

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G079	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/19/2024
NAME OF PROVIDER OR SUPPLIER SKILL CREATIONS OF WILSON			STREET ADDRESS, CITY, STATE, ZIP CODE 2000 MARTIN LUTHER KING JR PARKWAY WILSON, NC 27893		
(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 369	<p>DRUG ADMINISTRATION CFR(s): 483.460(k)(2)</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure all medications were administered without error. This affected 1 of 4 clients (#6) observed receiving medications. The finding is:</p> <p>During observations of medication administration in the home on 3/19/24 at 7:14am, client #6 ingested eight medications and received two different eye drops. No other medications were administered at this time.</p> <p>Review on 3/19/24 of client #6's physician's orders signed 2/1/24 revealed an order for Lactulose 10gm/15ml, take 10 ml (6.6ml) by mouth twice daily at 8am and 8pm.</p> <p>Interview on 3/19/24 with the Director confirmed client #6's physician's orders are current and he continues to receive Lactulose twice daily at 8am.</p>	W 369			
W 460	<p>FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1)</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 each client received their specially modified diets as indicated. This affected 2 of 5 audit clients (#1</p>	W 460			

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 460	<p>Continued From page 1 and #11). The findings are:</p> <p>A. During breakfast observations in the home on 3/19/24 at 8:09am, Staff B presented client #1 with oatmeal and sausage on his plate. The sausage was pureed while the oatmeal was thick and dry with large chunks stuck together. The oatmeal appeared the same as everyone else at the meal, including those on a regular food consistency.</p> <p>Interview on 3/19/24 with Staff B revealed client #1 receives a pureed diet for all of his foods. The staff acknowledged client #1's oatmeal did not look any different from anyone else's.</p> <p>Review on 3/19/24 of client #1's Individual Program Plan (IPP) dated 3/7/23 (2024 meeting held 3/5/24) revealed he consumes a heart healthy, anti-reflux, pureed diet with double portions of proteins/meats. Additional review of a menu book located in the day room of the home and a picture posted on a bulletin board in the kitchen revealed a picture of pureed foods. Additional review of the picture noted, "All foods are prepared to a smooth consistency by grounding and then pureeing them. Appearance is smooth like pudding."</p> <p>Interview on 3/19/24 with the facility's cook indicated she had prepared instant oatmeal for all of the clients by adding the oatmeal and water to bowls and heating it in the microwave. The oatmeal was not added to the processor during preparation.</p> <p>B. During breakfast observations in the home on 3/19/24 at 8:18am, client #11's sausage and toast was a finely ground consistency. The food items</p>	W 460			

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W 460	<p>Continued From page 2 appeared dry and thick.</p> <p>Interview on 3/19/24 with Staff A and Staff C revealed client #11 consumes a pureed consistency. Additional interview with Staff A indicated she had assisted the client to grind up his food in a small chopper and had added "a mist of water to dampen it a little bit." Staff A noted pureed food should be "creamy" or "smooth".</p> <p>Review on 3/19/24 of client #11's IPP dated 8/8/23 revealed he consumes a pureed diet with double portions at meals. The plan indicated, "Throughout the year, [Client #11's] food consistency was changed to pureed following a hospitalization in January 2023. An OT eval was completed on 1/7/23 with recommendations to continue pureed diet."</p> <p>Interview on 3/19/24 with the Director confirmed client #1 and client #11 consume a pureed diet and their food should be prepared in a food processor to a smooth texture.</p>	W 460			