

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G079	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/14/2023
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NAME OF PROVIDER OR SUPPLIER SKILL CREATIONS OF WILSON	STREET ADDRESS, CITY, STATE, ZIP CODE 2000 MARTIN LUTHER KING JR PARKWAY WILSON, NC 27893
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W 340	<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, record review and interviews, the facility failed to ensure all staff were sufficiently trained to implement appropriate hygiene methods for the overall health and well-being of all clients. This affected 4 of 7 audit clients (#3, #5, #9 and #12). The finding is:</p> <p>During observations in the home on 3/14/23 at 8:22am, various grooming bins were located on a table in the day room. The bins were labeled with each client's name and contained grooming items such as hair combs/brushes, lotion, Vaseline, makeup, nail clippers, etc. No two grooming bins contained the exact same items. Additional observations revealed Staff C seated with client #9 in the middle of the day room while clipping the client's finger nails. The client became agitated, snatched her hand away from the staff, began vocalizing loudly and then jumped up from the chair and ran across the room.</p> <p>During further observations in the day room at 8:40am, Staff C obtained client #3's grooming bin, retrieved his nail clippers and began clipping the client's fingernails. At this time, client #9 was seated within arms reach of the staff and client #3 as he performed this grooming task. Client #5 was also observed clipping their own nails (toe nails and fingernails) at a nearby table in the room. At 8:50am, Staff C sat with client #12 and</p>	W 340		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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 340	Continued From page 1 began cutting the client's fingernails. The staff was noted to use the same nail clippers that were used for client #3, before returning the clippers to the client #3's grooming bin. The nail clippers were not sanitized between uses or before returning them to the grooming bin. Although nail clippings were visible in and around the day room area, the staff was not observed to clean and/or sanitize the area where various clients' nails were being clipped. Immediate interview with Staff C confirmed they had used the same nail clippers for client #3 and client #12 since client #3's nail clippers were broken. Additional interview indicated it was a common practice to cut client's fingernails in the day room after breakfast. Review on 3/14/23 of the facility's infection prevention and control policy dated November 2021 revealed staff are trained annually on "...Environmental cleaning and disinfection...Personal hygiene principles to prevent pathogen cross contamination..." Interview on 3/14/23 with the former Facility Director confirmed the act of clipping various client's fingernails in the day room was a common practice in the home. The Director also acknowledged use of a single pair of nail clippers for more than one client should not occur.	W 340			
W 508	COVID-19 Vaccination of Facility Staff CFR(s): 483.430(f)(1)-(3)(i)-(x) § 483.430 Condition of Participation: Facility staffing. (f) Standard: COVID-19 Vaccination of facility staff. The facility must develop and implement	W 508			

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W 508	Continued From page 2 policies and procedures to ensure that all staff are fully vaccinated for COVID-19. For purposes of this section, staff are considered fully vaccinated if it has been 2 weeks or more since they completed a primary vaccination series for COVID-19. The completion of a primary vaccination series for COVID-19 is defined here as the administration of a single-dose vaccine, or the administration of all required doses of a multi-dose vaccine. (1) Regardless of clinical responsibility or client contact, the policies and procedures must apply to the following facility staff, who provide any care, treatment, or other services for the facility and/or its clients: (i) Facility employees; (ii) Licensed practitioners; (iii) Students, trainees, and volunteers; and (iv) Individuals who provide care, treatment, or other services for the facility and/or its clients, under contract or by other arrangement. (2) The policies and procedures of this section do not apply to the following facility staff: (i) Staff who exclusively provide telehealth or telemedicine services outside of the facility setting and who do not have any direct contact with clients and other staff specified in paragraph (f)(1) of this section; and (ii) Staff who provide support services for the facility that are performed exclusively outside of the facility setting and who do not have any direct contact with clients and other staff specified in paragraph (f)(1) of this section. (3) The policies and procedures must include, at a minimum, the following components: (i) A process for ensuring all staff specified in paragraph (f)(1) of this section (except for those staff who have pending requests for, or who have	W 508			

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W 508	Continued From page 3 been granted, exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations) have received, at a minimum, a single-dose COVID-19 vaccine, or the first dose of the primary vaccination series for a multi-dose COVID-19 vaccine prior to staff providing any care, treatment, or other services for the facility and/or its clients; (iii) A process for ensuring the implementation of additional precautions, intended to mitigate the transmission and spread of COVID-19, for all staff who are not fully vaccinated for COVID-19; (iv) A process for tracking and securely documenting the COVID-19 vaccination status of all staff specified in paragraph (f)(1) of this section; (v) A process for tracking and securely documenting the COVID-19 vaccination status of any staff who have obtained any booster doses as recommended by the CDC; (vi) A process by which staff may request an exemption from the staff COVID-19 vaccination requirements based on an applicable Federal law; (vii) A process for tracking and securely documenting information provided by those staff who have requested, and for whom the facility has granted, an exemption from the staff COVID-19 vaccination requirements; (viii) A process for ensuring that all documentation, which confirms recognized clinical contraindications to COVID-19 vaccines and which supports staff requests for medical exemptions from vaccination, has been signed and dated by a licensed practitioner, who is not the individual requesting the exemption, and who	W 508			

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W 508	<p>Continued From page 4</p> <p>is acting within their respective scope of practice as defined by, and in accordance with, all applicable State and local laws, and for further ensuring that such documentation contains:</p> <p>(A) All information specifying which of the authorized COVID-19 vaccines are clinically contraindicated for the staff member to receive and the recognized clinical reasons for the contraindications; and</p> <p>(B) A statement by the authenticating practitioner recommending that the staff member be exempted from the facility's COVID-19 vaccination requirements for staff based on the recognized clinical contraindications;</p> <p>(ix) A process for ensuring the tracking and secure documentation of the vaccination status of staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations, including, but not limited to, individuals with acute illness secondary to COVID-19, and individuals who received monoclonal antibodies or convalescent plasma for COVID-19 treatment; and</p> <p>(x) Contingency plans for staff who are not fully vaccinated for COVID-19.</p> <p>Effective 60 Days After Publication:</p> <p>(ii) A process for ensuring that all staff specified in paragraph (f)(1) of this section are fully vaccinated for COVID-19, except for those staff who have been granted exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations;</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility</p>	W 508			

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

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W 508	<p>Continued From page 5</p> <p>failed to ensure follow-up for a staff with a temporary medical exemption from the COVID-19 vaccination was completed. The finding is:</p> <p>Review on 3/14/23 of facility's employee COVID-19 vaccination records revealed Staff G was granted a medical exemption on 1/24/22. Additional review of the employee's Request for a Medical Exemption from COVID-19 Vaccine Requirement form revealed Staff G was given approval for a "time-limited" medical exemption due to pregnancy. The form was signed by a clinician and dated 1/20/22. Further review of the form noted, "Note:...Pregnancy is not a medical contraindication. However, a time-limited deferment to the COVID-19 vaccine policy will be granted during pregnancy. Employees will need to receive vaccination when they return to work.)" Review of the facility's employee COVID-19 vaccination records did not reveal proof of vaccination or an approved exemption for Staff G as of the date of the survey.</p> <p>Interview on 3/14/23 with the Habilitation Coordinator and the former Facility Director confirmed Staff G is no longer pregnant; however, she has not provided proof of a vaccination or requested an exemption from the COVID-19 vaccination.</p>	W 508			