STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G063	A. BUILDING _____ B. WING _____	07/13/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SKILL CREATIONS OF KINSTON	901 DOCTORS DRIVE KINSTON, NC 28503

(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 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 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. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure 1 of 3 audit clients (# 9) was furnished a palm protector as identified in the Individual Program Plan (IPP). The finding is: During observations in the home on 7/12/21 at 6:05 PM, Client #9 was at the dining room table for dinner. Client #9's right hand was contracted and closed like a fist. He used his left hand to feed himself. He did not have a palm protector on his right hand. Review of the Occupational Therapy Evaluation on 12/21/20 read "...through a video observation it appeared that [Client #9] has functional range of motion in left upper extremity but limitations in right upper extremity. It was observed that he was able to partially open right hand to stabilize plate when scooping food with left. This observation means that he does not have fixed contractures in right hand." Review of the IPP on 12/29/20 revealed Client #9 used a palm protector and was discussed with specifics on use. The Qualified Intellectual Disabilities Professional (QIDP) would assure	W 436		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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W 436	Continued From page 1 Client #9 had these items and they were in working condition. Interview on 7/13/21 with the nurse revealed that she has not observed Client #9 wearing a palm protector and when she went to check with him, Client #9 indicated that he did not have one. Interview on 7/13/21 with the QIDP revealed she overlooked the recommendation to provide Client #9 with a palm protector at the IPP and would need to order one.	W 436		