STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G071	A. BUILDING _____ B. WING _____	01/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SKILL CREATIONS OF TARBORO	811 WESTERN BOULEVARD TARBORO, NC 27886

(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 4 of 5 clients (#6, #7, #8 and #14) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of adaptive dining equipment, dining guidelines and medication administration. The findings are: A. During lunch time observations in the home on 1/11/22, client #14 did not use a dycem mat or his adaptive spoon. During dinner observations in the home on 1/11/22, client #14 did not use his adaptive spoon or his clothing protector. During breakfast observations in the home on 1/12/22, client #14 did not use his adaptive spoon. At no time during his meals was client #14 prompted to use his adaptive dining equipment. During an interview on 1/12/22, Staff A revealed he has not seen client #14's adaptive spoon for some time. Review on client #14's IPP dated 3/31/21 stated. "Adaptive equipment, adult protective bib...youth	W 249	W249 All staff will receive training in: 1- Active Treatment Basics 2- Encouraging Independence 3- Providing the least amount of Assistance necessary 4- All clients adaptive dining equipment 5- All clients dining/ mealtime guidelines 6- All clients medication administration guidelines The Director or PC will monitor mealtimes, and medication administration twice weekly. The RQP (Regional QP) will monitor programs twice monthly. The RND (Regional Nursing Director) will monitor medication administration twice monthly. The Executive Director (Corporate Office) will monitor programs once monthly. All monitoring will be documented. Any concerns will be followed up on. RECEIVED JAN 24 2022 DHSR-MH Licensure Sect	3-11-2022

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Leslie Rasnta	Chief Operations Officer- Eastern Region	1-21-2022

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 spoon with built up handle...and dycem." During an interview on 1/12/22, the regional director (RD) revealed staff had not informed her that client #14's spoon was missing. B. During lunch observations in the home on 1/11/22, client #6 ate eighteen spoonfuls of food before she was prompted to drink. During breakfast observations in the home on 1/12/11, client #6 ate twenty-five spoonfuls of food before she was prompted to drink. Review on 1/11/22 of client #6's IPP dated 8/4/21 stated, "...to drink between bites...." During an interview on 1/12/22, the RD stated client #6 should take two to three bites of food and then take a sip of her drink. C. 1. During medication administration in the home on 1/12/22, Staff B pushed out pills and poured drink for client #8. At no time was client #8 prompted to push out his pills or pour his liquid drink. During breakfast observations on 1/12/22, client #8 was observed pouring his own drinks independently. During an interview on 1/12/22 Staff B stated client #8 could probably push out his own pills and pour his drink. Review on 1/12/22 of client #8's medication administration assessment (no date) revealed he will always obtain water from faucet or pour liquid from pitcher.	W 249		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G071	A. BUILDING _____ B. WING _____	01/12/2022

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W 249	Continued From page 2 During an interview on 1/12/22, the RD stated client #8 could do both push out his pills and pour his water on his own. 2. During medication administration in the home on 1/12/22, Staff B pushed out pills and poured drink for client #7. At no time was client #7 prompted to push out his pills or pour his liquid drink. During an interview on 1/12/22 Staff B stated client #7 could probably push out his own pills and pour his drink with hand over hand assistance. Review on 1/12/22 of client #7's medication administration assessment (no date) did not indicate whether he can push out his own pills or pour his water. During an interview on 1/12/22, the RD stated client #7 would need hand over hand assistance to push his pills and pour his own water. 3. During medication administration in the home on 1/12/22, Staff B pushed out pills and poured drink for client #14. At no time was client #14 prompted to push out his pills or pour his liquid drink. During breakfast observations on 1/12/22, client #14 was observed pouring his own drinks independently. During an interview on 1/12/22 Staff B stated client #14 could probably push out his own pills and pour his drink independently. Review on 1/12/22 of client #14's medication administration assessment (no date) revealed he has a need for medication administration	W 249		

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W 249	Continued From page 3 guidelines to be established. During an interview on 1/12/22, the RD stated client #14 would need hand over hand assistance to push his pills. Further interview revealed client #14 can independently our his own liquids.	W 249		
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 1/11/22 revealed four fire drills were conducted on first shift at: 10:25am; 9:30am; 9:55am and 10:54am. During an interview on 1/12/22 the regional director revealed the fire drills were not conducted during varied times. The regional director stated first shift hours are 7:00am until 3:30pm.	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. 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.	3-11-2022