STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G047	A. BUILDING _____ B. WING _____	C 06/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SKILL CREATIONS OF CLINTON	223 FOREST TRAIL CLINTON, NC 28328

(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 000	INITIAL COMMENTS A complaint survey was completed on 6/4/2020. Deficiencies were cited as a result of the complaint survey for Intake #NC00165763. The complaint allegations were substantiated.	W 000		
W 420	CLIENT BEDROOMS CFR(s): 483.470(b)(4)(iv) The facility must provide each client with functional furniture, appropriate to the clients needs. This STANDARD is not met as evidenced by: Based on interviews and record review, the facility failed to ensure client #2 was provided with functional furniture to support his needs. This affected 1 of 2 audit clients (#2). The finding is: Client #2 did not have equipment/furniture to support his stature. Review on 6/3/2020 of a document dated 6/3/2020 provided by the extermination company confirmed the facility had been treated for bed bugs on 5/25/2020 and on 6/3/2020. Interview on 6/3/2020 with staff B revealed clients #1 and #2 were removed from bedroom #6 because the facility had recently been treated for bed bugs in bedroom #6. Further review with staff B explained client #1 was sleeping on a air mattress in the activity room and that client #2 was sleeping on a physical therapy table in the front dayroom area, Interview on 6/3/2020 and 6/4/2020 with the	W 420	A core team meeting has been conducted on client #2 to address his needs for temporary bedding. All staff have been inserviced on temporary sleeping accomodations for both clients. Client #2 was moved immediately to appropriate temporary bedding as determined by the team. Once the extermination company has cleared bedroom #6, client 1 and client 2 will be moved back into the bedroom with new permanent bed frames. In the future, should a situation arise for emergency bedding, the team will meet to determine how to best meet the client's needs. Each ICF facility will be equipped with a self-inflating twin bed to assist with temporary accommodations of clients. The facility director will monitor sleeping arrangements, when temporary relocations are necessary, and document monitoring once weekly until clients are placed back in their permanent bedroom and bed frame. The Director will assure that all clients have appropriate accomodations to meet thier needs.	8-4-2020

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Leslee Rashton — TITLE: Chief Operations Officer — (X6) DATE: 6/11/20

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.

DHSR - Mental Health

JUN 15 2020

Lic. & Cert. Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G047	A. BUILDING _____ B. WING _____	C 06/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SKILL CREATIONS OF CLINTON	223 FOREST TRAIL CLINTON, NC 28328

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W 420	Continued From page 1 Director revealed the facility had recently been treated for bedbugs. Further interview revealed during this time from 5/25/2020 until the present, clients #1 and #2 had been removed from bedroom #6 and relocated until the Extermination company returned. The Director confirmed client #1 was temporarily sleeping on an air mattress in the activity room and client #2 was sleeping on a physical therapy table with a leatherlike pad in the front dayroom. Interview with the Maintenance Supervisor on 6/4/2020 confirmed the mattresses and bed frames for #1 and #2 are available but have not been placed in bedroom #6 until the extermination company returns to the facility for a follow up visit in two weeks. Additional interview on 6/4/2020 with the Director confirmed no other alternatives other than the physical therapy table were provided as a bed for client #2 to sleep.	W 420		

Skill Creations, Inc.
Post Office Box 1664
Goldsboro, North Carolina 27533-1664
Telephone: (919)734-7398 Fax: (919)735-5064
"Creating Life Skills For Those We Serve"

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

June 11, 2020

RE: Complaint Investigation Survey June 4, 2020
Skill Creations of Clinton, 223 Forest Trail Drive, Clinton, NC 28328
Provider Number: 34G047 MHL: 082-003
Complaint Intake: NC00165763

Please find enclosed the plan of correction for deficiencies received on 6-8-2020 for the compliant investigation conducted on 6-4-2020 at Skill Creations of Clinton. Please contact me should you have any questions or need additional information.
Thank you,

Seslie Roughton

Seslie Roughton
Chief Operations Officer –Eastern Region
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