



Skill Creations, Inc.
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Goldsboro, North Carolina 27533-1664
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“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

December 4, 2020

RE: Recertification Survey Completed on November 23 – 24, 2020
Skill Creations, 2101 Royall Ave., Goldsboro, NC 27532
Provider Number: 34G040
MHL Number: MHL096-007
Complaint Intake: NC00169707

Please find enclosed the plan of correction for deficiencies received on 12-1-2020 for the annual recertification survey conducted on 11-23 and 11-24 -2020 at Skill Creations of Goldsboro. Please contact me should you have any questions or need additional information.

Thank you,

Seslie Roughton
Chief Operations Officer –Eastern Region
Skill Creations, Inc.
Seslie.roughton@skillcreations.com
252-908-1151

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

PRINTED: 11/25/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G040	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/24/2020
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NAME OF PROVIDER OR SUPPLIER SKILL CREATIONS	STREET ADDRESS, CITY, STATE, ZIP CODE 2101 ROYALL AVE GOLDSBORO, NC 27534
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W 000	INITIAL COMMENTS	W 000		
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)	W 249	W249 All staff will receive training in: 1- ICF-IID Level of Care Basics and Active Treatment 2- Clients #8's Behavior Intervention plan 3- All clients Behavior Intervention plans 4- Client #15's food cutting objective. 5- All clients' mealtime goals 6- Client #3's diet order 7- Diet orders for all clients The Director or PC will monitor mealtime and behavior programs twice weekly. The RQP will monitor programs twice monthly. The Executive Director (Corporate Office) will monitor programs once monthly. All monitoring will be documented. Any concerns will be followed up on.	1-22-2021
	<p>A recertification and complaint survey were completed on 11/23 - 11/24/20. No deficiencies were cited as a result complaint intake NC00169707; however, deficiencies were cited during the recertification survey.</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 observations, record reviews and interviews, the facility failed to ensure 3 of 5 audit clients (#3, #8 and #15) received a continuous active treatment plan consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of program implementation and diet. The findings are:</p> <p>A. Client #8's Behavior Intervention Plan (BIP) was not implemented as written.</p> <p>During evening observations in the home on 11/23/20 from 5:35pm - 5:40pm, client #8 consistently hit herself on the left side of her head while wearing a soft helmet. During this time, Staff K sat next to the client without intervening.</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Sessie Roughton</i>	TITLE Chief Operations Officer- Eastern Region	(X6) DATE 12-4-2020
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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>After 5 minutes of continuously hitting her head, the staff asked, "Would you like to stop hitting yourself?" Client #8 continued hitting her head. At 5:43pm, Staff K gave the client a bottle containing a drink. Client #8 stopped hitting her head and began drinking from the bottle.</p> <p>During an interview on 11/23/20 when asked what they should do when client #8 is hitting herself, Staff K responded, "Nothing...I really don't do anything." The staff then indicated they try to "take her mind off of it", ask her to stop, take her for a walk or to her room to lay down for 30 minutes.</p> <p>Review on 11/23/20 of client #8's BIP dated 10/4/19 revealed an objective to display 60 or less tantrum behaviors per month for eight calendar months. The plan addressed target behaviors of tantrums, noncompliance, and self injury. Additional review of the BSP noted, "[Client #8's] attempts to self injure herself will be immediately interrupted utilizing physical prompts. Fade or gradually withdraw physical assistance as cooperation is obtained. Physical assistance is not to be employed for periods exceeding ten seconds. If [Client #8] still does not comply after being released, physical assistance will be employed for ten second intervals as necessary to complete the task...Use of soft helmet: If [Client #8] continuously displays self injurious behaviors for a period exceeding thirty seconds or is actively self injurious and cannot be interrupted with physical prompts, her soft helmet will be applied. Staff should remain nearby to make sure she does not remove the helmet,..."</p> <p>Interview on 11/24/20 with the Qualified Intellectual Disabilities Professional (QIDP)</p>	W 249			

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W 249	<p>Continued From page 2</p> <p>revealed if client #8 is exhibiting self injurious behavior, staff should provide verbal prompts then physical prompts, if necessary. Additional interview indicated if this does not work, attempts should be made to redirect the client by giving her a toy she likes or taking her for a walk. The QIDP acknowledged staff should be following client #8's BIP as indicated.</p> <p>B. Client #15's food cutting objective was not implemented.</p> <p>During dinner observations in the home on 11/23/20 from 6:06pm - 6:12pm, client #15 consumed six large chicken nuggets using his hands. Although a knife and fork were available at his place setting, the client was not prompted to cut up his chicken nuggets.</p> <p>Interview on 11/23/20 with Staff N revealed none of the clients have objectives to be implemented during meals.</p> <p>Review on 11/23/20 of client #15's IPP dated 7/7/20 revealed the client has "no problem eating although he does need assistance with cutting his meat." Additional review of the IPP indicated an objective to cut his food with prompts for 8 consecutive sessions (implemented 7/7/20). Further review of the plan noted the objective should be implemented at lunch and dinner when food items requiring cutting are served.</p> <p>Interview on 11/24/20 with the QIDP confirmed the objective should have been implemented at dinner.</p> <p>C. Client #3's diet was not followed at dinner.</p>	W 249			

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W 249	Continued From page 3 During dinner observations in the home on 11/23/20 at 6:06pm, client #3 consumed a single serving of three large chicken nuggets, lima beans and applesauce. At 6:13pm, the client was given a second serving of chicken nuggets which he also consumed. Interview on 11/24/20 with Staff G revealed client #3 is on a low calorie diet and should only receive second servings of vegetables and fruits. Review on 11/23/20 of client #3's record revealed a physician's order dated 10/13/20 which noted, "Client may have seconds of each meal a choice of a non-starchy vegetable or a fruit."	W 249			
W 252	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1) Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure data relative to the accomplishment of objective criteria was documented in measurable terms. This affected 2 of 5 audit clients (#1, #15). The findings are: A. Client #15's objective data was not collected as indicated.	W 252	W252 All staff will receive training on: 1- Data collection and documentation requirements 2- The importance of training and documenting client objectives 3- Teaching cues and encouraging independence 4- All client objectives 5- All objective data collection frequencies The Director or PC will monitor data collection three times weekly. The RQP will monitor data collection twice monthly. The Executive Director (Corporate Office) will monitor data collection once monthly. All monitoring will be documented. Any concerns will be followed up on.		

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W 252	Continued From page 4 Review on 11/23/20 of client #15's Individual Program Plan (IPP) dated 7/7/20 revealed objectives to start the washer with gestures for 8 consecutive months (implemented 7/7/20), bathe his upper body with prompts for 8 consecutive months (implemented 7/7/20), cut his food with prompts for 8 consecutive months (implemented 7/7/20) and brush his teeth for 45 seconds with gestures for 8 consecutive months (implemented 8/24/20). Additional review of training sheets for the objectives indicated the following data collection: Start washer (training 3 days per week) 09/20 - 5 days trained 10/20 - 6 days trained 11/20 - 2 days trained Bathe upper body (training 5 days per week) 08/20 - 2 days trained 09/20 - 12 days missing 10/20 - 5 days trained 11/20 - 10 days missing Cut his food (training 5 days per week) 09/20 - 7 days trained 10/20 - 5 days trained 11/20 - 1 day trained Brush his teeth (training 7 days per week) 09/20 - 8 days trained 10/20 - 8 days trained 11/20 - 7 days trained	W 252			

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W 252	Continued From page 5 Interview on 11/24/20 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed the objectives should be trained and documented as indicated. B. Client #1's objective data was not collected as indicated. Review on 11/23/20 of client #1's IPP dated 3/10/20 revealed objectives complete 15 arm curls with weights for 8 consecutive sessions (implemented 1/10/20) and brush her hair with gestures for 6 consecutive sessions (implemented 6/15/20). Additional review of training sheets for the objectives indicated the following: Arm curls (training 5 days per week) 09/20 - 11 days missing 10/20 - 11 days missing 11/20 - 7 days missing Brush her hair (training 5 days per week) 09/20 - 11 days missing 10/20 - 10 days missing 11/20 - 6 days missing Interview on 11/24/20 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed the objectives should be trained and documented as indicated.	W 252			
W 436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) The facility must furnish, maintain in good repair, and teach clients to use and to make informed	W 436			

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W 436	<p>Continued From page 6</p> <p>choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure client #3 was furnished eyeglasses and taught to use and make informed choices about the use of his eyeglasses. This affected 1 of 5 audit clients. The finding is:</p> <p>Client #3 was not provided with his eyeglasses or taught to make informed choices about their use.</p> <p>During observations throughout the survey on 11/23 - 11/24/20, client #3 did not wear eyeglasses. The client was not prompted or encouraged to wear eyeglasses.</p> <p>Interview on 11/24/20 with Staff B initially revealed the client has eyeglasses which are kept in a drawer in his bedroom. The staff later indicated the eyeglasses worn by client #3 were "not real" and he did not come to the facility with eyeglasses.</p> <p>Review on 11/24/20 of client #3's Individual Program Plan (IPP) dated 2/13/20 noted, "His eye exam was 7/11/19. He has mild cataracts. [Client #3] does wear glasses, but often refuses. Staff will encourage [Client #3] to wear his glasses." The plan revealed eyeglasses were included on his adaptive equipment list. Additional review of client #3's vision exam report dated 7/11/19 noted mild cataracts bilaterally and</p>	W 436	<p>W436</p> <p>Client # 3 will be furnished eye glasses, as ordered and they will be maintained in good repair.</p> <p>A core team meeting will be held to discuss ways to implement training for client #3 and all clients to use, care for, and make informed choices about the use of his eye glasses. All staff will be trained on guidelines developed for client #3. Staff will receive training on all eyeglasses usage goals and guidelines for all clients.</p> <p>The Director or PC will monitor eyeglasses use twice weekly. The RQP will monitor programs/ eyeglasses use twice monthly. The Executive Director (Corporate Office) will monitor programs once monthly. All monitoring will be documented. Any concerns will be followed up on.</p>		

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W 436	Continued From page 7 presbyopia. The report indicated, "Glasses order will be processed at request of resident." Interview on 11/24/20 with the Qualified Intellectual Disabilities Professional (QIDP) revealed client #3 was admitted to the facility with eyeglasses; however, his eyeglasses could not be located. The QIDP indicated she thought the eyeglasses were prescription but she could not be sure. Further interview also revealed client #3 would often refuse to wear his eyeglasses; however, no training had been implemented to teach him to make informed choices about their use.	W 436			