

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

PRINTED: 03/17/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G054</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/15/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>SKILL CREATIONS OF SANFORD</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1751 HAWKINS AVENUE SANFORD, NC 27330</b>		
(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 195	<p><b>ACTIVE TREATMENT SERVICES</b> CFR(s): 483.440</p> <p>The facility must ensure that specific active treatment services requirements are met.</p> <p>This CONDITION is not met as evidenced by: The team failed to: ensure clients' Individual Program Plan (IPP) included opportunities for choice and self-management (W247); ensure that each client received a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training and treatment directed towards the acquisition of the behaviors necessary for the client to function with as much self-determination and independence as possible (W249); and ensure that data was collected with the frequency as prescribed by clients written formal programs (W252).</p> <p>The cumulative effect of these systemic practices resulted in the facility's failure to provide statutorily mandated active treatment services to the clients.</p>	W 195	<p><b>W195</b> All staff will receive training in: 1- ICF/ IID Level of Care 2- Active Treatment Basics 3- Encouraging Independence 4- Providing the least amount of Assistance Necessary 5- Client Choice and Self-Management 6- Implementation of IPP 6- Data Collection</p> <p>The Director or Hab Coordinator will monitor all programming three times a week.</p> <p>The RQP will monitor programs once weekly.</p> <p>The Executive Director (Corporate Office) will monitor programs twice monthly.</p> <p>All monitoring will be documented.</p> <p>Any concerns will be followed up on.</p>	4-21-2022	
W 196	<p><b>ACTIVE TREATMENT</b> CFR(s): 483.440(a)(1)</p> <p>Each client must receive a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services described in this subpart, that is directed toward:</p> <p>(i) The acquisition of the behaviors necessary for the client to function with as much self determination and independence as possible; and</p> <p>(ii) The prevention or deceleration of regression</p>	W 196	<p><b>W196</b> See W247, W249, and W252</p>	4-21-2022	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Seslie R. Wright*

Chief Operations Officer- Eastern Region 3/23/2022

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 196	Continued From page 1 or loss of current optimal functional status.  This STANDARD is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure for 6 of 6 audit clients (#2, #3, #6, #9, #14 and #15) received continuous services in the area of program implementation, leisure, opportunities for choice and self management, and transfer guidelines. The findings are:  A. Cross reference W247. The facility failed to provide opportunities for choice and self management for 1 of 6 audit clients (#15).  B. Cross reference W249. The facility failed to ensure 6 of 6 audit clients (#2, #3, #6, #9, #14 and #15) received a continuous active treatment program consisting of needed interventions and services as identified in the individual program plan (IPP) in the areas of program implementation, leisure, opportunities for choice and self management, and transfer guidelines.  C. Cross reference W252. The facility failed to ensure data relative to the accomplishment of objective criteria was documented in measurable terms. This affected 4 of 6 audit clients (#3, #9, #14 and #15)	W 196			
W 227	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)  The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by:	W 227			



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W 227	Continued From page 2 Based on observations, record review and interviews, the facility failed to ensure the Individual Program Plan (IPP) for 1 of 6 audit clients (#15) included objectives to address behavior management techniques. The finding is:  During observations in the home throughout the survey on 3/14/22 through 3/15/22, client #15 was observed to repeatedly put his hands down the front and back of his pants. During the observations, client #15 was observed to touch various items in the home such as dining tables, laminated posters, doorknobs, etc. as well as participate in medication administration. At no time during the observations of client #15 putting his hands down the front or back of his pants was he prompted to wash his hands nor were any of the surfaces cleaned.  Interview on 3/15/22 with the facility's Director confirmed staff should have immediately intervened, prompted client #15 to wash his hands and then clean the surface areas he touched.	W 227	W227 A core team meeting will be held to address client #15's behavior management techniques. His behavior plan will be revised to include behavioral management techniques to address his behavior. Staff will be in serviced on his new Behavior Intervention Plan. Any clients with new or emerging behaviors will have a core team meeting to address behavioral needs.  The Director or Hab Coordinator will monitor behavioral programming three times a week.  The RQP will monitor behavioral programs once weekly.  The Executive Director (Corporate Office) will monitor behavioral programs twice monthly and Program Plans to assure that needs are addressed once monthly.  All monitoring will be documented.  Any concerns will be followed up on.	5-14-2022	
W 247	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi)  The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure 2 of 6 audit clients (#14 and #15) received consistent opportunities for choice and self-management in their home environment. The findings are:	W 247			

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W 247	<p>Continued From page 3</p> <p>A. During observations throughout the survey on 3/14/22 from 10:45am through 1:00pm and 4:00pm through 7:00pm, staff were observed to repeatedly prompt client #15 to "sit down" when he was attempting to walk around his home. At 6:05pm, client #15 was sitting at the table. When client #15 stood up, Staff D was observed to say "uh huh, sit your butt down."</p> <p>During observations throughout the survey on 3/15/22 from 6:30am through 9:00am, staff were observed to repeatedly prompt client #15 to "sit down" when he was attempting to walk around his home. At 8:45am, Staff G was observed to take client #15's arm and guide him down to the mat table. When client #15 attempted to get up from the mat table, Staff G was observed to block him and say, "You're stuck now."</p> <p>Review on 3/14/22 of client #15's IPP dated 10/5/21 revealed client #15 enjoys spending time outside on the swing, listening to music with or without headphones, enjoys walking around his home, stringing beads, puzzles, stacking blocks, sorting items, and other table top activities.</p> <p>Interview on 3/15/22 with the Program Coordinator and Director revealed client #15 should have free movement in his home and staff should follow client #15 when he wants to walk to ensure his safety.</p> <p>B. During observations in the dayroom on 3/14/22 at 11:47am, staff C took control of client #14's motorized wheelchair switch to move to the sink</p>			W 247	<p>W247</p> <p>All staff will receive training on client choice and self-management for all clients. All staff will receive specific training on Client #15's IPP, to include preferred activities and choices as well as freedom of movement throughout his home. All staff will receive specific training on Client #14's IPP, to include usage of his motorized wheelchair and freedom of movement through the home.</p> <p>The Director or Hab Coordinator will monitor client choice and self-management in programming three times a week.</p> <p>The RQP will monitor client choice and self-management in programs once weekly.</p> <p>The Executive Director (Corporate Office) will monitor client choice and self-management in programs twice monthly.</p> <p>All monitoring will be documented.</p> <p>Any concerns will be followed up on.</p>		4-21-2022



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W 247	Continued From page 4  area for pre-meal handwashing. Staff C then continued to control client #14's motorized chair to move him from the sink area to his dining place setting. At no time did staff C offer prompting for client #14 to control his chair.  During observations in the dayroom on 3/14/22 at 6:05pm, staff A took control of client #14's motorized wheelchair switch to move him to the sink area for pre-meal handwashing. Staff C then continued to control client #14's motorized chair switch to move him to the dining table. At no time did staff A prompt client #14 to control his chair switch.  Review on 3/14/22 of client #14's IPP, dated 10/19/21, revealed that client #14 is able to propel both his manual wheelchair and motorized chair "without difficulty" using his left hand independently. Further review revealed that client #14's motorized wheelchair is "important to him" and "he enjoys the freedom of independently exploring his environment."	W 247			
W 249	Interview on 3/15/22 with staff G revealed client #14 can move around the home independently. 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.	W 249			

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W 249	<p>Continued From page 5</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 4 of 6 audit clients (# 3, #9, #14 and #15) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of program implementation, leisure, opportunities for choice and self management, and transfer guidelines. The findings are:</p> <p>A. During observations in the facility throughout the survey on 3/14/22 from 10:45am through 1:00pm and 4:00pm through 7:00pm, client #15 was observed in the day program area, unengaged in any formal training or integrative activities.</p> <p>During observations in the facility throughout the survey on 3/15/22 from 6:30am through 9:00am, client #15 was observed in the day program area, unengaged in any formal training or integrative activities.</p> <p>Review on 3/14/22 of client #15's IPP dated 10/5/21 revealed he enjoys spending time outside on the swing, listening to music with or without headphones, enjoys walking around his home, stringing beads, puzzles, stacking blocks, sorting items, and other table top activities.</p> <p>Additional review on 3/14/22 of client #15's IPP revealed he has formal training objectives in the areas of washing his face, brushing his teeth and sorting pennies and nickels in an organizer.</p> <p>Interview on 3/15/22 with the Program</p>	W 249	<p>W249 All staff will receive training on Active Treatment. All staff will receive training on:</p> <p>All clients IPP's, goals, and leisure preferences in order to complete formal or integrative training activities in the home.</p> <p>All clients Behavior Intervention Programs.</p> <p>Client #15's leg positioning guidelines. All clients positioning guidelines.</p> <p>Client #14's transfer and bathing guidelines and all client's transfer and bathing guidelines.</p> <p>Monitoring will include all programs for: active treatment, behavior plan implementation, positioning guidelines, transfer guidelines and bathing guidelines. The Director or Hab Coordinator will monitor three times a week.</p> <p>The RQP will monitor once weekly.</p> <p>The Executive Director (Corporate Office) will monitor twice monthly.</p> <p>All monitoring will be documented.</p> <p>Any concerns will be followed up on.</p>	4-21-2022	



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W 249	<p>Continued From page 6</p> <p>Coordinator and Director confirmed client #15 should be involved in formal training and integrative activities in the home.</p> <p>B. During observations in the facility throughout the survey on 3/14/22 from 10:45am through 1:00pm and 4:00pm through 7:00pm, client #3 was observed in the day program area, unengaged in any formal training or integrative activities.</p> <p>During observations in the facility throughout the survey on 3/15/22 from 6:30am through 9:00am, client #3 was observed in the day program area, unengaged in any formal training or integrative activities, except from approximately 5:00pm until 6:15pm, when client #3 sat at the table with coloring sheets but no coloring pencils or crayons were available for her to use.</p> <p>Review on 3/14/22 of client #3's IPP dated 9/21/21 revealed client #3 enjoys private time in her room, socializing with peers and staff, music, singing, dancing, coloring and looking through magazines.</p> <p>Additional review of client #3's IPP revealed she has formal training in the areas of putting on her shirt, putting on her shoes and oral care.</p> <p>Interview on 3/15/22 with the Program Coordinator and Director confirmed client #3 should be involved in formal training and integrative activities in the home.</p> <p>C. During observations in the facility throughout the survey on 3/14/22-3/15/22, client #14 was observed in the day program area, unengaged in any formal training or integrative activities with</p>	W 249			

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W 249	<p>Continued From page 7</p> <p>the exception of sitting in the foyer to listen to music for approximately one and half hours.</p> <p>Review on 3/14/22 of client #14's IPP, dated 10/19/21, revealed that client #14 enjoys listening to music and watching the cars go by in the foyer.</p> <p>Additional review of client #14's IPP revealed he has formal training in the areas of removing his deoderant from his basket, putting his keys away, and turning his tablet on.</p> <p>Interview on 3/15/22 with the Program Coordinator and Director confirmed that client #14 should be involved in formal training and integrative activities in the home.</p> <p>D. During observations in the facility throughout the survey on 3/14/22-3/15/22, client #9 was observed in the day program area, unengaged in any formal training or intergrative activities with the exception of sitting in the foyer to listen to music for approximately one hour and attempting to touch a small musical keyboard. Client #9 was observed walking around the facility with a large blanket wrapped around her as a cape for extended time in the day, including during meals, with no engagement in any activity.</p> <p>Review on 3/14/22 of client #9's IPP, dated 3/23/21, revealed that client #9 enjoys watching television and looking at magazines.</p> <p>Additional review of client #9's IPP revealed she has formal training in the areas of identifying coin combinations, completing laundry routines, grooming her hair, and brushing her teeth.</p> <p>Interview on 3/15/22 with the Program</p>	W 249			



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W 249	<p>Continued From page 8</p> <p>Coordinator and Director confirmed that client #9 should be involved in formal trianing and integrative activities in the home.</p> <p>E. During observations in the home on 3/14/22, client #15 was observed to display several episodes of agitation by yelling, flapping his hands, and attempting to run from the day room. During the observations, staff repeatedly prompted him to sit down and on three occasions, prompted him to go to his room. Staff M was observed to escort client #15 to his bedroom and close the door.</p> <p>Additional observations in the home on 3/14/22 from 5:54pm until 6:01pm, client #15 was observed to bang his head on the tables in the day room a total of 24 times, bite his forearm 3 times, bite Staff D on her arm and hit/slap his peer 5 times. During the 7 minutes of observation, Staff D and Staff G were observed to say to client #15, "go watch TV."</p> <p>Review on 3/14/22 of client #15's Behavior Intervention Plan (BIP) dated 6/8/21 revealed during times of emerging agitation which consists of yelling, hand flapping, jumping, running, etc., staff are to redirect client #15 to an area that is a safe distance from others, but should not direct client #15 to his bedroom as a location for the purpose of de-escalating his agitation. Further review of the BIP revealed the following techniques for aggression and Self-Injurious Behavior (SIB):</p> <ul style="list-style-type: none"> <li>- For aggression, staff are to say "No [Client #15], no hitting" while moving to his side. If he does not immediately stop, use brief physical touch cues to block further attempts. If he targets a peer, he should not be allowed to approach that</li> </ul>	W 249			

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W 249	<p>Continued From page 9</p> <p>person or sit next to that person until clearly calm for at least one hour.</p> <p>- For SIB, staff are to verbally redirect him while moving to his side. If he does not immediately stop, repeat verbal interruptions and pair it with a brief physical prompt. If his SIB entails banging his head, relocate him to an area away from walls and fixed surfaces until he is calm. Remain next to him for a period of 1 minute to make sure he has stopped the SIB and try to redirect him to a functional activity.</p> <p>Interview on 3/15/22 with the Director confirmed staff should follow the steps of client #15's BIP to address the behaviors of agitation, aggression and SIB by verbally and physically prompting client #15 to an area of the home and block his attempts to aggress his peer and SIB.</p> <p>F. During observations in the home throughout the survey on 3/14/22 through 3/15/22, client #15 was observed to sit on the mat table in a "W" position, with his legs tucked under and behind him. At no time during the observations was client #15 verbally prompted or physically assisted to reposition his legs.</p> <p>Review on 3/14/22 of client #15's IPP dated 10/5/21 revealed client #15 needs to be reminded not to sit in a "W" position due to a rod in his right femur and pins in his right ankle. Further review of client #15's IPP revealed he is supported by a service goal for Leg Repositioning Guidelines. Review of the Leg Repositioning Guidelines revealed due to the rod in his right femur and pins in his right ankle, staff will redirect him anytime he is sitting in a "W" position by verbally prompting him to reposition his legs and may provide limited physical assistance if needed.</p>	W 249			



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W 249	<p>Continued From page 10</p> <p>Interview on 3/15/22 with the Director confirmed client #15 should have been prompted by staff to reposition his legs when sitting with his legs tucked under and behind him.</p> <p>G. During observations in the bedroom hallway area of the home on 3/15/22 at 7:05 am, staff F transported client #14 from his bedroom to the bathroom on a shower bed, closed the bathroom door, and started the shower water running. No other staff was present in the bathroom. At 7:30am, staff F exited the bathroom alone and walked down the hall to another area. Staff G then walked back to client #14's bedroom and stated, "Oh Lord." Observation from the hallway revealed that client #14's bed was in disarray. Staff F then returned to enter the bathroom and shut the door. At 7:35am, a second staff was observed entering the bathroom area and shutting the door. At 7:40am, client #14 exited the bathroom, bathed and dressed.</p> <p>Review on 3/14/22 of client #14's IPP, dated 10/29/21, revealed that "guidelines outline the procedures to safely bathe him." The IPP further states that there "should be 2 staff present at these times and procedures to protect his privacy."</p> <p>Review of client #14's Bathing Guidelines, located in his training book (22-S), stated that "there should always be two staff assisting with bathing client #14". The guidelines further indicate that due to client #14 "attempting to sit up or get out" of the shower bed, two staff are necessary. The guidelines state that "one staff should try to help client #14 relax and the other should assist client</p>	W 249			

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W 249	<p>Continued From page 11 #14 in bathing his body."</p> <p>Further review of the guidelines state that client #14 "must be covered and transferred back to his bedroom on the shower bed, with "both staff" assisting client #14 to transfer from the shower bed to his bed to be dressed, and then into his wheelchair.</p> <p>Review of client #14's daily program schedule listed 22-S Bathing guidelines were part of his ongoing active treatment.</p> <p>In an interview on 3/15/22 with staff F, she confirmed that that two people were to transfer client #14 to take him to the bathroom on the shower bed "because it is easier," but she stated that two staff were not required to bathe. She further stated that client #14 could be transferred and dressed in the bathroom.</p> <p>In an interview on 3/15/22 with the Director, she confirmed that two staff were needed to transfer, but she stated that "staff can bathe by themselves." When asked about client #14's stability on the shower bed, she stated, "As far as I know, he doesn't get unstable on the shower bed." The Director confirmed that the present bathing guidelines for 22-S were correct and had not changed.</p>			W 249			
W 252	<p>PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1)</p> <p>Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p>			W 252			



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W 252	<p>Continued From page 12</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure data relative to the accomplishment of objective criteria was documented in measurable terms. This affected 6 of 6 audit clients (#2, #3, #6, #9, #14 and #15). The findings are:</p> <p>A. Review on 3/14/22 of client #3's Individual Program Plan (IPP) dated 9/21/21 revealed formal training programs as follows: - Will put on her shirt: Data to be collected on 1st shift Monday, Tuesday, Wednesday, Thursday and Friday. - Complete her oral care routine: Data to be collected on 1st shift Monday, Tuesday, Wednesday, Thursday and Friday. - Put on her shoes correctly: Data to be collected on 1st shift Monday, Tuesday, Wednesday, Thursday and Friday.</p> <p>Review on 3/14/22 of client #3's formal program book revealed the last documented data collection was on 11/29/21.</p> <p>Interview on 3/15/22 with Staff A revealed she has worked at the facility since January 2022, but does not know anything about client's training objectives or data collection.</p> <p>Interview on 3/15/22 with Staff N revealed staff are supposed to document all training data in the clients formal program books.</p> <p>Interview on 3/15/22 with the facility Director revealed the program books are not up to date. The Director revealed data should be collected in</p>	W 252	<p>W252 All staff will receive training in: Data collection Goal Training All client goals and objectives All clients Behavior Goals and Data Collection</p> <p>The Director or Hab Coordinator will monitor goal training and data collection three times a week.</p> <p>The RQP will monitor goal training and data collection once weekly. The Executive Director (Corporate Office) will monitor goal training and data collection twice monthly.</p> <p>All monitoring will be documented.</p> <p>Any concerns will be followed up on.</p>	4-21-2022	

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W 252	<p>Continued From page 13</p> <p>the program books but the facility is in the process of switching over to electronic data collection. The Director confirmed training data had not been collected since November 2021.</p> <p>B. Review on 3/14/22 of client #15's IPP dated 9/21/21 revealed formal training programs as follows:</p> <ul style="list-style-type: none"> <li>- Wash his face: Data to be collected on 1st shift Monday, Tuesday, Wednesday, Thursday and Friday.</li> <li>- Brush his teeth: Data to be collected on 1st shift Monday, Tuesday, Wednesday, Thursday and Friday.</li> <li>- Sort pennies and nickels with an organizer: Data to be collected on 1st shift Monday, Tuesday, Wednesday, Thursday and Friday.</li> </ul> <p>Review on 3/14/22 of client #15's formal program book revealed the last documented data collection was on 11/30/21.</p> <p>Interview on 3/15/22 with Staff A revealed she has worked at the facility since January 2022, but does not know anything about client's training objectives or data collection.</p> <p>Interview on 3/15/22 with Staff N revealed staff are supposed to document all training data in the clients formal program books.</p> <p>Interview on 3/15/22 with the facility Director revealed the program books are not up to date. The Director revealed data should be collected in the program books but the facility is in the process of switching over to electronic data collection. The Director confirmed training data had not been collected since November 2021.</p>	W 252			

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W 252	<p>Continued From page 14</p> <p>C. Review on 3/14/22 of client #14's IPP dated 10/19/21 revealed formal training programs as follows:</p> <ul style="list-style-type: none"> <li>- Remove deodorant from hygiene basket with gestures</li> <li>- Put his keys away with independence (evening shift)</li> <li>- Allow trainer to assist him in turning on his tablet with manipulation</li> </ul> <p>Review on 3/14/22 of client #14's formal program book revealed no documentation for objective training.</p> <p>Interview on 3/15/22 with Staff A revealed she has worked at the facility since January 2022, but does not know anything about client's training objectives or data collection.</p> <p>Interview on 3/15/22 with Staff N revealed staff are supposed to document all training data in the clients' formal program books.</p> <p>Interview on 3/15/22 with the facility Director revealed the program books are not up to date. The Director revealed data should be collected in the program books but the facility is in the process of switching over to electronic data collection. The Director confirmed training data had not been collected since November 2021.</p> <p>D. Review on 3/14/22 of client #9's IPP dated 3/23/21 revealed formal training programs as follows:</p> <ul style="list-style-type: none"> <li>- Identify coin combination with gestures</li> <li>- Complete laundry routine three days per week</li> </ul>	W 252			



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W 252	<p>Continued From page 15</p> <p>- Toothbrushing skills for upper teeth</p> <p>Review on 3/14/22 of client #9's formal program book revealed no documentation for objective training.</p> <p>Interview on 3/15/22 with Staff A revealed she has worked at the facility since January 2022, but does not know anything about client's training objectives or data collection.</p> <p>Interview on 3/15/22 with Staff N revealed staff are supposed to document all training data in the clients' formal program books.</p> <p>Interview on 3/15/22 with the facility Director revealed the program books are not up to date. The Director revealed data should be collected in the program books but the facility is in the process of switching over to electronic data collection. The Director confirmed training data had not been collected since November 2021.</p> <p>E. During observations in the home on 3/14/22 at 12:15pm, Staff K walked next to client #2 to encourage him to go to the table to eat lunch. After a few steps, client #2 dropped to the floor, laying flat. Staff L went to client #2 and got him to stand up. Another observation of client #2 walking with Staff K at 12:25pm when he dropped to the floor twice and refused to walk. An additional observation on 3/15/22 at 6:48am, client #2 was walking with Staff G when he dropped to the floor, laying flat. No injuries were observed with client #2 during the intentional falls.</p> <p>Review on 3/15/22 of client #2's Behavior Support Plan (BSP) dated 6/8/21 revealed an objective to decrease inappropriate behaviors to 20 or fewer a</p>	W 252			

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W 252	<p>Continued From page 16</p> <p>month for 10 of 12 months. The behaviors were defined as: falling to floor/walk refusal, physical aggression, throwing objects, self injurious (SIB) and non-compliance. A review of client #2's program book revealed that staff stop recorded data on falling on floor/walk refusal after October, 21 and did not record anymore behavior data after November, 21.</p> <p>Interview on 3/15/22 with Staff G revealed that client #2 dropped on the floor was a behavior. Staff G acknowledged the program books no longer were used to record behavior data because staff were waiting to be trained to enter data electronically.</p> <p>F. During observations in the home on 3/14/22 at 5:25pm, client #6 while laying on sofa banged his head on the wooden side panel. Staff I approached client #6 and had him slide to the center of the sofa. An additional observation on 5:47pm, client #6 got up from sofa and pushed Staff J as she walked across the room. Staff J verbally prompted client #6 to not grab her and he sat down on sofa. On 3/15/22 at 7:12am, client #6 begins to pick the skin on his left hand and right fingers until there was bleeding. Staff G verbally redirected client #6 to stop picking at skin.</p> <p>Review on 3/14/22 of client #6's BSP dated 3/31/21 revealed an objective to decrease the frequency of inappropriate behaviors to 0 incidents per month for 12 out of 12 consecutive months. An additional review of Psychology Notes, dated 2/7/22, revealed there were no incidents in the areas of physical aggression, leaving the area, non-compliance and SIB from April, 21 to January 22. A review of client #6's program book revealed there were no data</p>	W 252			



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W 252	Continued From page 17 sheets from 2021 or 2022.	W 252			
W 312	<p>Interview on 3/15/22 with the facility's Director confirmed that staff were no longer using the program books to record data.</p> <p>Interview on 3/15/22 with the consulting Psychologist confirmed that data should be recorded on any targeted behaviors in the BSP.</p> <p><b>DRUG USAGE</b> CFR(s): 483.450(e)(2)</p> <p>be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed.</p> <p>This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure drugs to manage client behavior were only used as an integral part of the client's Individual Program Plan (IPP). This affected 1 of 6 audit clients (#15). The finding is:</p> <p>Review on 3/14/22 of client #15's IPP dated 10/5/21 revealed client #15 has a history of insomnia, difficulties going to sleep, not sleeping for days, and waking up during the night. Additional review of the IPP revealed client #15 is on medications to assist him with sleeping including Melatonin and Trazodone.</p> <p>Review on 3/14/22 of client #15's Behavior Intervention Plan (BIP) dated 6/8/21 revealed client #15 is supported with the medication Trazodone. The BIP did not include a tracking system to determine the effectiveness of the use of Melatonin.</p>	W 312	<p><b>W312</b> An interim core team meeting will be held to address the use of Melatonin as an intervention to assist with sleep hygiene. This intervention will be incorporated into an approved Behavior Intervention Program. In the future, all interventions including medications will be incorporated into an approved restrictive behavior plan, prior to implementation.</p> <p>Additionally, the Executive Director (Corporate office) will conduct training with the Director and RQP on the requirements that all restrictive interventions (including medications) be included in a restrictive behavior plan.</p> <p>The RQP will monitor all Behavior Intervention plans to assure the team includes all interventions once quarterly. The Executive Director (Corporate Office) will monitor all behavior intervention programs once quarterly. All monitoring will be documented. Any concerns will be followed up on.</p>	5-14-2022	



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W 312	Continued From page 18	W 312			
W 340	<p>Review on 3/15/22 of client #15's Physician's Orders dated 2/1/22 revealed an order for Melatonin 1mg, "Take 2 tablets by mouth every evening," ordered for 8:00pm.</p> <p>Interview on 3/15/22 wit the facility's Director confirmed the use of Melatonin for sleep behavior should be incorporated into client #15's BIP.</p> <p><b>NURSING SERVICES</b> CFR(s): 483.460(c)(5)(i)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure staff were sufficiently trained to implement appropriate health and hygiene methods. This affected 2 of 6 audit clients (#6 and #15). The findings are:</p> <p>A. During observations in the home throughout the survey on 3/14/22 through 3/15/22, client #15 was observed to repeatedly put his hands down the front and back of his pants. During the observations, client #15 was observed to touch various items in the home such as dining tables, laminated posters, doorknobs, etc. as well as participate in medication administration. At no time during the observations of client #15 putting his hands down the front or back of his pants was he prompted to wash his hands nor were any of the surfaces cleaned.</p>	W 340	<p><b>W340</b></p> <p>All staff will receive training by the RN Clinical Director in Health and hygiene methods as described in Infection Prevention and Control Policy D for standard precaution principles and policy F addressing Environmental Cleaning and Disinfection.</p> <p>The Director or Hab Coordinator will monitor Infection Prevention and Control practices three times a week.</p> <p>The Regional Nursing Director will monitor Infection Prevention and Control practices once weekly.</p> <p>The RN Clinical Director (Corporate Office) will monitor Infection Prevention and Control practices once monthly.</p> <p>All monitoring will be documented.</p> <p>Any concerns will be followed up on.</p>	5-14-2022	

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W 340	Continued From page 19 Interview on 3/15/22 with the facility's Director confirmed staff should have immediately intervened, prompted client #15 to wash his hands and then clean the surface areas he touched.  B. During observations in the home on 3/15/22 at 7:10am, client #6 was observed skin picking on his left hand. Staff G approached client #6 and said "let's not do that, it's gonna bleed." Client #6 ignored Staff G and was prompted again to stop. Staff G walked away, then client #6 began to pick at skin on the fingers of his right hand, which led to bleeding. Client #6's hands were not washed before he walked over to the dining room at 7:30am. At 7:35am, Staff G asked client #6 to help make a pot of coffee. Client #6 was given a cup with coffee grounds and he poured it into the coffee maker.  Interview on 3/15/22 with Staff G revealed that she did not have client #6 wash his hands after she observed him skin picking or before asking him to make coffee. Staff G said that she would dispose of the coffee.  Interview on 3/15/22 with the facility's Director revealed whenever a client starts bleeding, the affected area should be cleaned, then reported to the nurse.	W 340			
W 371	DRUG ADMINISTRATION CFR(s): 483.460(k)(4)  The system for drug administration must assure that clients are taught to administer their own medications if the interdisciplinary team	W 371			

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W 371	<p>Continued From page 20</p> <p>determines that self-administration of medications is an appropriate objective, and if the physician does not specify otherwise.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on observations, record reviews and interviews, the facility failed to assure 2 of 6 audit clients (#3 and #15) were taught to administer their own medications. The findings are:</p> <p>A. During observations of medication administration in the home on 3/14/22 at 7:12am, Staff E was observed to get client #15's medications out of the cabinet, punch his pills, mix them into applesauce, pour his beverage, spoon feed his medications to him and throw away his trash. At no time during the observation was client #15 prompted to participate.</p> <p>Review on 3/14/22 of client #15's IPP dated 10/5/21 revealed client #15 should be given the opportunity to be an active participant in medication administration.</p> <p>Interview on 3/15/22 with the Director confirmed client #15 should have been given the opportunity to participate in medication administration to foster his independence.</p> <p>B. During observations of medication administration in the home on 3/15/22 at 8:03am, Staff E was observed to get client #3's medications out of the cabinet, punch her pills, mix them into applesauce, pour her beverage, spoon feed her medications to her and throw away her trash. At no time during the observation was client #3 prompted to participate.</p> <p>Review on 3/14/22 of client #3's IPP dated 9/21/21 revealed client #3 is able to identify her</p>	W 371	<p>W371</p> <p>All Medication Monitors will receive training from the RN Clinical Director on all clients' objectives and strategies to promote independence in medication administration.</p> <p>Monitoring of Medication Administration to assure participation to foster independence for each client in this area will occur.</p> <p>The Regional Nursing Director will monitor Medication Administration once weekly.</p> <p>The Clinical Nursing Director (Corporate Office) will monitor Medication Administration once monthly.</p> <p>All monitoring will be documented.</p> <p>Any concerns will be followed up on.</p>	5-14-2022	



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

PRINTED: 03/17/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G054</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/15/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>SKILL CREATIONS OF SANFORD</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1751 HAWKINS AVENUE SANFORD, NC 27330</b>		
(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 371	Continued From page 21 medication bin, prepare her liquids and take them from the staff and swallow them, and dispose of her trash when finished.  Interview on 3/15/22 with the Director confirmed client #3 should have been given the opportunity to participate in medication administration to foster her independence.	W 371			
W 436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2)  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 2 of 6 audit clients (#3 and #14) were taught to use and make informed choices about the use of eyeglasses and a thumb splint. The findings are:  A. During observations in the home on 3/14/22 from 9:30am until 1:00pm, client #3 was not wearing eyeglasses. Additional observations in the home on 3/14/22 from 4:00pm until 7:00pm, client #11 was not wearing eyeglasses. At no time during the observations was client #3 prompted to wear eyeglasses.  During observations in the home on 3/15/22 from 6:30am until 8:03am, client #3 was observed not wearing eyeglasses. At 8:03am when client #3 was preparing to take her morning medications, staff went to her bedroom and came back with eyeglasses and prompted her to wear them.	W 436	W436 Client # 3 and # 14 will be furnished and encouraged to wear eyeglasses and thumb splints as ordered and recommended by the team. 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 equipment use three times a week.  The RQP will monitor equipment use once weekly.  The Executive Director (Corporate Office) will monitor equipment usage once monthly. All monitoring will be documented.  Any concerns will be followed up on.		5-14-2022

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W 436	<p>Continued From page 22</p> <p>Review on 3/14/22 of client #3's IPP dated 9/21/21 revealed she is supported by wearing eyeglasses.</p> <p>Interview on 3/15/22 with Staff E revealed client #3 should be wearing eyeglasses at all times when she is awake.</p> <p>Interview on 3/15/22 with the facility's director confirmed client #3 should be wearing eyeglasses at all times when she is awake.</p> <p>B. During observations in the home on 3/14/22 from 9:30am until 1:00pm and 4:00pm to 7:00pm, client #14 was not wearing his thumb splint. In additional observations in the home on 3/15/22 from 7:30am until 11:00pm, client #14 was not wearing his thumb splint.</p> <p>Review on 3/14/22 of client #14's IPP dated 10/19/21 revealed he is supported with a modified right thumb spica splint to reduce tightness in the web space of his right hand.</p> <p>Review on 3/15/22 of client #14's training book and Thumb Splint Guidelines (19-S) revealed that the splint is to be applied for three times per day for 60 minutes.</p> <p>In an interview on 3/15/22, staff F stated that the thumb splint was not used anymore.</p> <p>In an interview on 3/15/22, the facility director stated that she 'had not seen the thumb splint in a while.' The director revealed that she did not</p>	W 436			

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W 436	Continued From page 23 know if client #14 still wore the thumb splint, and she confirmed that she did not know the location of the thumb splint.			W 436			





**Skill Creations, Inc.**  
Post Office Box 1664  
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

DHSR - Mental Health

MAR 28 2022

April 23, 2022

Lic. & Cert. Section

RE: Recertification Completed March 14 – 15, 2022  
Skill Creations of Sanford, 1751 Hawkins Avenue, Sanford, NC 27330  
Provider Number 34G054  
MHL# 053-001

Please find enclosed the plan of correction for deficiencies received on 3-21-2022 for the annual recertification survey conducted on 3-14-2022 and 3-15-2022 at Skill Creations of Sanford. Please contact me should you have any questions or need additional information.

Thank you,

Seslie Roughton  
Chief Operations Officer –Eastern Region  
Skill Creations, Inc.  
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