STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G079	A. BUILDING _____ B. WING _____	03/02/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SKILL CREATIONS OF WILSON	**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	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1) 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: Staff were not effectively trained regarding documenting on the medication administration record (MAR). 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 injested the medication. 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. Interview on 3/2/22 with the facility Director revealed medication techicians should sign the MAR after the client has injested the medication.	W 189		

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