

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

PRINTED: 07/15/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G054	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/09/2021
NAME OF PROVIDER OR SUPPLIER SKILL CREATIONS OF SANFORD			STREET ADDRESS, CITY, STATE, ZIP CODE 1751 HAWKINS AVENUE SANFORD, NC 27330		
(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	W 000			
W 116	<p>On July 9, 2021, a complaint survey was completed for intakes #NC00178825 and #NC00178830. The complaints were unsubstantiated. However, an unrelated deficiency was cited.</p> <p>CLIENT RECORDS CFR(s): 483.410(c)(6)</p> <p>The facility must provide each identified residential living unit with appropriate aspects of each client's record.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interviews, facility staff were not provided with the Individual program plans (IPPs). This potentially affects all 12 clients residing in the facility. The findings are:</p> <p>Upon entrance to the facility on 7/9/2021, the door to the records was observed to be locked and the staff were asked if they could provide information such as active treatment plans including an IPP for two individuals residing in the facility.</p> <p>Interviews with all staff on duty (A, B and C) confirmed they did not have access to any client information such as the IPP. They indicated client information such as evaluations, individual plans, medical treatment and health risks as well as other emergency and medical information was located in a locked office for which nobody there had a key.</p> <p>Interview with the Director on 7/9/2021 confirmed that no direct support staff had a key to client</p>	W 116	<p>W116</p> <p>All facility staff will be given access to the electronic medical record for each client. All staff will be given keys to the front office. All staff will be trained on how to access the IPP for each client.</p> <p>Access to the Electronic Medical Record will be monitored by the Facility Director or Program Director twice weekly.</p> <p>Access will also be monitored by the Executive Director (corporate office) twice monthly. All monitoring will be documented and any issues followed up on.</p> <p>DHSR - Mental Health</p> <p>JUL 23 2021</p> <p>Lic. & Cert. Section</p>	892	

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

TITLE

(X6) DATE

Susan Ragatz

Chief Operations Officer- Eastern Region

7/19/2021

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.

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

PRINTED: 07/15/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G054	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/09/2021
NAME OF PROVIDER OR SUPPLIER SKILL CREATIONS OF SANFORD			STREET ADDRESS, CITY, STATE, ZIP CODE 1751 HAWKINS AVENUE SANFORD, NC 27330		
(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 116	Continued From page 1 information but that she had not been aware of this until today.	W 116			



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 19, 2021

RE: Complaint Survey Completed 7/9/2021
Skill Creations of Sanford, 1751 Hawkins Avenue, Sanford NC 27330
Provider Number: 34G054
MHL#053-001
[Intake #](#) NC00178825 and
#NC00178830

Please find enclosed the plan of correction for deficiencies received on 7-16-2021 for the follow up and complaint survey conducted on 7-9-2021 at Skill Creations of Sanford. 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

DHSR - Mental Health

JUL 23 2021

Lic. & Cert. Section