

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 08/02/2023
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 240	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(i)</p> <p>The individual program plan must describe relevant interventions to support the individual toward independence. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #5's Individual Program Plan (IPP) included specific information to support his independence during mobility. This affected 1 of 4 audited clients. The finding is:</p> <p>During observations at the day program on 8/1/23 at 11:50am, client #5's left wheel on his wheelchair was locked. As the client attempted to move the chair using his feet, he was only able to move in a circular motion.</p> <p>During dinner observations in the home on 8/1/23 at 5:30pm, Staff C moved client #5 in his wheelchair to the dinner table and locked the wheels on the chair. Client #5's feet were on the floor and unable to move the chair.</p> <p>During breakfast observation in the home on 8/2/23 at 8:18am, Staff C moved client #5 wheelchair into the dining area and locked the wheels on the chair. Client #5 rested his feet on foot rest that were on the wheelchair.</p> <p>Interview on 8/1/23 with Staff C revealed client #5 he uses his feet to move the wheelchair. Staff C didn't recall when or if she was told to lock the wheels on the chair.</p> <p>Review on 8/1/23 of client #5's IPP dated 3/28/23 did not include any specific guidelines or information to support his independence while in</p>	W 240			

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 240	Continued From page 1 the wheelchair. Interview on 8/2/23 the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #5's IPP does not include specific information to support his independence while using his wheelchair or have any wheelchair guidelines for staff to reference.	W 240			
W 249	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. 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) received a continuous active treatment program as identified in the Individual Program Plan (IPP) in the area of communication. The finding is: Throughout observations in the home and at the day program during the survey on 8/1 - 8/2/23 client #5 was nonverbal and used gestures and head movements to communicate with staff. During this time, client #5 was not prompted or assisted to use a communication book. Record review on 8/2/23 of client #5's IPP	W 249			

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W 249	Continued From page 2 revealed he has a communication book that should be with him at all times to assist him with communicating. Interview on 8/2/23 with Staff A indicated she was unaware of client #5 having a communication book. Interview on 8/2/23 with Qualified Intellectual Disabilities Professional (QIDP) indicated client #5 did have a communication book that was brought with him from his previous placement.	W 249			
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, document review and interviews, the facility failed to ensure all medications remained locked up to the point of administration and all controlled medications were double locked. This affected 2 of 2 clients (#5 and #9) observed receiving medications at the day program. The findings are: A. During afternoon observations at the day program on 8/1/23 at 12:05pm, client #9 was brought to the medication area in the dining room. As the client was brought in and sat at the table to receive his medications, his pill cards were noted on the table near the medication box and the medication box was unlocked. At 12:07pm, the Medication Technician (MT) pulled client #5's pill card from the medication box and placed it on the table. The MT then left the area to retrieve client #5. As the MT left the area, the medication box	W 382			

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W 382	<p>Continued From page 3</p> <p>containing medications was left unlocked on the table and client #5's pill card was left unsecured on the table. During this time, several clients from another facility were in the dining room waiting to eat their lunch.</p> <p>Interview on 8/2/23 with the MT revealed she normally dispenses medications at a table near the room where the clients are located so she can keep an eye on the medications.</p> <p>B. During afternoon observations at the day program on 8/1/23 at 12:12pm, the MT placed a locked medication box containing Ativan in a room (staff lounge) just off of the dining room. The room was not locked.</p> <p>Interview on 8/2/23 with the MT confirmed the Ativan should be double locked by locking it in the medication box and placing the box in the staff lounge which should also be locked.</p> <p>Review on 8/2/23 of the facility's policy for Medication Labeling, Storage and Disposal (revised 10/20/22) revealed, "The medication storage area remains locked unless in use...All medications transported outside of a licensed facility shall be secured in a locked container during transport,"</p> <p>Interview on 8/2/23 with the Licensed Practical Nurse (LPN) confirmed medications should remain locked up to the point of administration and controlled drugs should be kept under double locks.</p>	W 382			
W 460	<p>FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1)</p>	W 460			

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W 460	<p>Continued From page 4</p> <p>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</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 (#5) received their modified and specially prescribed diet. The finding is:</p> <p>During lunch observations at the day program on 8/1/23 at 11:38am, client #5 consumed pureed vegetable soup and chicken salad with was ground up with visible chunks of meat throughout. The client was fed his lunch without difficulty.</p> <p>Further observation at the home on 8/2/23 at 8:30am, client #5 received scrambled eggs, waffles and apple sauce. Client #5 eggs were cut in to 1 inch cut pieces, waffles were chunky with a oatmeal consistency.</p> <p>Record review on 8/1/23 of client #5's Nutrition Evaluation dated 3/12/23 and physician's orders dated 7/26/23 revealed a pureed regular calorie diet.</p> <p>Interview on 8/2/23 with Staff B confirmed client #5 was on a pureed diet. Staff B stated she had put the eggs in the blender but maybe should have pureed them longer, she also stated the waffles were pureed but were dry and stiff she should have added some liquid.</p> <p>Interview on 8/2/23 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed that client #5 was on a pureed diet and the consistency "should be smooth and creamy like</p>	W 460			

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

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W 460	Continued From page 5 mash potatoes."	W 460			