

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

PRINTED: 03/03/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G079	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/02/2022
NAME OF PROVIDER OR SUPPLIER SKILL CREATIONS OF WILSON			STREET ADDRESS, CITY, STATE, ZIP CODE 2000 MARTIN LUTHER KING JR PARKWAY WILSON, NC 27893		
(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 189	<p>STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1)</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure staff were sufficiently trained to administer medications. The finding is:</p> <p>Staff were not effectively trained regarding documenting on the medication administration record (MAR).</p> <p>Observations of medication administration on 3/2/22 at 7:00am revealed, the medication technician (MT) assisted client #13 with administering his medication. The MT crushed client #13's pill and placed it into a cup with applesauce. The staff immediately recorded their initials on the MAR. After signing the MAR, staff gave client #13 the cup and he injected the medication.</p> <p>During an immediate interview with the medication technician (MT), when asked when they should sign the MAR while administering medications, the MT indicated she reviews the MAR and medication label twice and then signs the MAR right before the client takes the medication. If a client refuses to take the medication, she would chart the refusal on the back of the MAR.</p> <p>Interview on 3/2/22 with the facility Director revealed medication technicians should sign the MAR after the client has injected the medication.</p>	W 189			

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.

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W 189	Continued From page 1 MARs should not be signed beforehand.	W 189			