
P.O. Box 1636
Goldsboro, NC 27533

Re: Recertification Survey Completed on October 15 - 16, 2019
SCI-Duplin House, 120 Orville St., Warsaw, NC 28398
Provider Number: 34G244
MHL Number: MHL031-009
E-mail Address: fontaine.swinson@skillcreations.com

Dear Ms. Swinson:

Thank you for the cooperation and courtesy extended during the recertification survey completed October 16, 2019. This survey was required for continued participation in the Medicaid program.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form (CMS-2567). The purpose of the Statement of Deficiencies is to provide you with specific details of the practices that do not comply with regulations. You must develop one Plan of Correction that addresses each deficiency listed on the CMS-2567 form and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance and what to include in the Plan of Correction.

Type of Deficiencies Found

- All tags cited are standard level deficiencies.

Time Frames for Compliance

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is December 14, 2019.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the CMS-2567 Form.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. **Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.**

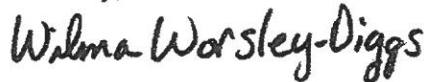
Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

Please be advised that additional W tags may be cited during the Life Safety Code portion of the recertification survey.

A follow-up visit will be conducted to verify all deficient practices have been corrected. If we can be of further assistance, please call Wilma Worsley-Diggs at 919-612-5520.

Sincerely,



Wilma Worsley-Diggs, M.Ed., QIDP
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Enclosures

Cc: DHSRreports@eastpointe.net
Leza Wainwright, Director, Trillium Health Resources LME/MCO
Fonda Gonzales, Interim Quality Management Director, Trillium Health
Resources LME/MCO
File