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 _____	01/24/2023

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 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 1 of 6 audit clients (#8) was provided the opportunity of choice. The finding is: During observations in the home on 1/24/23 at 4:01pm, client #8's wheelchair was locked by staff which prevented her from self propelling her wheelchair around the dayroom. At 4:05pm, client #8's wheelchair was again locked by staff. Further observations revealed client #8's wheelchair was locked at 5:21pm by staff as she self propelled her wheelchair around the dayroom. Additional observations revealed client #8's wheelchair was once again locked at 5:23pm, which prevented her from self propelling around the dayroom. Further observations indicated client #8 was unable to unlock her wheelchair on her own. Review on 1/23/23 of client #8's Individual Program Plan (IPP) dated 8/30/22 did not indicate her wheelchair should be locked, to prevent her from self propelling her wheelchair. During an interview on 1/24/23, the Qualified Intellectual Disabilities Professional (QIDP) stated client #8's wheelchair should not have been locked when she is self propelling herself around her own environment.	W 247		
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)	W 249		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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 _____	01/24/2023

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	Continued From page 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 3 of 6 audit clients (#2, #6 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 leisure training opportunities, behavior intervention, and adaptive equipment. The findings are: A. Observations in dayroom on 1/23/23 revealed client #2 sitting in his wheelchair throughout the day with no activity, training, or staff interaction. During morning programming, client #2 sat in his wheelchair with an activity tray containing a large sensory ball attached by a long, hanging scarf. At 11:10am, client #2 moved the sensory ball several times until the ball fell. From 11:15am - 12:15pm, client #2 sat in his wheelchair with no further activity or staff interaction. At 12:15pm, staff applied a clothing protector to client #2 and told him it would be time to eat soon. From 12:15pm-12:55pm, client #2 sat waiting for his food with no interaction or activity offered. Further observation during afternoon programming, revealed client #2 in his wheelchair	W 249		

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 _____	01/24/2023

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	Continued From page 2	W 249		

with an empty tray attached. At 3:50pm, Staff D placed a small bin and four balls on the activity table in front of client #2's wheelchair tray, out of his reach and sight. At 4:10pm, Staff C placed balls on client #2's tray and told him to throw the ball in the bin. Staff C then walked away to interact with another client. From 4:15pm - 5:12pm, client #2 sat in his wheelchair with no activity or interaction. At 5:12pm, the QIDP placed balls on client #2's tray and prompted him to put balls in the bin on the table. No further training was offered. From 5:15pm - 6:15pm, client #2 sat in his wheelchair with no activity and no staff interaction.

Review on 1/23/23 of client #2's IPP, dated 7/12/22, revealed that activities on his tray were important to client #2. The IPP stated that client #2 desires to be a more active participant when involved in activities, but he is not independent in leisure skills. Further review of client #2's training objectives revealed that client #2 has a goal of placing balls in a bin with gestures in which staff are to place balls on client #2's tray and hold the bin within arms reach. The staff are to then gesture for client #2 to put the balls in the bin, allowing 30 seconds before offering further prompting.

Review on 1/23/23 of the Group Two Programming Schedule for client #2 revealed that 10:00am-12:00pm activities should be structured to include: games, arts & crafts, exercise, communication, and structured leisure. In addition, the schedule revealed that 4:00pm-6:00pm activities should include: exercise, education/prevocational, communication, arts & crafts, and games.

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 _____	01/24/2023

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	Continued From page 3 Interview on 1/24/23 with the director revealed that staff should be interacting with client #2 and including him in activities. Interview on 1/24/23 with the Qualified Intellectual Disabilities Professional (QIDP) revealed that the QIDP had interacted for a few minutes with client #2. The QIDP stated that staff should provide structured activities to include client #2. B. Observation in the dayroom on 1/23/23 revealed client #6 biting the back of his wrists and hands repeatedly without any staff intervention. During morning activity observations from 11:25am-12:50pm, client #6 laid on his wheeled bed in the television area and bit the back of his hands and wrist area eight times. Visual observation of client #6's hands and wrist area revealed redness and irritation on both hands. During afternoon activity observations from 3:45pm-5:01pm, client #6 laid in the television area on his wheeled bed and frequently bit the back of his hands. At no point did staff intervene to stop client #6 from biting his hands or attempt to use communication techniques. Review on 1/23/23 of client #6's IPP, dated 8/16/22, revealed a "behavior disorder of self-injurious behavior (SIB)" to include biting arms and hands. The IPP stated that treatment to hands as needed with antibiotic cream and a service for monitoring client #6's SIB would be initiated. Further review of the IPP revealed that client #6 exhibits SIB when becoming frustrated in trying to communicate wants/needs. In addition, the IPP stated that staff should document SIB behavior and follow guidelines in place for staff intervention.	W 249		

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 _____	01/24/2023

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	Continued From page 4 Review on 1/23/23 of client #6's behavior guidelines for staff intervention revealed staff should use communication techniques to assist client #6 to communicate wants/needs, including asking questions, offering choices, and using an eye blinking yes/no strategy. The guidelines stated should client #6 engage in SIB behavior, staff should immediately tell client #6 to stop and offer verbal prompts, with brief physical prompts if needed, until calm. Interview on 1/23/23 with Staff D revealed client #6 bit his hands frequently. When asked what client #6's plan was for intervention, Staff D did not respond. Interview on 1/24/23 with the director revealed that staff should intervene when client #6 engages in SIB behavior and stop him from biting his hands. Interview on 1/24/23 with the Regional Qualified Intellectual Disabilities Professional (QIDP) revealed that a behavior intervention plan (BIP) had been developed for client #6 on 12/6/22 to include a protective glove when SIB was observed. The QIDP stated that consent had been secured on 1/23/23 and the plan would be implemented as soon as staff were trained. The QIDP stated that staff should presently be intervening according to guidelines when client #6 bites his hands. C. During morning observations in the home on 1/24/23 at 7:23am, client #14 was observed standing up from the couch and taking 8 - 10 steps without any staff assistance. Further	W 249		

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 _____	01/24/2023

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	Continued From page 5 observations revealed after the tenth step staff came over and took hold of client #14's gait belt. Further observations revealed at 7:23am, client #1 standing in front of a cabinet which contained leisure items, without any staff holding onto his gait belt. Additional observations at 7:24am, client #14 was observed bending down while looking inside of a cabinet which held leisure items. Staff again was not observed holding onto his gait belt. Review on 1/23/23 of client #14's IPP dated 11/10/22 stated, "He wears the gait belt at all times during walking hours". Review on 1/24/23 of client #14's Physical Therapy Annual Evaluation dated 10/13/22 revealed, "...contact assistance of one staff using gait belt to assure safety to compensate for unpredictable unsteadiness". During an interview on 1/24/23, the QIDP stated staff should be holding onto client #14's gait belt at all times while he is ambulating.	W 249		
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 recommended equipment, specifically flatbed-seating system, was maintained in good	W 436		

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 _____	01/24/2023

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 436	Continued From page 6 condition for 1 of 6 audit clients (#6). The finding is: Observations throughout the survey on 1/23/23-1/24/23 revealed client #6's Gendron elevating flatbed-seating cover badly torn with large pieces of bare foam underneath the main area client #6's buttocks. In addition, a piece of the foam was torn and hanging out. Review on 1/23/23 of client #6's individual program plan (IPP), dated 8/16/22, revealed client #6 is non-ambulatory and dependent on a Gendron elevating flatbed-seating system for positioning and mobility. Features of the flatbed include a foam place molded system. The IPP stated that repairs were needed on the covering of the flatbed wheelchair "as soon as possible since it is a sanitation and safety issue." The IPP further stated that material had been ordered to upholster the bed, and the bed would be covered as soon as material arrived. Interview on 1/24/23 with the director revealed that their occupational therapist (OT) and physical therapist (PT) were usually prompt about taking care of items for clients. The director stated that the bed being fixed had been discussed in August at the meeting. The director could not locate documentation from the OT or PT pertaining to the flatbed repair. The director agreed that the flatbed should have been repaired.	W 436		
W 454	INFECTION CONTROL CFR(s): 483.470(I)(1) The facility must provide a sanitary environment to avoid sources and transmission of infections.	W 454		

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 _____	01/24/2023

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 454	Continued From page 7 This STANDARD is not met as evidenced by: Based on observations, interviews the facility failed to ensure proper infection control procedures were followed in order to promote client health/safety and prevent possible cross-contamination. This potentially affected all clients (#1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14 and #15) residing in the home. The finding is: During observations in the home on 1/23/23, client #15 client began sneezing at 3:55pm. Further observations revealed while client #15 client was sneezing, he was around other clients and staff. Client #15 was not offered a mask until 5:10pm. Additional observations revealed client #15 did not wear the mask on a consistent basis; he was observed wearing the mask below his nose or removing it all together. During an interview on 1/23/23, the Program Coordinator stated client #15 should have been removed from the group while he was sneezing.	W 454		