

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

PRINTED: 02/22/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G054		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/19/2024	
NAME OF PROVIDER OR SUPPLIER SKILL CREATIONS OF SANFORD				STREET ADDRESS, CITY, STATE, ZIP CODE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 000	INITIAL COMMENTS			W 000			
W 154	<p>A revisit was conducted on February 19, 2024 for all previous deficiencies cited on 12/13/23. All deficiencies have been corrected. A complaint investigation was conducted for intakes #NC00212500 and #NC00212630. The allegations were unsubstantiated however new deficiencies were cited in the areas of W154 and W288 for noncompliance related to the investigation.</p> <p>STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(3)</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated. This STANDARD is not met as evidenced by: Based on interviews and record reviews, the facility failed to conduct a thorough investigation on an abuse allegation for 3 of 4 audit clients (#2, #5 and #15). The finding is:</p> <p>Review on 2/19/24 of an Investigation Summary from 1/23/24 revealed for the last few weeks Staff H had noticed non-verbal clients #5 and #15 come out of the shower with Staff G and act more aggressive. Staff H revealed she witnessed clients #5 and #15 flinching and seeming scared after their interactions with Staff G who assisted with their showers. The facility completed an abuse investigation, started interviewing staff; and suspended Staff G from work on 1/24/24. In addition, written statements from Staff D also alleged recently clients #2, #5 and #15 had become more "jumpy" after showers from Staff G. Staff G denied any physical abuse with the clients.</p> <p>Review on 2/19/24 of the Investigation file from</p>			W 154			

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 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. 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 assignment. 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.	W 154			
W 288	MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3) 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 288			

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W 288	<p>Continued From page 2</p> <p>discovered through Staff C that she admitted to holding down client #2's arm during a behavior. The facility unsubstantiated abuse but informed Staff C to hold down client #2's arms was a mistreatment and she needed to repeat training on his behavior support plan (BSP). Staff C had not completed the BSP training as of 2/19/24.</p> <p>Review on 2/19/24 of client #2's undated BSP revealed he would decrease maladaptive behaviors to 15 or fewer per month 10 out of 12 months. Target behaviors included physical aggression, noncompliance, throwing objects, placing self on floor and self-injurious behaviors. The plan required staff to escort client #2 from the area, away from others when he engaged in aggressive behaviors. If staff were unable to prevent him from hurting himself or others, they should immediately apply protective mittens on his hands.</p> <p>Interview on 2/19/24 with the Director revealed client #2 was having behaviors at breakfast last month and Staff C temporarily held client #2's arms. The Director revealed it was an isolated incident and they recommended training for all of the staff, which took place on 2/5/24. The Director acknowledged she was unaware Staff C did not attend the BSP refresher training for client #2.</p>			W 288			