

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G063	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/07/2022
NAME OF PROVIDER OR SUPPLIER SKILL CREATIONS OF KINSTON			STREET ADDRESS, CITY, STATE, ZIP CODE 901 DOCTORS DRIVE KINSTON, NC 28503		
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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 3 of 4 audit clients (#2, #5 and #8) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of objective implementation, dining skills and communication. The findings are:</p> <p>A. During observations in the home on 9/6/22 from 3:50pm - 4:07pm, client #8 sat away from other clients on the couch wearing a soft helmet. The client consistently hit himself on both sides of the helmet or repeatedly slapped the back of his neck causing it to appear a bright red. While the client repeatedly hit himself, no redirection or physical prompts were provided from staff. As the client stood up and attempted to walk away from the couch on several occasions, Staff H stated, "I know what you want... You can't go to your room." The staff then prompted client #8 back to the couch where he continued hitting himself.</p> <p>Interview on 9/6/22 with Staff H revealed client #8 wears the helmet for his self-injurious behaviors</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	<p>Continued From page 1</p> <p>and often takes "a long time to calm". The staff stated client #8 normally wants to go to his bedroom but they try to keep him with the group as best they can.</p> <p>Review on 9/7/22 of client #8's Behavior Support Plan (BSP) last revised 8/1/22 revealed an objective to display four or less self-injurious behaviors per month for eight calendar months. Additional review of the BSP indicated, "[Client #8's] attempts to self injure himself will be immediately interrupted utilizing physical prompts. Fade or gradually withdraw physical assistance as cooperation is obtained...If [Client #8] still does not comply after being released, physical assistance will be employed for ten second intervals as necessary to complete the task. 2...If [Client #8] continuously displays self injurious behaviors for a period exceeding thirty seconds or is actively self injurious and cannot be interrupted with physical prompts, his soft helmet will be applied..."</p> <p>Interview on 9/7/22 with the Habilitation Director (HD) confirmed client #8's BSP should be implemented as written.</p> <p>B. During observations in the home throughout the survey on 9/6/22 - 9/7/22, client #8 was non-verbal and frequently noted sitting on a couch away from other clients in the room or remained in his bedroom. The client periodically exhibited self-injurious behaviors by hitting himself on both sides of his head or slapping the back of his neck. Throughout the observations, the client was not presented with any choices of activities and no communication board was present or utilized during interactions.</p>	W 249			

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W 249	<p>Continued From page 2</p> <p>During observations in the home on 9/6/22 from 3:50pm - 4:07pm, client #8 sat away from other clients on the couch wearing a soft helmet. The client consistently hit himself on both sides of the helmet or repeatedly slapped the back of his neck causing it to appear a bright red. As the client stood up and attempted to walk away from the couch on several occasions, Staff H stated, "I know what you want... You can't go to your room." The staff then prompted client #8 back to the couch where he continued hitting himself. During this observation, no communication board was present or utilized.</p> <p>Interview on 9/7/22 with Staff D revealed client #8 likes to "stay active" by going outside or completing chores like wiping the table or taking out the trash. Additional interview indicated he utilizes a communication board "when he wants something". Further interview with Staff K revealed client #8's communication board has different pictures on it and he will use it to point to what he wants. The staff noted he usually only points to the picture of a blanket on the board.</p> <p>Review on 9/7/22 of client #8's IPP dated 6/28/22 revealed he utilizes a communication board. Additional review of the plan noted communication guidelines. Review of the guidelines noted, "[Client #8] should use his communication board to indicate his needs and wants. [Client #8] communication board be kept near him in the event he needs to communicate. When [Client #8] attempts to vocalize his needs and wants, staff will get his communication board, and assist [Client #8] with finding the correct image that will help him communicate to staff his needs and wants. Once staff assists [Client #8] with finding the correct image, [Client #8] will</p>	W 249			

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

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W 249	<p>Continued From page 3</p> <p>point to what he is trying to communicate to staff. Once it is determined what he wants, staff will ensure his needs and wants are addressed."</p> <p>Further review of the IPP indicated the client follows 2 step commands and learns new tasks quickly after they are modeled for him.</p> <p>Interview on 9/7/22 with the HD and Executive Director (ED) confirmed client #8 uses a communication board throughout his day and the board is usually kept near him for availability.</p> <p>C. During dinner observations in the home on 9/6/22 at 6:05pm and on 9/7/22 during breakfast at 8:23am, staff fed client #2 his meal without his assistance.</p> <p>Interview on 9/6/22 - 9/7/22 with Staff M revealed client #2 is fed by staff and does not feed himself. Staff N stated, "He's blind...He can't do nothing for himself really."</p> <p>Review on 9/7/22 of client #2's IPP dated 9/7/21 revealed service 11-S for Mealtime Guidelines. Additional review of the guidelines indicated, "Due to [Client #2] being blind and is inconsistent with his eating habits, staff will follow these guidelines to help him be successful during meals...Staff will encourage him to use his utensils for appropriate food items...In the event, [Client #2] is spilling food while he is trying to eat, staff will use hand over hand with him to eat...If he refuses to allow staff to manipulate him, staff will feed him if he's cooperative..."</p> <p>Interview on 9/7/22 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #2's mealtime guidelines should be followed as</p>	W 249			

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W 249	Continued From page 4 written. D. During lunch observations in the home on 9/6/22 at 11:52am, staff set client #5's place setting including her spoon and cups. Client #5 was not prompted or assisted to place any of her dining equipment. Interview on 9/7/22 with Staff K revealed she was not aware of any goals client #5 can complete during meals. The staff later indicated client #5 has training goals for placing her cup and her spoon on the table at meals. Review on 9/6/22 of client #5's IPP dated 12/22/21 revealed objectives to place her cup on the table for 10 sessions with prompts for 3 consecutive months (implemented 6/2/22) and to place her spoon on the table for 10 sessions with prompts for 3 consecutive months (implemented 6/2/22). Additional review of both objectives indicated training should occur "Monday thru Friday During Meal Time".	W 249			
W 306	PHYSICAL RESTRAINTS CFR(s): 483.450(d)(6) Opportunity for motion and exercise must be provided for a period of not less than 10 minutes during each two hour period in which restraint is employed. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure 2 of 4 audit clients (#5 and #8) had the opportunity for motion	W 306			

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W 306	<p>Continued From page 5</p> <p>and exercise for a period of not less than 10 minutes for every two hour period in which restraints are used. The findings are:</p> <p>A. During observations in the home throughout the survey on 9/6/22 - 9/7/22, client #5 wore a large glove over her left hand/wrist. The tips of the client's fingers and thumb were visible while the glove extended over her entire hand/wrist and approximately 2 - 3 inches past her left wrist. The client was periodically observed with her mouth on the glove. Client #5 was not observed with the glove off her wrist throughout the survey.</p> <p>Interview on 9/6/22 with Staff J revealed client #5 wears the glove on her left hand due to her biting behavior. The staff noted the client wears the glove "all day" except at bedtime. Additional interview with Staff D indicated client #5 wears the glove "all the time" and they only remove it during bathing. The staff noted the client bites her thumb and cannot remove the glove on her own. Further interview with Staff D revealed they do not document the use of client #5's glove.</p> <p>Review on 9/7/22 of client #5's Behavior Support Plan (BSP) revealed an objective to address self-injury, specifically biting or hitting herself. The plan noted client #5 uses "restrictive gloves" to redirect self-injurious behavior. Additional review of the BSP indicated, "[Client #5] is not to wear her gloves for periods exceeding one hour and fifty consecutive minutes."</p> <p>Interview on 9/7/22 with the Habilitation Director (HD) confirmed staff should be removing client #5's restrictive glove as noted in her BSP.</p> <p>B. During observations in the home throughout</p>	W 306			

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W 306	Continued From page 6 the survey on 9/6 - 9/7/22, client #8 wore a soft helmet secured by a chin strap. The client periodically hit the helmet on both sides and screamed. Client #8 was not observed to remove the helmet and no staff were noted to remove it. The client was not observed without the helmet on at anytime during the survey. Interview on 9/6/22 with Staff H revealed client #8 wears the helmet due to his self-injurious behavior and he wears it "all the time" except during his shower. Interview on 9/7/22 with Staff D indicated client #8 wears the helmet "throughout the day" for agitation and should get 10 - 15 minute breaks. The staff also indicated she thought use of the helmet was documented "somewhere". Review on 9/7/22 of client #8's BSP (revised 8/1/22) revealed an objective to address self-injurious behaviors of hitting or slapping himself. The plan identified the use of a soft helmet. Additional review of the BSP indicated the helmet should be applied when self-injurious behaviors are displayed for a period exceeding thirty seconds and cannot be interrupted with physical prompts. The plan did not indicate the helmet should be worn continuously throughout the day. Interview on 9/7/22 with the HD and Executive Director (ED) confirmed client #8's helmet is considered a restrictive device and should be removed periodically.	W 306			
W 307	PHYSICAL RESTRAINTS CFR(s): 483.450(d)(6) Opportunity for motion and exercise must be	W 307			

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W 307	<p>Continued From page 7 provided and a record of such activity must be kept.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure a record for restraint use was kept. The findings are:</p> <p>A. During observations in the home throughout the survey on 9/6 - 9/7/22, client #5 wore a large glove over her left hand/wrist. The tips of the client's fingers and thumb were visible while the glove extended over her entire hand/wrist and approximately 2 - 3 inches past her left wrist. The client was periodically observed with her mouth on the glove. Client #5 was not observed with the glove off her wrist throughout the survey.</p> <p>Interview on 9/6/22 with Staff J revealed client #5 wears the glove on her left hand due to her biting behavior. The staff noted the client wears the glove "all day" except at bedtime. Additional interview with Staff D indicated client #5 wears the glove "all the time" and they only remove it during bathing. The staff noted the client bites her thumb and cannot remove the glove on her own. Further interview with Staff D revealed they do not document the use of client #5's glove.</p> <p>Review on 9/7/22 of client #5's Behavior Support Plan (BSP) revealed an objective to address self-injury, specifically biting or hitting herself. The plan noted client #5 uses "restrictive gloves" to redirect self-injurious behavior. Additional review of the BSP indicated, "[Client #5] is not to wear her gloves for periods exceeding one hour and fifty consecutive minutes."</p> <p>Interview on 9/7/22 with the Habilitation Director (HD) and Executive Director (ED) confirmed staff</p>	W 307			

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W 307	<p>Continued From page 8</p> <p>should be removing client #5's restrictive glove as noted in her BSP. Additional interview indicated use of the glove should be documented; however, no documentation was provided.</p> <p>B. During observations in the home throughout the survey on 9/6/22 - 9/7/22, client #8 wore a soft helmet secured by a chin strap. The client periodically hit the helmet on both sides and screamed. Client #8 was not observed to remove the helmet and no staff were noted to remove it. The client was not observed without the helmet on at anytime during the survey.</p> <p>Interview on 9/6/22 with Staff H revealed client #8 wears the helmet due to his self-injurious behavior and he wears it "all the time" except during his shower. Interview on 9/7/22 with Staff D indicated client #8 wears the helmet "throughout the day" for agitation and should get 10 - 15 minute breaks. The staff also indicated she thought use of the helmet was documented "somewhere".</p> <p>Review on 9/7/22 of client #8's BSP (revised 8/1/22) revealed an objective to address self-injurious behaviors of hitting or slapping himself. The plan identified the use of a soft helmet. Additional review of the BSP indicated the helmet should be applied when self-injurious behaviors are displayed for a period exceeding thirty seconds and cannot be interrupted with physical prompts. The plan did not indicate the helmet should be worn continuously throughout the day.</p> <p>Interview on 9/7/22 with the HD and ED confirmed client #8's helmet is considered a restrictive device and should be removed</p>	W 307			

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W 307	Continued From page 9 periodically. Additional interview indicated use of client #8's helmet should be documented; however, no documentation was provided.	W 307			
W 312	DRUG USAGE CFR(s): 483.450(e)(2) 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. This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to ensure a drug used to address client #5's inappropriate behaviors was included in a formal active treatment plan. This affected 1 of 4 audit clients. The finding is: Review on 9/7/22 of client #5's Behavior Support Plan (BSP) dated 1/22/22 revealed an objective to decrease episodes of self injury to a total of five or fewer per month for 10 out of 12 calendar months. Additional review of the plan did not identify the use of any restrictive medications. Further review of the client's current physician's orders dated 8/1/22 - 10/31/22 indicated an order for Risperdal .25mg, take 1 tablet by mouth three times daily. Interview on 9/7/22 with the Habilitation Director (HD) confirmed client #5 ingests Risperdal to address her inappropriate behaviors; however, the medication was not included in her current BSP.	W 312			
W 340	NURSING SERVICES CFR(s): 483.460(c)(5)(i) Nursing services must include implementing with	W 340			

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W 340	<p>Continued From page 10</p> <p>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, record review and interviews, the facility failed to ensure all staff were sufficiently trained to wear latex gloves appropriately. The findings are:</p> <p>A. During observations in the home throughout the survey on 9/6/22 - 9/7/22, Staff F consistently wore latex gloves while performing various tasks. For example, the staff was noted wearing latex gloves while interacting with clients during leisure activities. Staff F also wore gloves while assisting various clients to serve themselves and perform other tasks at meals. The staff was also observed wearing gloves while seated in a hallway just outside of a client's bedroom.</p> <p>During an interview on 9/7/22 with Staff F, when asked if she had been trained to wear latex gloves throughout the work day, the staff stated, "I do it myself...I feel better with me wearing them." The staff did not indicate she had been trained to wear gloves throughout the day.</p> <p>B. During observations of leisure activities in the home on 9/6/22 at 4:18pm, Staff L put on a pair of latex gloves, retrieved a toy tambourine, took the toy to client #2 and shook it near his head while touching him on his right shoulder. After less than a minute, Staff L left client #2, returned the tambourine, immediately removed the gloves and washed her hands.</p> <p>During additional observations in the home on</p>	W 340			

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W 340	<p>Continued From page 11</p> <p>9/6/22 at 5:47pm, Staff L put on a pair of latex gloves, retrieved a disinfectant wipe, used it to wipe client #2's hands, immediately removed the gloves and washed her hands.</p> <p>During further observations in the home on 9/6/22 at 6:16pm, Staff M wore latex gloves while feeding client #2 his entire meal.</p> <p>Interviews on 9/6/22 with Staff L and Staff M revealed client #2 has Hepatitis and they had been trained to wear gloves when working with him. The staff noted he is the only client they would wear gloves with for feeding.</p> <p>C. During observations in the home on 9/6/22 at 4:25pm, Staff H wore latex gloves while seated just outside of client #8's bedroom door. At this time, the client was in his bedroom periodically hitting himself and screaming.</p> <p>Interview on 9/6/22 with Staff H revealed they were wearing the gloves to "protect myself" since the home had "just finished with the Coronavirus".</p> <p>Review on 9/7/22 of the facility's policy regarding glove use noted gloves should be "worn for contact with blood, body fluids, secretions, excretions, contaminated items, mucous membranes and non-intact skin." Additional review of the policy did not indicate gloves should be worn under other circumstances. Further review of client #2's current Individual Program Plan (IPP) dated 9/7/21 revealed he has Hepatitis B; however, the plan did not indicate staff should wear gloves during all interactions with him including at mealtime.</p> <p>Interview on 9/7/22 with the Habilitation Director</p>	W 340			

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W 340	Continued From page 12 (HD) confirmed staff should only wear gloves as indicated in the facility's policy. Additonal interview indicated staff have not been trained to wear gloves during interactions with and while feeding client #2.	W 340			
W 382	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure all medications remained locked except when being administered. The finding is: During morning observations in the home on 9/7/22 at 7:12am, the door to the medication area was open. The medication monitor (Staff O) was not in the medication room. At 7:13am, Staff O returned to the medication area. At this time, the medication cabinets which contained each client's medications was noted to be unlocked. Interview on 9/7/22 with Staff O revealed the door to the medication storage room automatically locks when it's closed and a code must be entered to unlock the door. Additional interview with the staff noted she had been trained to close the door to the medication area when leaving the room. Review on 9/7/22 of the facility's Medication Administration policy (revised December 2021) revealed, "Medication cabinets/closets are locked at all times except during medication preparation." Additional review of the facility's	W 382			

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

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G063	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/07/2022
NAME OF PROVIDER OR SUPPLIER SKILL CREATIONS OF KINSTON			STREET ADDRESS, CITY, STATE, ZIP CODE 901 DOCTORS DRIVE KINSTON, NC 28503		
(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 382	Continued From page 13 policy for Medication Labeling, Storage and Disposal (revised December 2021) noted, "The medication storage area remains locked unless in use." Interview on 9/7/22 with the Habilitation Director (HD) confirmed medications should remain locked when not being administered as per the policy.	W 382			