STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G040	A. BUILDING ______ B. WING ______	12/14/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SKILL CREATIONS	2101 ROYALL AVE GOLDSBORO, NC 27534

(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 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) 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. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 2 of 6 audit clients (#10 and #15) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plans (IPP) in the area of medication administration. The findings are: A. During afternoon medication administration on 12/13/21 at 5:35pm, Staff C pushed out Client #10's pills from the bubble pack. Further observations revealed Staff C also poured the juice. Additional observations revealed Client #10 was not prompted to participate in her medication administration. Additional observations revealed Client #10 was observed pouring her own drink during dinner. During an interview on 12/13/21, Staff C stated Client #10 should have poured her own drink. Further interview revealed Staff C was not sure if Client #10 should push out her own pills from the bubble pack. Review on 12/13/21 of Client #10's IPP dated	W 249	W249 All staff will be trained in: • Active Treatment Basics • Encouraging Independence • Providing the least amount of assistance necessary • Allowing client independence specifically in the area of medication administration and mealtimes • All Clients Medication Administration services The Director or PC will monitor mealtime, mediation administration and other programming twice weekly The RQP will monitor programs twice monthly. The Executive Director (Corporate Office) will monitor programs once monthly. All monitoring will be documented. Any concerns will be followed up on. DHSR - Mental Health JAN 3 _ 2022 Lic. & Cert. Section	02-11-2022

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Leslie Rushton
TITLE: Chief Operations Officer- Eastern Region
(X6) DATE: 12/21/21

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 249	Continued From page 1 5/25/21 revealed, "In the area of medication administration [Client #10] is able to punch her medication from the card, pour her beverage of choice." B. During afternoon medication administration on 12/13/21 at 5:49pm, Staff C poured the juice for Client #15. Additional observations revealed Client #15 was not prompted to participate in his medication administration. Additional observations revealed Client #15 was observed pouring his own drink during dinner with hand over hand assistance. During an interview on 12/13/21, Staff C stated Client #10 should have poured his own drink. Review on 12/13/21 of Client #15's IPP dated 6/29/21 revealed, "[Client #15] will participate in med administration to his fullest potential...[Client #15] will be assisted when pouring his liquid." During an interview on 12/14/21, the director stated both client #10 and #15 should have participated in their own medication administration to the best of their ability.	W 249		
W 340	NURSING SERVICES CFR(s): 483.460(c)(5)(i) Nursing services must include implementing with other members of the interdisciplinary team, 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. This STANDARD is not met as evidenced by: Based on observations, documentation and interview, nursing services failed to ensure that	W 340		

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W 340	Continued From page 2 staff were sufficiently trained in the proper wearing of face masks. This potentially effected all clients (#1 - #15) residing in the facility. The finding is: During afternoon observations in the home on 12/13/21 from 11:22am though 12:22pm, Staff A was observed wearing their face mask below their nose. Further observations revealed Staff A was interacting with various clients and co-workers, while the mask was below their nose. During afternoon observations in the home on 12/13/21 from 3:11pm though 3:45pm, Staff B was observed wearing their face mask below their nose. Further observations revealed Staff B was interacting with various clients and co-workers, while the mask was below their nose. During morning observations in the home on 12/14/21 from 6:43am though 7:07am, Staff A was observed wearing their face mask below their nose. Further observations revealed Staff A was interacting with various clients and co-workers, while the mask was below their nose. Review on 12/13/21 of a memo hanging on several walls in the home stated, "Please remember to keep your mask pulled up over your nose and mouth at all times!!!" During an interview on 12/14/21, the director confirmed while staff are wearing their face masks, it needs to cover both their mouth and nose.	W 340	W340 All staff will receive training by the Regional Nursing Director and an RN in the proper usage of disposable masks. This will include wearing a disposable mask to cover the nose and mouth and wearing them at all times while on duty. The Director or PC will monitor the appropriate usage of masks twice weekly. The Regional Nursing director will monitor the appropriate usage of masks once monthly. All monitoring will be documented. Any concerns will be followed up on.	02-11-2022
W 436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2)	W 436		

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W 436	Continued From page 3	W 436		02-11-2022

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 recommended equipment, specifically eyeglasses, were furnished for 2 of 6 audit clients (#1 and #9). The findings are:

A. During medication administration observations in the home on 12/14/21 at 7:28am, Client #1 was observed not wearing her eyeglasses. Further observations revealed Staff D had to physically put Client #1's hand on the cup she was attempting to drink out of. At no time was Client #1 prompted to wear her eyeglasses.

During an interview on 12/14/21, Staff D revealed Client #1 should have worn her eyeglasses during her medication administration.

Review on 12/14/21 of Client #1's individual program plan (IPP) dated 3/2/21 revealed, "[Client #1] has glasses to wear...[Client #1's] vision is impaired. [Client #1] was diagnosed in 2003 with mild cataracts and advanced retinal degeneration, consistent with retinitis pigmentosa."

B. During observations throughout the survey on 12/13 - 12/14/21, Client #9 was not observed wearing his goggle type eyeglasses. At no time was Client #9 prompted to wear his eyeglasses.

Review on 12/13/21 of Client #9's IPP dated

Provider's Plan of Correction:

W436
Client # 1 and # 9 will be furnished and encouraged to wear eyeglasses as ordered.
A core team meeting will be held to discuss ways to implement training for both clients to use, and care for the use of his eye glasses.
All staff will be trained on these guidelines.
All clients will be assessed to assure that any equipment identified by the team is provided and guidelines for use are developed.
Staff will receive training on any equipment or program plans for using equipment.

The Director or PC will monitor eyeglasses / equipment use twice weekly.
The RQP will monitor eyeglasses/ equipment use twice monthly.
The Executive Director (Corporate Office) will monitor eyeglasses/ equipment usage once monthly.
All monitoring will be documented.
Any concerns will be followed up on.

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W 436	Continued From page 4 4/27/21 revealed, "[Client #9] wears goggled/glasses...His diagnosis were Hypernetropia (long-slightness which is where nearby objects appear blurred, but vision is clearer when looking at things further away) and Regular Astigmatism (irregular corneal or lens curvature of the eye). The team tried tried different type glasses and other options and agreed upon the goggles." During an interview on 12/14/21, the director confirmed both clients #1 and #9 should have been wearing their eyeglasses.	W 436		
W 441	EVACUATION DRILLS CFR(s): 483.470(i)(1) and under varied conditions to- This STANDARD is not met as evidenced by: Based on review of fire drill reports and interview, the facility failed to ensure fire evacuation drills were conducted at varied times. This affected all clients (#1 - #15) residing in the home. The finding is: Review on 12/31/21 revealed four fire drills were conducted on second shift at: 3:40pm, 4:10pm, 4:50pm and 3:48pm. Further review revealed five fire drills conducted on third shift at: 2:10am, 5:50am, 12:24am, 5:30am and 5:30am. During an interview on 12/13/21 the director revealed the fire drills were not conducted during varied times. The director stated second shift hours are 3:15pm until 11:45pm and third shift hours are 11:20pm until 7:30am.	W 441	W441 In the future, fire drills will be conducted at a variety of times on all shifts. The Director will monitor fire drills once monthly to assure that the drills vary by time on all shifts, but specifically 2nd and 3rd shifts. Additionally the Executive Director (Corporate Office) will monitor fire drills to assure they are conducted at a variety of times once quarterly. All monitoring will be documented. Any concerns will be followed up on.	02-11-2022