

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

PRINTED: 08/10/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G056	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/10/2022
NAME OF PROVIDER OR SUPPLIER SKILL CREATIONS OF KENANSVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 200 SOUTH STOKES STREET KENANSVILLE, NC 28349		
(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	<p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</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 reviews and interviews, the facility failed to ensure 1 of 4 audit clients (#2) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the area of dining equipment. The finding is:</p> <p>During dinner observations in the home on 8/9/22, client #2 was observed eating her meal. Further observations revealed there was not a dycem mat underneath her plate. At no time was client #2's dycem mat placed underneath her plate.</p> <p>During breakfast observations in the home on 8/10/22, client #2 was observed eating her breakfast. Additional observations revealed there was no dycem mat underneath her plate. Further observations revealed staff did not place a dycem mat underneath client #2's plate.</p> <p>Review on 8/9/22 of client #2's IPP dated 6/20/22 indicated she is to use a dycem during her meals.</p>	W 249			

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

TITLE

(X6) DATE

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	W 249			
W 340	<p>During an interview on 8/10/22, the Qualified Intellectual Disabilities Professional (QIDP) stated client #2 is suppose to use a dycem mat during all her meal. Further interview revealed the dycem mat is used to help client #2's plate from sliding while she is eating.</p> <p>NURSING SERVICES 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, documentation and interview, nursing services failed to ensure that staff were sufficiently trained in the proper wearing of face masks. This potentially effected all clients (#1 through #13) residing in the facility. The findings are:</p> <p>A. During observations in the home on 8/9/22 from 5:14pm until 5:24pm, Staff A was observed wearing a face mask below her nose and on her chin. Further observations revealed at 5:21pm, Staff A was talking with a surveyor while being asked her name; the face mask was below her nose and on her chin. At 6:11pm, Staff A pulled down her face mask to talk with a client while she was standing near another client who was eating his dinner.</p> <p>During an interview on 8/9/22, the Regional Qualified Intellectual Disabilities Professional (QIDP) stated staff should be wearing a face mask while they are working with any of the</p>	W 340			

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W 340	<p>Continued From page 2 clients.</p> <p>During an interview on 8/10/22, the Director reported the correct way to wear a face mask is to have it covering the nose.</p> <p>B. During evening observations in the home on 8/9/22 Staff D and Staff E where observed wearing surgical face masks at 4:39pm. Further observations both Staff D and Staff E were working directly with clients. When the surveyors began asking questions about why Staff D and Staff E where wearing surgical masks, both staff were given N95 face masks at 6:33pm.</p> <p>During an interview on 8/10/22, Staff B stated she was wearing a N95 face mask instead of a surgical face mask because she was granted a exemption from receiving the COVID-19 vaccination.</p> <p>Review on 8/9/22 of the facility's COVID-19 vaccination information for staff, revealed Staff D and Staff E had paperwork indicating they were both approved to be exempt from receiving the vaccination for COVID-19.</p> <p>Review on 8/9/22 of the faciliy's Immunization policy revised (2022) stated, "EXEMPTIONS:...Contingency Plan a. For any ICF staff...who may enter an SCI facility who is not fully vaccinated...the following contingency measures will be in place to mitigate the spread of Covid-19...ii. Must Wear an n95 respirator and at all times, provided by SCI....".</p> <p>During an interview on 8/9/22, the Regional QIDP revealed both Staff D and Staff E reported to work at 3:00pm. Additional interview on 8/10/22,</p>	W 340			

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W 340	Continued From page 3 the Regional QIDP stated when staff are hired they have access to a handbook via email which explains that if staff are approved for an exemption from the COVID-19 vaccination, they are required to wear an N95 face masks at all times while working with any of the clients.	W 340			
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 1 of 4 audit clients (#5) was taught to use and make informed choices about the use of eyeglasses. The finding is: During observations at the home throughout the survey on 8/9/22 through 8/10/22, client #5 was not wearing eyeglasses. Throughout the observations, client #5 was carrying his eyeglasses in his hand or had them laying on the table beside him. Only once during observations was client #5 prompted to put his eyeglasses on by staff. Review on 8/9/22 of client #5's Individual Program Plan (IPP) dated 2/14/22 revealed client #5 wears eyeglasses and has a diagnosis of bilateral myopia and presbyopia. Review also revealed client #5 has a service goal to care for his eyeglasses implemented 5/29/12 and a target date of 3/28/23. The service goal states client	W 436			

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W 436	<p>Continued From page 4</p> <p>#5's glasses should be worn during waking hours and staff should encourage him to wear them through the day and if he refuses it should be documented on his behavior log.</p> <p>Interview on 8/10/22 with Staff C revealed client #5 should be wearing his eyeglasses during waking hours and will frequently take them off to perform a task but staff should encourage him to put them back on.</p> <p>Interview on 8/10/22 with the facility director revealed client #5 does have eyeglasses and should be wearing them while awake. The facility director also confirmed that client #5 should be prompted by staff to put them on if he is not wearing them.</p>	W 436			