

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

PRINTED: 02/11/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G084	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/10/2022
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NAME OF PROVIDER OR SUPPLIER SKILL CREATIONS OF GREENVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 2701 W 5TH STREET GREENVILLE, NC 27835
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W 130	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure privacy was maintained during personal care. This affected 1 of 6 audit clients (#14). The finding is:</p> <p>During observations in the facility on 2/9/22 from 6:05pm-7:00pm client #14 was seated in a wheelchair or a rocking chair with a blue chux pad underneath him. A urinary catheter was also visible attached to a catheter bag.</p> <p>During observations in the facility on 2/10/22 from 8:20am-9:10am client #14 was seated in a wheelchair with a blue chux pad underneath him in the wheelchair. A urinary catheter was also visible attached to a catheter bag.</p> <p>Interview on 2/10/22 with staff F revealed sometimes client #14 pulls at his urinary catheter and it leaks, so direct care staff routinely put a blue chux pad underneath him to protect the seat of the wheelchair.</p> <p>Review on 2/10/22 of client #14's individual program plan (IPP) dated 9/15/21 revealed that client #14 has a suprapubic catheter that is checked, repositioned and changed frequently. Further review of the IPP confirmed client #14 utilizes a wheelchair for mobility and that he can propel his wheelchair with his feet.</p> <p>Interview on 2/10/22 with the facility director revealed client #14 has undergone several</p>	W 130	<p>W130 An interim core team meeting will be held to discuss the best method to address privacy regarding personal care needs for client #14.</p> <p>Products that will provide privacy and protect the client's wheelchair will be explored. All staff will be in-serviced on the team's decisions.</p> <p>All personnel will receive training regarding client rights and privacy and how to assure privacy for all clients in various situations in the ICF/IID facility.</p> <p>The Director or PC will monitor programs to assure client privacy for all clients twice weekly.</p> <p>The QP will monitor programs for privacy twice monthly.</p> <p>The Executive Director (Corporate Office) will monitor programs for privacy once monthly.</p> <p>All monitoring will be documented. Any concerns will be followed up on.</p>	04-10-2022
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FEB 25 2022
DHSR-MH Licensure Sect

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Secilia Rayburn</i>	TITLE Chief Operations Officer- Eastern Region	(X6) DATE 2/21/2022
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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 130	Continued From page 1 medical tests recently to determine the origin of the leakage from the urinary catheter. Further interview revealed the team has not received the results of medical tests that were still being completed on 2/9/22. Additional interview confirmed staff could adjust the blue chux pad underneath client #14 so that it was not visible during his daily routine.	W 130		
W 240	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(i)</p> <p>The individual program plan must describe relevant interventions to support the individual toward independence. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #5's Individual Program Plan (IPP) included specific interventions to support the client's participation with various tasks throughout the day. This affected 1 of 6 audit clients. The finding is:</p> <p>During observations in the home throughout the survey on 2/9/22, client #5 sat in her wheelchair asleep with her head resting on her laptray or slept on a mat on the floor of the activity room. Staff sporadically called the client's name or made brief verbal comments to client #5 as she slept. The client was also noted to be sleepy during mealtimes with her head in a downward position as staff fed her. With the exception of eating her lunch and dinner meals, client #5 was not actively engaged in activities.</p> <p>Interviews on 2/9/22 with Staff C and Staff F revealed client #5 frequently sleeps during the day due to the seizure medication she takes. Additional interview revealed client #5 is</p>	W 240	<p>W240 A core team meeting will be held to revise the PCP for client #5 to address specific interventions to support the client's participation with various tasks throughout the day. This will include the development of a service to include specific information and instructions for staff to ensure the client's participation when sleepiness or lethargy are present. This service will address areas such as participation with programming, self-help tasks, activities of daily living and leisure activities. This will occur for all clients that have this need. In the future, at the time of client changes, a core team meeting will be held to address program changes for all clients. All staff will be in-serviced on any newly developed programs or plans for all clients.</p> <p>The Director or PC will monitor program implementation twice weekly.</p> <p>The QP will monitor program implementation twice monthly.</p> <p>The Executive Director (Corporate Office) will monitor program implementation once monthly.</p> <p>All monitoring will be documented. Any concerns will be followed up on.</p>	04-10-2022

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W 240	<p>Continued From page 2</p> <p>constantly sleepy and difficult to arouse for activities. The staff stated, "She don't do nothing, this is it." Further interview also indicated the client does not assist with ADLs and transfers which makes it hard to complete these tasks with her.</p> <p>Review on 2/10/22 of client #5's IPP dated 5/12/21 revealed the client has a history of seizures and a VNS magnet as well as various seizure medications are used to address her seizures. Additional review of the plan noted, "Because of the rate and severity of seizures and the amount of medication she receives, [Client #5] is often sleepy and she gets some nap time daily after lunch. She may be sleepy and lethargic throughout most of the day. If [Client #5] is noted to be extra sleepy or lethargic during programming she can be allowed to rest on the mat in the room with other clients." Client #5's IPP did not include specific information or instructions for staff to ensure the client's participation with programming, self-help tasks, activities of daily living and leisure activities and enhance overall active treatment.</p> <p>During an interview on 2/10/22, the Qualified Intellection Disabilities Professional (QIDP) confirmed client #5 is often sleepy or lethargic during the day and is difficult to arouse for participation with tasks. The QIDP acknowledged the client's IPP does not provide specific instructions to staff as to how they should work with client #5 to ensure her participation with various tasks.</p>	W 240		
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)	W 249		

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W 249	<p>Continued From page 3</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure 1 of 6 audit clients (#8) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the area of behavior plan implementation. The finding is:</p> <p>During observations in the home on 2/10/22 at 9:21am, client #8 began hitting himself in the head and face area numerous times. Staff K, standing near him, stated, "No, [Client #8]". While Staff B stated, "Calm down, [Client #8]." The client began swinging his arms and vocalizing loudly. Both staff continued to verbally prompt him to calm down. Client #8 remained upset and began to bite his left wrist. Staff K, standing next to him, stated, "Uh-uh" while reminding the client he already had breakfast. Client #8 again hit himself in the head numerous times as Staff B called his name from across the room. Throughout the observation, client was not physically prompted or redirected to an activity.</p> <p>Interview on 2/10/22 with Staff B revealed when client #8 has behaviors they verbally prompt him to stay calm and not to hit himself and redirect</p>	W 249	<p>W249 All staff will be trained in:</p> <p>Client #8's Behavior Intervention Plan All clients Behavior Intervention Plans</p> <p>The Director or Habilitation Coordinator will monitor behavior intervention plan implementation twice weekly</p> <p>The QP will monitor behavior intervention plan implementation twice monthly.</p> <p>The Executive Director (Corporate Office) will monitor behavior intervention plan implementation once monthly.</p> <p>All monitoring will be documented. Any concerns will be followed up on.</p>	04-10-2022

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W 249	<p>Continued From page 4</p> <p>him to an activity. The staff indicated during behaviors, the client will often indicate he is hungry but usually he is not.</p> <p>Review on 2/10/22 of client #8's Behavior Intervention Plan (BIP) dated 1/26/22 revealed an objective to display 25 or less episodes of agitation for ten calendar months. The plan identified target behaviors of self-injury, physical aggression, elopment and stripping. Additional review of the BSP noted under Intervention revealed:</p> <p>"1. [Client #8] will be immediately interrupted using verbal and physical prompts.</p> <p>2. [Client #8] will be verbally redirected ['Client #8], stop let's do our (activity) now'] and redirected to an appropriate activity. Allow ten seconds to comply. If [Client #8] does not comply with redirection after on prompt, he will be verbally prompted to comply at ten second intervals.</p> <p>3. If [Client #8] becomes agitated and does not calm down after being prompted, attention should be withdrawn from [Client #8] for two minutes. He will be observed and only interactions necessary for programming or his safety will be provided. No other interactions will occur. After two minutes, social interaction will be reintroduced and [Client #8] will be requested to begin programming or engaging in leisure activities again. This procedure will be repeated as often as necessary in leisure activities again. This procedure will be repeated as often as necessary until [Client #8] is calm. Different staff persons can assist in requesting [Client #8] as he may respond to a 'novel' caregiver."</p>	W 249		

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W 249	<p>Continued From page 5</p> <p>Additional review of the BIP under Self-Injury indicated:</p> <p>"1. [Client #8] will attempt to injure himself if he is frustrated. Staff should try to determine the cause of his frustration and, if possible, reduce his stress level by offering him another activity or by giving him time to calm down.</p> <p>2. Physical Assistance: Should [Client #8] begin to put himself at risk for injury, staff should provide light physical touch cues for a maximum of ten seconds intervals to protect [Client #8] and to redirect him to task. Fade or gradually withdraw physical assistance as cooperation is obtained. If [Client #8] still does not comply, light physical touch cues will be employed again at ten second intervals. Staff may require additional assistance at this point to urge [Client #8] to comply with necessary programming activities. A second staff person can assist in prompting [Client #8] or may be needed to assist with guiding [Client #8's] hand to his side. Physical touch cues may be repeated as necessary until [Client #8] calms. Once he has displayed five minutes of calm behavior, he will be prompted to resume his activities."</p> <p>Interview on 2/10/22 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed staff should be implementing client #8's BIP as indicated for self-injurious behaviors.</p>	W 249		
W 340	<p>NURSING SERVICES CFR(s): 483.460(c)(5)(i)</p> <p>Nursing services must include implementing with other members of the interdisciplinary team,</p>	W 340		

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W 340	<p>Continued From page 6</p> <p>appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods.</p> <p>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 implement appropriate health and hygiene methods regarding clients and to properly dispose of medications. The findings are:</p> <p>A. During observations in the home of medication administration on 2/10/22 at 8:38am, the Medication Technician (MT) dropped a pill into the seat of a chair which was occupied by a client. The MT retrieved the pill, put it back in the corresponding bubble of the pill card and placed a piece of tape over the back of the bubble. After being questioned by the surveyor regarding how dropped pills are disposed of, the MT removed the dropped pill from the pill card and indicated she would throw it in the trash instead.</p> <p>Additional interview with the MT on 2/10/22 revealed that is how she usually disposes of a dropped pill and then orders a new one.</p> <p>Review on 2/10/22 of the facility's Nursing Policy and Procedure Manual (revised 12/2021) revealed under Medication Disposal, "1. All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion. 2. Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, disposal into sharps container or by transfer to a local pharmacy for destruction."</p>	W 340	<p>W340</p> <p>All Medication Monitors will receive re- training by the RN Clinical Director on the Nursing Policy regarding Medication Labeling, Storage and Disposal.</p> <p>All staff will receive training on Infection Control and Prevention policy F: Environmental Cleaning and Disinfection.</p> <p>The Facility Director or Habilitation Coordinator will monitor cleaning and disinfection twice weekly.</p> <p>The Regional Nursing Director will monitor medication disposal twice monthly.</p> <p>The Executive Director (Corporate Office) will monitor both areas once monthly.</p> <p>All monitoring will be documented. Any concerns will be followed up on.</p>	04-10-2022

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W 340	<p>Continued From page 7</p> <p>Interview on 2/10/22 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed the pill should have been disposed of as indicated in the policy.</p> <p>B. During observations in the facility on 2/9/22 at 5:02pm in group 2 client #10 was noted to have a large wet spot on her pants. Staff A noticed the spot on client #10's pants and got her up from the chair and took her to her bedroom to change clothing. At 5:15pm client #10 returned to the dayroom and staff A sat her on the couch in the dayroom. The chair where client #10 had been sitting was not cleaned and sanitized during this time. During continued observations until 7:00pm, direct care staff did not clean and sanitize the chair next to the window where client #10 had been sitting.</p> <p>Interview on 2/9/22 with staff A and staff J revealed after clients have toileting accidents staff are to clean and sanitize furniture with cleaning spray and let this dry before anyone sits on the affected furniture.</p> <p>Interview on 2/10/22 with the Assistant Director revealed staff are to use "Live Micro Bio Enzymatic Digestive Spray" that is available in spray bottles to clean and sanitize furniture after toileting accidents.</p> <p>Interview on 2/10/22 with the facility director confirmed direct care staff should be cleaning and sanitizing furniture after toileting accidents.</p>	W 340			



Skill Creations, Inc.
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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

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February 21, 2022

RE: Recertification Completed on February 10, 2022
Skill Creations of Greenville, 2701 West 5th Street, Greenville, NC 27835
Provider Number: 34G084
MHL: 074-012

Please find enclosed the plan of correction for deficiencies received on 2-14-2022 for the annual recertification survey conducted on 2-9-2022 and 2-10-2022 at Skill Creations of Greenville. 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