

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 08/22/2023
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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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(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
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W 130	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure privacy was maintained during personal care. This affected 1 of 5 audit clients (#6). The finding is:</p> <p>Observations on 8/21/23 and 8/22/23 revealed client #6 using a walker to ambulate throughout the home for all activities and meals. Further observation revealed a visible, uncovered catheter bag draped across the front of client #6's walker. At no time was the half-full to full catheter bag hidden or covered.</p> <p>Review on 8/21/23 of client #6's Individual Program Plan (IPP), dated 12/13/22, revealed he utilized a walker for ambulation and a catheter bag. The IPP stated staff should ensure client #6's catheter bag "hangs high up and out of the way on his walker". No direction for covering the bag was noted in the IPP. The IPP further stated that client #6 assists in flushing his catheter bag and hanging it up.</p> <p>Review on 8/22/23 of client-specific dated comment log for client #6, entered on 8/22/23 by the facility nurse, revealed a note stating on 8/1/23, the facility nurse, Director, and residential qualified professional had discussed the need for a cover for client #6's catheter bag. The team planned to reach out to see if any were available or if the facility should order a cover.</p> <p>Interview on 8/22/23 with the Director revealed</p>	W 130		
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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 130	Continued From page 1 the facility had recognized a need to cover client #6's catheter bag to offer an option for privacy. The Director stated the team had discussed the possibility of ordering a cover in the first of August. The Director stated no further action or discussion had taken place to provide client #6 with privacy for his catheter bag.	W 130			
W 252	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1) Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure 1 of 5 audit clients (#9) data for their goal was documented. The finding is: During evening observations in the home on 8/21/23 between 6:13pm and 6:15pm, client #9 hit his head on nine separate occasions. Review on 8/22/23 of client #9's Individual Program Plan (IPP) dated 5/30/23 stated, "[Client #9] has a history of SIB behaviors. These behaviors are monitored thru a formal behavior plan...." Further review revealed there was on documentation of behaviors that occurred on 8/21/23 between 6:13pm and 6:15pm. Review on 8/22/23 of client #9's Behavior Intervention Plan (BIP) dated 6/9/23 revealed, "Target Behaviors: This definition includes	W 252			

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

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W 252	<p>Continued From page 2</p> <p>several behaviors which may occur during one episode of agitation. These definitions includes: Self injury: Any attempt to injure himself typically through hitting or slapping himself....DATA COLLECTION: Staff should document each incident in [Client #9's] self injurious behaviors in the group home computer data system. Information should include the behaviors demonstrated as well as any other pertinent information regarding his behaviors".</p> <p>During an interview on 8/22/23, the Director revealed staff have been trained to document client #9's behavior data.</p>	W 252			