DEPART	MENT OF HEALTH	AND HUMAN SERVICES					APPROVED
CENTER	RS FOR MEDICARE	& MEDICAID SERVICES	-		0	-	0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
34G054		B. WING	_		C 02/19/2024		
NAME OF F	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
SKILL CREATIONS OF SANFORD					751 HAWKINS AVENUE		
				S	ANFORD, NC 27330		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			FROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETION DATE
W 000	INITIAL COMMEN	rs	W 0	000			
W 154	all previous deficient deficiencies have b investigation was co #NC00212500 and allegations were un deficiencies were co W288 for noncomp investigation. STAFF TREATMEN CFR(s): 483.420(d) The facility must haviolations are thoro This STANDARD i Based on interview facility failed to com on an abuse allega #5 and #15). The fi Review on 2/19/24 from 1/23/24 revea H had noticed non- come out of the sho aggressive. Staff H clients #5 and #15 after their interaction with their showers. abuse investigation suspended Staff G addition, written sta alleged recently clie become more "jum G. Staff G denied a clients.	(3) ave evidence that all alleged ughly investigated. s not met as evidenced by: vs and record reviews, the duct a thorough investigation tion for 3 of 4 audit clients (#2, nding is: of an Investigation Summary led for the last few weeks Staff verbal clients #5 and #15 ower with Staff G and act more revealed she witnessed flinching and seeming scared ons with Staff G who assisted The facility completed an a, started interviewing staff; and from work on 1/24/24. In tements from Staff D also ents #2, #5 and #15 had py" after showers from Staff iny physical abuse with the	W 1	54			
LABORATOR'	INRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIGN	VALURE		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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STATEMENT OF DEFICIENCIES       (X1) PROVIDERSUPPLIER/CLIA       (X2) MULTIPLE CONSTRUCTION       (X3) DATE SURVEY         AND PLAN OF CORRECTION       34G054       IDENTIFICATION NUMBER:       IDENTIFICATION       IDENTIFICAT			AND HUMAN SERVICES				FORM	02/22/2024 APPROVED 0938-0391	
34G054     B. WING     02/19/2024       NAME OF PROVIDER OR SUPPLIER     STREET ADDRESS, CITY, STATE, ZIP CODE       SKILL CREATIONS OF SANFORD     1751 HAWKINS AVENUE SANFORD, NC 27330       (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 CORRECTIVE ACTION SHOULD BE (CACS)-REFERENCED TO THE APPROPRIATE DEFICIENCY)     COMPLETIO DATE       W 154     Continued From page 1 1/23/24 revealed there was no report in the summary that the investigator observed Staff G bathing clients #2, #5 or #15. The allegation was unsubstantiated and Staff G returned to work.     W 154     W 154       Interview on 2/19/24 with the Habilitation Coordinator (HC) revealed he observed Staff G give client #14 a shower during the investigation. The HC revealed he selected client #14 because he was on Staff G's asignment. The HC acknowledged he did not record what he observed.     Interview on 2/19/24 with the Director revealed that she was aware the HC did not observe Staff give client #2, #5 or #15 a shower during their investigation. The Director acknowledged she did not have a statement from the HC regarding what he observed while Staff G performed bathing duties.     Interview on 2/19/24 with the Director revealed that she was aware the HC dig not observe Staff give client #2, #5 or #15 a shower during their investigation. The Director acknowledged she did not have a statement from the HC regarding what he observed while Staff G performed bathing duties.     Interview on 2/19/24 with the Cregarding what he observed while Staff G performed bathing			(X2) MULTIPLE CONSTRUCTION			COMPLETED			
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W 288       MGMT OF INAPPROPRIATE CLIENT       W 288         BEHAVIOR       CFR(s): 483.450(b)(3)       W 288         Techniques to manage inappropriate client       behavior must never be used as a substitute for an active treatment program.       This STANDARD is not met as evidenced by:         Based on record review and interview, the facility failed to ensure a technique to manage client #5's inappropriate behavior was included in an active treatment plan. This affected 1 of 4 audit clients (#2). The finding is:       Review on 2/19/24 of an Investigation Summary on 1/19/24 revealed Staff I reported to the nurse, she witnessed Staff C grip client #2's arms. The facility completed an abuse investigation and	W 154	1/23/24 revealed th summary that the ir bathing clients #2, # unsubstantiated and Interview on 2/19/24 Coordinator (HC) re give client #14 a sh The HC revealed he he was on Staff G's acknowledged he d observed. Interview on 2/19/24 that she was aware give client #2, #5 or investigation. The E not have a stateme he observed while S duties. MGMT OF INAPPE BEHAVIOR CFR(s): 483.450(b) Techniques to man behavior must neve an active treatment This STANDARD is Based on record re failed to ensure a te inappropriate behav treatment plan. This (#2). The finding is: Review on 2/19/24 on 1/19/24 revealed she witnessed Staff	ere was no report in the hvestigator observed Staff G #5 or #15. The allegation was d Staff G returned to work. 4 with the Habilitation evealed he observed Staff G nower during the investigation. e selected client #14 because assignment. The HC lid not record what he 4 with the Director revealed e the HC did not observe Staff r #15 a shower during their Director acknowledged she did ent from the HC regarding what Staff G performed bathing ROPRIATE CLIENT (3) age inappropriate client er be used as a substitute for program. s not met as evidenced by: eview and interview, the facility echnique to manage client #5's vior was included in an active s affected 1 of 4 audit clients f C grip client #2's arms. The						

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		AND HUMAN SERVICES				FORM	02/22/2024 APPROVED 0938-0391	
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34G054			B. WING	÷		C 02/19/2024		
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<ul> <li>holding down of The facility unstreating Staff C to hold mistreatment a on his behavior not completed</li> <li>Review on 2/19 revealed he would behaviors to 18 months. Targer aggression, not placing self on The plan requites the area, away aggressive beforevent him from should immedia his hands.</li> <li>Interview on 2/10 client #2 was her month and State arms. The Direct incident and the staff, which acknowledged</li> </ul>	bugh liend ubs downd s sup the buld or floo ed s fror navic avin ff C ctor ey re too she	age 2 Staff C that she admitted to #2's arm during a behavior. tantiated abuse but informed n client #2's arms was a she needed to repeat training poprt plan (BSP). Staff C had BSP training as of 2/19/24. of client #2's undated BSP decrease maladaptive fewer per month 10 out of 12 haviors included physical mpliance, throwing objects, r and self-injurious behaviors. staff to escort client #2 from n others when he engaged in ors. If staff were unable to urting himself or others, they r apply protective mittens on 4 with the Director revealed g behaviors at breakfast last temporarily held client #2's revealed it was an isolated ecommended training for all of k place on 2/5/24. The Director was unaware Staff C did not resher training for client #2.	W	288				

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