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	W436 9-11-2021 Client #9 will be provided a palm protector as recommended by the Interdisciplinary Team. All staff will receive training on the use of the palm protector for client #9. In the future, clients will receive adaptive equipment as recommended by the interdisciplinary team. The QP will assign a service to obtain identified adaptive equipment. This will serve as a reminder to assure this equipment is provided. The RQP will monitor PCP's to assure adaptive equipment is provided as recommended quarterly. The Director or PC will monitor adaptive equipment use once weekly. All monitoring will be documented. Any concerns will be followed up on. DHSR - Mental Health JUL 26 2021 Lic. & Cert. Section	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Leslie Rashta	Chief Operations Officer- Eastern Region	7/21/2021

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.

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		

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

July 21, 2021

RE: Recertification Completed July 12 – 13, 2021
Skill Creations of Kinston, 901 Doctors Drive, Kinston, NC 28501
Provider Number #34G063
MHL#054-010

Please find enclosed the plan of correction for deficiencies received on 7-19-2021 for the recertification survey conducted on 7-12 and 13-2021 at Skill Creations of Kinston. Please contact me should you have any questions or need additional information.
Thank you,

Seslie Roughton

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