

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G047</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/26/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>SKILL CREATIONS OF CLINTON</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>223 FOREST TRAIL CLINTON, NC 28328</b>		
(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 249	<p><b>PROGRAM IMPLEMENTATION</b> CFR(s): 483.440(d)(1)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure 1 of 4 audit clients (#8) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the area of adaptive equipment use. The finding is:</p> <p>During evening observations in the home on 3/25/24 from 4:00pm-5:45pm, client #8 layed on the floor wrapped in a blanket watching a tablet and holding stuffed animals. Staff B attempted to engage client #8 and he refused to participate. Staff B continuously asked client #8 questions and guessed his responses without using a communication book. Client #8 covered his head with the blanket and would not engage with any activity. Client #8 was not prompted or encouraged to use his communication book.</p> <p>During morning observations in the home on 3/26/24 from 6:45am - 9:30am client #8 was not prompted or encouraged to use his communication book during activities.</p>	W 249			

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 249	Continued From page 1 Review on 3/26/24 of client #8's IPP dated 9/11/23 revealed it is important that he uses his device and picture book to communicate with staff. Staff will continue to encourage client #8 to communicate his wants and needs through is communication book.  Interview on 3/26/24 with Staff A revealed she should have been using the communication book with client #8 this morning and it should have been used on yesterday afternoon.  Interview on 3/26/24 the Director revealed staff should be using communication book for client #8.	W 249			
W 368	<b>DRUG ADMINISTRATION</b> CFR(s): 483.460(k)(1)  The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure medications were administered in accordance with physician's orders. This affected 1 of 4 audit clients (#6). The finding is:  During observations in the facility on 3/25/24 at 11:55am, staff C was observed to crush Simethicone 80mg and add it to 30cc's of water. Staff C then was observed to flush client #6's PEG tube with 30cc's of water, administer medication/water mixture and then flush with another 30cc's of water.  Immediate interview with staff C on 3/25/24 at 11:57am, revealed that client #6 had not had his	W 368			

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W 368	Continued From page 2 bolus feeding yet.  Record review on 3/26/24 of client #6's physician orders dated 2/1/24, revealed an order for Simethicone 80mg. Crush and administer via PEG after bolus feeding four times daily prior to water flush at 8am, 12pm, 4pm and 8pm.	W 368			
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1)  Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.  This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure 1 of 4 audit clients (#14) received their specially prescribed diet as indicated. The finding is:  During observations in the facility on 3/25/24 at 5:48pm, client #14 sat down at the table for a dinner. Client #14 received a pureed diet and 2 nectar thickened 4 oz juice containers and an 8oz container of nectar thickened milk. Client #14 had 2- 8oz cups as well. Staff assisted client #14 with pouring his liquids into the cups.  Further observations in the facility on 3/26/24 at approximately 8:30am, client #14 received a pureed diet and 2 nectar thickened 4 oz juice containers and an 8oz container of nectar thickened milk. Client #14 had to 2- 8oz cups as	W 460			

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

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W 460	<p>Continued From page 3</p> <p>well. Staff assisted client #14 with pouring his liquids into the cups.</p> <p>Record review on 3/26/24 of client #14's nutritional evaluation dated 3/14/24 revealed a prescribed diet of 1800 calorie pureed, nectar thick liquids. Give 30cc cup of liquid to drink then another 30cc cup (only give 30cc at a time).</p> <p>Interview on 3/26/24 with the qualified intellectual disabilities professional (QIDP) revealed that client #14 should have only received 30cc's of nectar thick liquids at a time.</p>	W 460			