

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

PRINTED: 01/29/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G063</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/28/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>SKILL CREATIONS OF KINSTON</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>901 DOCTORS DRIVE KINSTON, NC 28503</b>		
(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 137	<p><b>PROTECTION OF CLIENTS RIGHTS</b> CFR(s): 483.420(a)(12)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure 1 of 8 audit clients (#5) had the right to appropriate fitting clothing. The finding is:</p> <p>Client #5 did not wear clothes which fit appropriately.</p> <p>During observations in the home on 1/27/2020 at 5:16pm, client #5 stood up from a recliner and her pants were hanging loose on her hips. Further observations revealed client #5's buttocks was visible. Additional observations revealed client #5 pulling up her pants at 5:18pm while she was walking. At 5:24pm, client #5 again stood up from the recliner and her buttocks was visible. During this time a staff person told client #5 "Pull up your pants and pull down your shirt." Further observations revealed at 5:32pm, client #5 stood up and began walking and a staff person said, "Pull your pants up." Client #5 was observed from 5:53pm thru 5:55pm, pulling up her pants due to the being low on her hips and her buttocks being visible. Additional observations revealed at 6:31pm, client #5 pulling up her pants while walking over to the couch and at 6:34pm, pulling up her pants while she was walking down the hallway. At no time was client #5 prompted to change her pants.</p>	W 137	<p>All staff will receive training on Client rights. This training will focus on clients rights to retain and use appropriate personal possessions and clothing. Client #5 will be provided clothing that are appropriate and fitting. All clients clothing will be assessed for appropriate fitting and use appropriate personal possessions. Any clothing needs identified will be provided for all clients.</p> <p>The Director and/or Program Coordinator will monitor the fitting and appearance of all clients daily and document 2 times weekly their findings, following up on any noted concerns. The Director will monitor for client rights restrictions 2 times weekly and follow up on any concerns. The Executive Director will monitor once monthly.</p> <p><b>DHSR - Mental Health</b></p> <p><b>FEB 13 2020</b></p> <p><b>Lic. &amp; Cert. Section</b></p>	3-28-20	
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE	(X6) DATE	
<i>Fantasia Suman</i>			Chief Operations Officer	2-8-2020	

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 137	Continued From page 1 Review on 1/28/2020 of client #5's individual program plan (IPP) dated 11/12/19 stated, "She chooses clothing...."  During an interview on 1/28/2020, the program coordinator stated client #5 relies on staff to ensure her clothes are fitting properly.  During an interview on 1/28/2020, the director revealed the facility buys all of client #5's clothing. Further interview revealed client #5 relies on staff to ensure her clothes are fitting properly.	W 137		
W 240	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(i)  The individual program plan must describe relevant interventions to support the individual toward independence.  This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #4's Individual Program Plan (IPP) included relevant interventions to support his independence. This affected 1 of 8 audit clients. The finding is:  Client #4's IPP did not include specific information regarding the use of his platform chair.  During observations in the home on 1/27/2020 at 11:19am, client #4 was observed to be sitting in a platform chair (chair bolted to a covered board). At 12:00pm, Staff D was observed to push the platform chair across the room to the dining table for lunch.  Additional observations in the home on 1/27/2020	W 240	An interim core meeting will be held regarding relevant interventions to support client #4's independence. Client #4 individual program plan will be updated as determine appropriate by the team to provide speific information regarding the use of a platform chair. A service goal will be developed that outlines specific strategies regarding the use of the platform chair for client #4 as deemed appropriate by the team to foster client #4's independence. All staff will receive training regarding the use of the platform chair if sanctioned by the team to appropriate. In the future any special adaptive equipment and/or services provided for a client will be clearly outlined in their individual program plan, assigned a service number, instructions clearly outlined and all staff inserviced. The Regional QP will assure all	3-29-20

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W 240	<p>Continued From page 2</p> <p>at 3:42pm revealed client #4 sitting in the platform chair at the table cleaning his personal hygiene kit. At 3:56pm, Staff B was observed to push client #4 across the room to the center of the room to participate in a different activity. At 4:34pm, Staff C was observed to push the platform chair back to the table to do a different activity. At 5:03pm, Staff B pushed the platform chair back to the center of the room for relaxation time. At 5:57pm, the chair was pushed to the dining table in preparation for dinner.</p> <p>Observations in the home on 1/28/2020 at 7:52pm, client #4 was pushed into the room via wheelchair by Staff D and transferred to the platform chair where he remained sitting the duration of breakfast.</p> <p>Review on 1/27/2020 of client #4's IPP dated 9/17/2019 revealed that client #4 is supported by adaptive equipment consisting of bedrails, shower chair, plate guard and non-skid placemat.</p> <p>Review on 1/28/2020 of client #4's physical therapy (PT) evaluation dated 3/19/2019 revealed client #4 is supported by adaptive equipment consisting of a wheelchair.</p> <p>Interview on 1/28/2020 with Staff A revealed client #4 uses the platform chair because he will tilt his chair back and fall to the floor, which has resulted in injury in the past. Staff A also revealed that client #4 is not ambulatory so the chair is slid as a way to move him from one location to another.</p> <p>Interview on 1/28/2020 with the facilities director and executive director revealed that the platform chair is part of his BSP due to client #4 tilting his chair back and falling to the floor. However, after</p>	W 240	<p>revelant information/interventions are clearly outlined for client #4 and all clients when developing their individual program plans and any-time a new need is identified. The Director will monitor at least 1 time per week and the Regional QP will monitor quarterly.</p>		

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W 240	Continued From page 3 review of the BSP, they stated this information was incorrect. The executive director also revealed that the platform chair should not be used as a means of transferring client #4 from one area to another but instead should be identified for its intended purpose.	W 240			
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 observation, interviews and record reviews, the facility failed to ensure each client received a continuous active treatment program consisting of needed interventions and services identified in the individual program plan (IPP) in the areas of dining skills, ambulation and dining guidelines. This affected 5 of 8 audit clients (#4, #5, #7, #8, #13). The findings are:  1. Clients #5, #7, #8 and #13 were not prompted to use a knife during dining.  a. During dinner observations in the home on 1/27/2020 at 6:08pm, client #7 began using her fingers to pull apart her pork chop. Further observations revealed client #7 ate her pork chop with her fingers twenty-eight times. Additional	W 249	All staff will receiving training in: ICF-IID Level of Care Basics: * Active Treatment * Encouraging Independence * Teaching Cues * Providing the least amount of assistance necessary * Clients #5, 7,8 and 13 provided and use of a knife during meals * All clients usage and provided a knife during dining/meals * Client #13 provided assistance using a knife during meals as identified appropriate on his adaptive behavior scale * Client #5 will be reassessed to determine needed training to use a knife. An interim core meeting will be held to determine the level of assistance warrant to foster Client #5 success using a knife during meals and a goal and/or service developed as determine appropriate by the team * Client #4 mealtime guidelines * All clients mealtime guidelines * Client #4 ambulation guidelines * All clients ambulation guidelines The Director will monitor these programs at least 3 times a week		

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W 249	<p>Continued From page 4</p> <p>observations revealed client #7 did not have a knife at her place setting. At no time was client #7 prompted to obtain a knife to cut her pork chop.</p> <p>During breakfast observations in the home on 1/28/2020 at 8:08am, client #7 began using her fingers to pull apart her sausage patty. Further observations revealed client #7 ate her sausage patty with her fingers eight times. Additional observations revealed client #7 did not have a knife at her place setting. At no time was client #7 prompted to obtain a knife to cut her sausage patty.</p> <p>Review on 1/28/2020 of client #7's adaptive behavior scale (2019) revealed she is able to independently use the proper utensils while eating.</p> <p>During an interview on 1/28/2020, the program coordinator revealed client #7 can independently use a knife while eating.</p> <p>During an interview on 1/28/2020, the director revealed client #7 should have been prompted to obtain a knife.</p> <p>b. During dinner observations in the home on 1/27/2020 at 6:19pm, client #8 began using her fingers to pull apart her pork chop. Further observations revealed client #8 ate her pork chop with her fingers fifty-two times. Additional observations revealed client #8 did not have a knife at her place setting. At no time was client #8 prompted to obtain a knife to cut her pork chop.</p> <p>During breakfast observations in the home on</p>	W 249	and the Executive Director will Monitor monthly and address any noted concerns with further training identified as needed		

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W 249	<p>Continued From page 5</p> <p>1/28/2020 at 8:09am, client #8 began using her fingers to pull apart her sausage patty. Further observations revealed client #8 ate her sausage patty with her fingers four times. Additional observations revealed client #8 did not have a knife at her place setting. At no time was client #8 prompted to obtain a knife to cut her sausage patty.</p> <p>Review on 1/28/2020 of client #8's adaptive behavior scale (2019) revealed she is able to independently use the proper utensils while eating.</p> <p>During an interview on 1/28/2020, the program coordinator revealed client #8 uses a "cutter fork" which is used to assist her with cutting her food during meals.</p> <p>During an interview on 1/28/2020, the director stated client #8 should have been prompted to use her "cutter knife" while eating.</p> <p>c. During dinner observations in the home on 1/27/2020 at 6:08pm, client #13 began using his fingers to pull apart his pork chop. Further observations revealed client #8 ate his pork chop with his fingers eight times. Additional observations revealed client #13 did not have a knife at his place setting. At no time was client #8 prompted to obtain a knife to cut his pork chop.</p> <p>During breakfast observations in the home on 1/28/2020 at 8:08am, client #13 began using his fingers to pull apart his sausage patty. Further observations revealed client #13 ate his sausage patty with his fingers six times. Client #13 then served himself a second sausage patty and ate it using his fingers seven times. Additional</p>	W 249		
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W 249	<p>Continued From page 6</p> <p>observations revealed client #13 did not have a knife at his place setting. At no time was client #13 prompted to obtain a knife to cut his sausage patty.</p> <p>Review on 1/28/2020 of client #13's adaptive behavior scale (2019) revealed he is unable to independently use the proper utensils while eating.</p> <p>During an interview on 1/28/2020, the program coordinator revealed client #13 requires hand over hand assistance to use a knife to cut his food.</p> <p>During an interview on 1/28/2020, the director revealed client #13 should have been offered a knife.</p> <p>d. During breakfast observations in the home on 1/28/2020 at 8:12am, client #5 picked up her sausage patty and began eating it with her fingers. Further observations revealed client #5 ate her sausage patty with her fingers seven times. Additional observations revealed client #5 did not have a knife at her place setting. At no time was client #5 prompted to obtain a knife to cut her sausage patty.</p> <p>Review on 1/28/2020 of client #5's adaptive behavior scale (2019) revealed she is unable to independently use the proper utensils while eating.</p> <p>During an interview on 1/28/2020, the program coordinator stated client #5 refuses to use a knife while eating.</p> <p>During an interview on 1/28/2020, the director</p>	W 249			

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W 249	<p>Continued From page 7 revealed client #5 refuses to use a knife, but she does have the skill.</p> <p>2. Client #4's feeding guidelines were not followed.</p> <p>During observations in the home on 1/27/2020 at 12:11pm, client #4 was observed to eat lunch with Staff D sitting to his side. Staff D began the meal by picking up client #4's spoon, scooping his food and putting it in his mouth. At 12:16pm, Staff D was observed to begin using hand-over-hand assistance with feeding client #4. At 12:25pm, Staff D was observed to pick up the bowl of soup and put it to client #4's mouth and told him to drink. At 12:30pm, Staff D put a cup of water and then a cup of tea to client #4's mouth and told him to drink. At 12:35pm, Staff D was feeding client #4 a chopped cookie out of his bowl. At no time during the observation was client #4 encouraged to use his utensils independently to eat his food.</p> <p>Additional observations in the home on 1/27/2020 at 6:05pm revealed client #4 eating dinner. Staff C told client #4 to start eating. Client #4 picked up his spoon and began feeding himself. At 6:08pm, client #4 was using his hands to feel his food. Staff C told him to stop using his hands and to use his spoon. At 6:12pm, client #4 was feeling his food on his plate and Staff C told him to stop touching his food and use his spoon. At 6:15pm, client #4 was again using his hand to feel the food on his plate. Staff C moved client #4's hand out of the plate and said "Move your hand, use your spoon. At 6:25pm, Staff B told client #4 to use his spoon and not his fingers to feel his food.</p>	W 249			



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W 249	<p>Continued From page 8</p> <p>During observations in the home on 1/28/2020 at 8:19am, client #4 was eating breakfast. He used his hand to feel the food on his plate and then scooped the food with his spoon. Staff A was observed to take his hand and move it from his plate and placed her hand on his to hold his hand. At 8:21am, Staff A used a napkin to wipe client #4's mouth. At 8:22am, client #4 was eating his sausage out of a bowl and staff A was observed to move his hand out of his plate and put it down by the arm of his chair.</p> <p>Review on 1/27/2020 of client #4's IPP dated 9/17/2019 revealed that client #4 is able to feed himself independently and drink his liquids independently. He requires cues from staff to continue to eat, use his utensils, wipe his mouth and drink all of his liquids.</p> <p>Review on 1/28/2020 of client #4's record revealed mealtime guidelines. These guidelines are in place due to client #4 being blind and inconsistent with his eating habits. The guidelines revealed:</p> <ol style="list-style-type: none"> <li>1. Staff are to allow client #4 to use his other senses by smelling or using his hands to feel his food. If he does this, staff will tell him what the food items are.</li> <li>2. Staff will assist client #4 with wiping his hands if he chooses to feel his food.</li> <li>3. Any finger foods, client #4 will be allowed to continue using his hands.</li> <li>4. Staff will encourage him to use his utensils for appropriate food items.</li> <li>5. If he refuses to allow staff to manipulate him, staff will feed him if he's cooperative.</li> </ol> <p>Interview on 1/28/2020 with the director revealed client #4 is independent in feeding himself. Staff</p>	W 249			

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W 249	<p>Continued From page 9</p> <p>should not start the meal out by feeding him and should encourage him to feed himself.</p> <p>3. Client #4's ambulation guidelines were not followed.</p> <p>During observations in the home on 1/27/2020, client #4 was observed to be sitting in a platform chair in the day room. At 11:09am, Staff D was observed to transfer client #4 to a wheelchair and push him out of the room. At 11:16am, Staff D pushed client #4 back into the day room in his wheelchair. At 11:22am, Staff D was observed to push client #4 back out of the room in his wheelchair to go to the bathroom. At 11:30am, Staff D pushed client #4 back into the day room in his wheelchair. At 11:44am, Staff D pushed client #4 in his wheelchair to go take his medications.</p> <p>Additional observations in the home on 1/27/2020 at 4:37pm, Staff C was observed to walk client #4 out of the dayroom and down the hallway by holding onto his arm. At 4:42pm, Staff C walked back down the hallway and into the dayroom by holding onto client #4's arm. At 5:42pm, Staff C was observed to walk client #4 out of dayroom and down the hallway to the medication room to take his medication. Staff C was holding client #4's arm. At 5:57pm, Staff C walked with client #4 back to the dayroom and dining table by holding onto his arm.</p> <p>Observations in the home on 1/28/2020 at 7:52am revealed Staff D pushing client #4 into the dayroom in a wheelchair and then transferred to his platform chair.</p> <p>Review on 1/27/2020 of client #4's IPP dated 9/17/2019 revealed that client #4 is ambulatory</p>	W 249			

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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	
W 249	<p>Continued From page 10 and has a shuffled gait. He requires staff assistance when ambulating. Further review of client #4's IPP revealed a service for ambulation guidelines as a guide for staff to assist him when ambulating.</p> <p>Review on 1/28/2020 of client #4's record revealed ambulation guidelines dated 5/22/2019. The ambulation guidelines state "For staff to make sure he does not use the wheelchair within the building. Guide for ambulation, due to blindness, by holding his elbow or hand and using verbal prompts. May ambulate anywhere within the building. Use wheelchair for outings for safety."</p> <p>Further review on 1/28/2020 of client #4's record revealed a physical therapy (PT) evaluation dated 3/19/2019. The PT evaluation recommendations include:</p> <ol style="list-style-type: none"> <li>1. Guide for ambulation, due to blindness, by holding elbow or hand and using verbal prompts.</li> <li>2. May ambulate anywhere within the building. Use wheelchair for outings for safety (lack of familiarity).</li> </ol> <p>Interview on 1/28/2020 with Staff A revealed that client #4 does not ambulate. He has to use his wheelchair or is moved from one area to another using his platform chair.</p> <p>Interview on 1/28/2020 with the director revealed that client #4's uses a wheelchair because he will drop to the floor. The director stated that on second shift, client #4 can be walked with the assistance of two male staff only as he will drop to the floor if a female staff is walking him.</p>	W 249			
W 368	DRUG ADMINISTRATION	W 368			

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

PRINTED: 01/29/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G063</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/28/2020</b>
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W 368	<p>Continued From page 11 CFR(s): 483.460(k)(1)</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure two clients medication were administered in accordance with physician's orders. This affected 2 of 8 audits clients (#2, #4). The findings are:</p> <p>Client #2 and client #4 were not administered their medications as prescribed on the physician's order.</p> <p>a. During observations of medication administration on 1/27/2020 at 5:25pm, client #2 received two capsules of Cranberry 200mg. In addition, client #2 received one tablet of Senna Lax 8.6mg.</p> <p>Review on 1/28/2020 of client #2's physician's orders dated 10/31/2019 revealed an order for Cranberry 200mg, take two capsules by mouth two times a day at 8:00am and 8:00pm. Further review of the physician's order revealed an order for Senna Lax 8.6mg, take one tablet by mouth at bedtime, ordered for 8:00pm.</p> <p>Interview on 1/28/2020 with the facility nurse confirmed the order was current. The nurse revealed that medications can be given an hour before or an hour after their prescribed time. The nurse confirmed that the Cranberry 200mg capsules and Senna Lax 8.6mg tablet was not given at the correct time as prescribed.</p>	W 368	<p>In the future all drugs will be administered in compliance with the physician's orders. In the future Client #2 will receive Cranberry 200 mg capsules and Senna Lax 8.6 mg tablet as ordered and client #4 Tobradex eye ointment will be placed in both eyes two times daily as ordered. All clients will receive all medications s prescribed. All nurses and medication monitors will receive additional training on Medication Administration Policy 206-1 letter f regarding medication administration to prevent possible medication errors. The RN Team Lead will monitor at least monthly.</p>	3-28-20	

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W 368	Continued From page 12  b. During observations of medication administration on 1/27/2020 at 5:45pm, client #4 received Tobradex eye ointment. The staff administering the eye ointment was observed to put on latex gloves, put some of the ointment on his fingertip, then rub the ointment onto both upper eyelids and rub some ointment on the area below each eye.  Review on 1/28/2020 of client #4's physician's orders dated 10/31/2019 revealed an order for Tobradex eye ointment, place into both eyes two times daily.  Interview on 1/28/2020 with the facility nurse confirmed the order was current. The nurse demonstrated that the correct way to place the ointment into client #4's eyes is to hold the lower eyelid down and squeeze the ointment tube, placing the ointment into client #4's eyes. The nurse confirmed that the method used putting the ointment on the upper eyelids and below the eyes was incorrect.	W 368			
W 455	<b>INFECTION CONTROL</b> CFR(s): 483.470(l)(1)  There must be an active program for the prevention, control, and investigation of infection and communicable diseases.  This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure a sanitary environment was provided to avoid transmission of possible infection and prevent possible cross-contamination. This potentially affected all	W 455	All personnel will receive additional training in infection control to ensure a sanitary environment to avoid transmission of possible infection and prevent possible cross-contamination in all environments. Special procedures will be outlined to ensure universal precautions are followed with a special emphasis on cleaning of the blood pressure cuff and automatic machine as well as all equipment during medication administration. The CNO will develop a special	3-28-20	

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W 455	<p>Continued From page 13 clients residing in the home. The finding is:</p> <p>Universal precautions were not taken to promote client health and prevent possible cross-contamination.</p> <p>During observations on 1/27/2020 during medication administration, Staff C was observed to take client #4's blood pressure using a blood pressure cuff and automatic machine. During the observation, client #4 was observed to be heavily drooling. After taking client #4's blood pressure, Staff C was observed to wind the cord around the cuff and machine, place it in a bag, and put the bag in the cabinet in the medication room.</p> <p>Review on 1/27/2020 of client #4's individual program plan (IPP) dated 9/17/2019 revealed client #4 has a diagnosis of Chronic viral Hepatitis B.</p> <p>Interview on 1/28/2020 with the facility nurse revealed that per universal precautions, all medical equipment should be cleaned between uses. The nurse revealed that more importantly, the blood pressure machine should have been cleaned after being used on client #4 due to his diagnosis of Chronic viral Hepatitis B, as this is transmitted through secretions, including drool.</p>	W 455	<p>plan with written instructions posted in the medication room as a reminder for all medication monitor and nurses during medication administration to ensure the cleaning of all equipment. All nurses and medication monitor will be inserviced on written procedures.</p> <p>The Director will monitor 3 times a week and the RN Team Lead will monitor monthly.</p>		

\*\*\*\*\*  
 \*\*\* ERROR TX REPORT \*\*\*  
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TX FUNCTION WAS NOT COMPLETED

TX/RX NO 0981  
 DESTINATION ADDRESS 19197158078  
 DESTINATION ID  
 ST. TIME 02/08 20:19  
 TIME USE 00'00  
 PAGES SENT 0  
 RESULT NG # 0018 BUSY/NO SIGNAL



6

**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: 2/8/2020

Here is the Plan of Correction for:

**Skill Creations of Kinston**  
 Provider Number 34G063, MHL054-010

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](mailto:fontaine.swinson@skillcreations.com); phone number 919-920-4476

The original is being sent by US Mail.

Thank you,

\*\*\*\*\*  
 \*\*\* ERROR TX REPORT \*\*\*  
 \*\*\*\*\*

TX FUNCTION WAS NOT COMPLETED

TX/RX NO	0982	
DESTINATION ADDRESS	19197158078	
DESTINATION ID		
ST. TIME	02/08 20:26	
TIME USE	00'00	
PAGES SENT	0	
RESULT	NG	# 0018 BUSY/NO SIGNAL



6

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Thank you,





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## Fax Transmission

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Mental Health Licensure and Certification Section  
NC Division of Health Service Regulation  
  
919-715-8078

From: Fontaine Swinson

DHSR - Mental Health

Date: 2/8/2020

FEB 13 2020

Here is the Plan of Correction for:

Lic. & Cert. Section

Skill Creations of Kinston  
Provider Number 34G063, MHL054-010

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or by telephone at : [fontaine.swinson@skillcreations.com](mailto: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

January 30, 2020

Fontaine Swinson, COO  
Skill Creations, Inc.  
PO Box 1664  
Goldsboro, NC 27533

DHSR - Mental Health

FEB 13 2020

Re: Recertification Survey January 27 - 28, 2020  
Skill Creations of Kinston, 901 Doctors Drive, Kinston, NC 28501  
Provider Number 34G 063  
MHL# 054-010  
E-mail Address: [fontaine.swinson@skillcreations.com](mailto:fontaine.swinson@skillcreations.com)

Lic. & Cert. Section

Dear Ms. Swinson:

Thank you for the cooperation and courtesy extended during the recertification survey completed on January 28, 2020

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**

- Standard level deficiencies were cited.

**Time Frames for Compliance**

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is **March 28, 2020**.

**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.

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**

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](http://www.ncdhhs.gov/dhsr) • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

January 30, 2020  
Fontaine Swinson, COO  
Skill Creations, Inc.

*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

A follow up visit will be conducted to verify all deficient practices have been corrected. If we can be of further assistance, please call Eugina Barnes at 919-819-8182.

Sincerely,

*Eugina Barnes*

Eugina Barnes, BSW, QIDP  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section

Enclosures

Cc: [QM@partnersbhm.org](mailto:QM@partnersbhm.org)  
[DHSRreports@eastpointe.net](mailto:DHSRreports@eastpointe.net)  
[\\_DHSR\\_Letters@sandhillscenter.org](mailto:_DHSR_Letters@sandhillscenter.org)  
Leza Wainwright, Director, Trillium Health Resources LME/MCO  
Fonda Gonzales, Interim Quality Management Director, Trillium Health Resources  
LME/MCO  
File