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| 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 R 12/23/2019 |
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| NAME OF PROVIDER OR SUPPLIER SKILL CREATIONS OF CLINTON | STREET ADDRESS, CITY, STATE, ZIP CODE 223 FOREST TRAIL CLINTON, NC 28328 |
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| W 000 | INITIAL COMMENTS A revisit was conducted on 12/23/19 for all previous deficiencies cited on 9/24/19. The following deficiencies have been corrected, W186, W216, W249, W368 and W436 with W369 remaining out of compliance. In addition, new noncompliance was found. The facility is out of compliance. | W 000 | | |
| W 325 | PHYSICIAN SERVICES CFR(s): 483.460(a)(3)(iii) The facility must provide or obtain annual physical examinations of each client that at a minimum includes routine screening laboratory examinations as determined necessary by the physician. This STANDARD is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure lab work was obtained as ordered by the physician for 1 of 4 audit clients (#15). The finding is: Lab work for client #15 was not obtained as ordered. Review on 12/23/19 of client #15's current physician's order dated 10/29/19 revealed the following: "CBC with Didd, Ferritin... in 1 to 2 weeks." Additional review of client #15's current record revealed the client had been admitted to hospital for loss of blood from unknown source. During an interview on 12/23/19, the qualified intellectual disabilities professional (QIDP) confirmed client #15's record did not indicate any labs drawn lab after the order was written. Further | W 325 | | |

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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 325 | Continued From page 1 | W 325 | | | |
| W 340 | <p>interview with the facility's nurse via the phone revealed the physician's order was current and the lab draw was not completed as ordered.</p> <p>NURSING SERVICES CFR(s): 483.460(c)(5)(i)</p> <p>Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure that staff passing medications, were competent in their duties. This had the potential to affect all clients. The findings are:</p> <p>Staff contributed to medication errors, unsecured medication room, did not utilize pharmacy services to refill medication.</p> <p>During morning observations in the home on 12/23/19 at 9:13 am, Staff C had already pre-punched the morning meds for clients #7 and #15, without either client being present.</p> <p>During interview with Staff C on 12/23/19, she did not offer an explanation for why the medication was prepared in advance of clients.</p> <p>During interview with the qualified intellectual disabilities professional (QIDP) on 12/23/19, she shared that staff handling medications have been trained on what to do. The QIDP commented that the issues witnessed today might be the result of</p> | W 340 | | | |

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| W 340 {W 369} | Continued From page 2 bad habits by staff. 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 observation, record review and interviews, the facility failed to administer medications for 1 of 4 audit clients (#5) without error. Client #5 did not receive prescribed dose of medication. During morning observations in the home on 12/23/19 at 7:53 am, client #5 did not receive her dose of Levonor as ordered by the physician. During the interview with Staff C on 12/23/19, she acknowledged that yesterday was the last time the dose of Levonor was given to client #5 and the medication had not been restocked. During the interview with the qualified intellectual disabilities professional (QIDP) on 12/23/19, stated that she was informed this morning by Staff C that she was unable to give a medication to client #5 during medication administration. | W 340 {W 369} | | | |
| W 382 | DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) The facility must keep all drugs and biologicals locked except when being prepared for administration. | W 382 | | | |

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| W 382 | Continued From page 3 This STANDARD is not met as evidenced by: Based on observation and record review, the facility failed to ensure that the medication room remained lock, when not in use. The finding is: The medication room was unsecured and unsupervised. During morning observations in the home on 12/23/19 at 9:21 am, Staff C left the medication room, pulling the door behind her, to get client #7 to come take his medication. When Staff C and client #7 arrived at the medication room, Staff C opened the door without using her key. On the counter was a tray of pre-pulled medications for client #7. During the interview with Staff C on 12/23/19, she acknowledged that she forgot to lock the medication room door and apologized. During an interview with the qualified intellectual disabilities professional (QIDP) on 12/23/19, she commented that medications should be locked up. | W 382 | | | |
| W 392 | DRUG LABELING CFR(s): 483.460(m)(3) Drugs and biologicals packaged in containers designated for a particular client must be immediately removed from the client's current medication supply if discontinued by the physician. This STANDARD is not met as evidenced by: | W 392 | | | |

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| W 392 | Continued From page 4 Based on observations, record review and interview, the facility failed to assure all medications packaged in containers designated for a particular client was immediately removed from the client's current medication supply when the client was discharged to another facility. This affected 1 of 2 discharged clients. The finding is: One of the discharge client medication were not removed immediately from medication room and handed over to the guardian. During the medication administration observations in the home 12/23/19 at 10:30am, One of the two transfered client medication were in the medication cabinet. "Trazadone 50mg." Review on 12/23/19 of facility's discharge summary dated 7/1/19 revealed, The client was discharge on 7/1/19 to another facility and his medication given to the guardian During an interview on 12/20/19, the nurse revealed (Via Phone) the medication should have been removed given to the client's guardian during discharge. | W 392 | | | |
| W 460 | FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. This STANDARD is not met as evidenced by: Based on observations, record review and staff interviews, the facility failed to ensure the proper consistency of liquid for 1 of 6 (#15) audited | W 460 | | | |

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| W 460 | <p>Continued From page 5 clients. The findings is:</p> <p>Client #15 was able to drink thinned liquids during medication administration.</p> <p>During morning observations in the home on 12/23/19 at 9:13 am, client #15 came to the medication room and sat on a chair in the hall, outside the door. Next to the small table, were a pitcher of water and apple juice (thinned liquids). Staff C left client #15 in the hall, as she gathered his medication and removed a thickened container of water from the refrigerator, inside of the medication room. While Staff C was busy, client #15 helped himself to a cup left on the table and poured a cup of apple juice, and then quickly drank it.</p> <p>During the interview with Staff C on 12/23/19, she indicated that she didn't see client #15 take a drink from the pitcher of thinned apple juice on the hall table. She mentioned that client #15 was supposed to have thickened liquids which is why she had removed the container from the refrigerator to offer to client #15.</p> <p>During the interview with the nurse on 12/23/19, she mentioned that client #15 needed thickened liquids to avoid coughing. The nurse further communicated that they'll need to come up with a plan to remove pitchers of thinned liquids from the hall, so that client #15 wouldn't be tempted.</p> | W 460 | | | |