

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

PRINTED: 03/13/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G071		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/12/2024	
NAME OF PROVIDER OR SUPPLIER SKILL CREATIONS OF TARBORO				STREET ADDRESS, CITY, STATE, ZIP CODE 811 WESTERN BOULEVARD TARBORO, NC 27886			
(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 247	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi)</p> <p>The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #3 was provided consistent opportunities for choice and self-management. This affected 1 of 3 audit clients. The finding is:</p> <p>Observation on 3/11/24 in the home at 3:37pm revealed client #3 wearing her gait belt and seated at an activity table. Staff A went to the activity cabinet, retrieved a puzzle, and placed it in front of client #3. Client #3 was not given a choice of activity. She was not observed to engage with the puzzle, and she attempted to get up and leave the table. Staff A offered verbal prompts for client #3 to be seated and told her to work on the puzzle. From 3:38pm - 3:47pm, Client #3 continued to try to leave her seat by standing. Staff A physically prompted her back to her seat and told her to sit down and work on the puzzle a total of five times. At 3:48pm, Staff A held client #3's gait belt and escorted her to use the bathroom. At 3:50pm, they returned to the activity table, and client #3 sat with the same puzzle on the table in front of her. She did not interact with the puzzle. From 3:50pm to 4:00pm, she continued to attempt to leave her seat, but Staff A stood in close proximity beside her, blocking her from getting up and moving from the chair. Client #3 was not offered a choice of another activity or allowed to move about freely.</p> <p>Review of client #3's communication guidelines, dated 3/18/21, revealed she can answer yes or</p>			W 247			

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 247	Continued From page 1 no questions. Staff should encourage her to use her words when she wants or needs something.	W 247			
W 249	Interview on 3/12/24 with the qualified intellectual disabilities professional (QIDP) revealed client #3 prefers to sleep and not participate in activities. However, she should not have been blocked from leaving her seat or moving about the room at will. 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 reviews, and interviews, the facility failed to ensure 3 of 3 audit clients (#3, #6 and #7) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of behavior intervention and adaptive equipment use. The findings are: A. Observation on 3/11/24 in the home at 3:37pm revealed client #3 wearing her gait belt and seated at an activity table. Staff A went to the activity cabinet, retrieved a puzzle, and placed it in front of client #3. Client #3 was not given a choice of activity. She was not observed to	W 249			

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W 249	<p>Continued From page 2</p> <p>engage with the puzzle, and she attempted to get up and leave the table. Staff A offered verbal prompts for client #3 to be seated and told her to work on the puzzle. From 3:38pm - 3:47pm, Client #3 continued to try to leave her seat by standing. Staff A physically prompted her back to her seat and told her to sit down and work on the puzzle a total of five times. At 3:48pm, Staff A held client #3's gait belt and escorted her to use the bathroom. At 3:50pm, they returned to the activity table, and client #3 sat with the same puzzle on the table in front of her. She did not interact with the puzzle. From 3:50pm to 4:00pm, she continued to attempt to leave her seat, but Staff A stood in close proximity beside her, blocking her from getting up and moving from the chair. Client #3 was not offered a choice of another activity or allowed to move about freely.</p> <p>Review on 3/11/24 of client #3's behavior intervention plan (BIP), dated 9/12/23, revealed a target behavior of agitation which typically begins with task avoidance and escalates. Staff should interrupt this cycle by only offering physical assistance for tasks necessary for her personal well-being. She may choose not to participate in non-programming leisure activities. She should not be physically prompted to participate.</p> <p>Interview on 3/12/24 with the qualified intellectual disabilities professional (QIDP) revealed client #3 prefers to sleep and not participate in activities. However, she should not have been blocked from leaving her seat or moving about the room at will, and the BIP should be followed due to prompting possibly increasing her agitation.</p> <p>B. During meal observations on 3/11 - 3/12/24, client #3 wore a full apron during breakfast, lunch,</p>	W 249			

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W 249	<p>Continued From page 3 and dinner.</p> <p>Review on 3/11/24 of client #3's IPP, dated 10/9/23, revealed no need for an adaptive napkin.</p> <p>Interview on 3/12/24 with the QIDP revealed the aprons are used for meal prep. However, the aprons are applied for meals. The facility staff should be following OT recommendations per plan.</p> <p>C. During meal observations on 3/11 - 3/12/24, client #6 wore a full apron during breakfast, lunch, and dinner. His adaptive dining equipment included a sectioned plate and Dycem mat.</p> <p>Review on 3/11/24 of client #6's IPP, dated 1/25/24, revealed dining equipment to include a sectioned plate. No reference to the Dycem mat or adaptive napkin was noted.</p> <p>Review on 3/12/24 of client #6's occupational therapy (OT) evaluation, dated 1/6/24, revealed the use of a sectional plate. No Dycem mat or adaptive napkin was noted.</p> <p>Interview on 3/12/24 with the QIDP revealed the aprons are used for meal prep. However, the aprons are applied for meals. The facility staff should be following OT recommendations per plan.</p> <p>D. During meal observations on 3/11 - 3/12/24, client #7 wore a full apron during breakfast, lunch, and dinner. Her adaptive dining equipment included a high-sided plate and Dycem mat.</p> <p>Review on 3/11/24 of client #7's IPP, dated 8/15/23, revealed she did not require adaptive</p>	W 249			

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W 249	<p>Continued From page 4 dining equipment.</p> <p>Review on 3/12/24 of client #7's OT evaluation, dated 3/26/24, revealed an added plate guard to a regular plate. No high-sided plate, Dycem mat, or adaptive napkin was noted.</p> <p>Interview on 3/12/24 with the QIDP revealed the OT had just changed client #6's requirements to include a plate guard, but it should not have been a high-sided plate.</p>	W 249			