

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G079</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/24/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>SKILL CREATIONS OF WILSON</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2000 MARTIN LUTHER KING JR PARKWAY WILSON, NC 27893</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 312	<p><b>DRUG USAGE</b> CFR(s): 483.450(e)(2)</p> <p>Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure drugs used for the control of inappropriate behaviors were used only as an integral part of the Behavior Support Plan (BSP) directed towards the reduction or elimination of behaviors for which the drugs were employed. This affected 1 of 4 audit clients (#13). The finding is:</p> <p>Review on 3/23/21 of client #13's record revealed she was admitted to the facility on 6/29/20. Further review revealed a behavior support program (BSP) dated 8/6/20 addressed her target behaviors of oppositional defiance, property abuse, aggression, inappropriate disrobing, PICA and self-injurious behavior (SIB). Further review of this program revealed it includes the use of Depakene, Thorazine, Melatonin with Hydroxyzine and Ativan used prior to physician appointments. The interventions to address inappropriate behaviors included: providing a mat for dropping to the floor, basic redirection, physical redirection for aggression and redressing her if she disrobes in public. There are no methodologies in this program to address desensitizing client #13 to physical exams by her physicians and dentist.</p>	W 312			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.

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

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FORM APPROVED  
OMB NO. 0938-0391

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W 312	Continued From page 1 Review on 3/24/21 of client #13's record revealed she has not had a physical exam, dental exam or neurological exam completed since her admission on 6/29/21.  Interview on 3/24/21 with the facility director revealed client #13 is very tactile defensive and the facility has not been able to have her physically examined by a physician since her admission or have a dental exam completed. Further interview revealed despite the use of Depakene, Thorazine, Melatonin with Hydroxyzine and Ativan used prior to physician appointments, it has been impossible to exam client #13. Additional interview revealed there has not been behavior modification training introduced to use in conjunction with these medications to desensitize her to physician visits.	W 312		