FICIENCIES RECTION	KMEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G047		TIPLE CONSTRUCTION	(X3) DA1			
RECTION	IDENTIFICATION NUMBER:						
ER OR SUPPLIER	34G047				(X3) DATE SURVEY COMPLETED		
ER OR SUPPLIER	34G047			03	03/26/2024		
	NAME OF PROVIDER OR SUPPLIER			ODE			
ONS OF CLINT	ON		223 FOREST TRAIL CLINTON, NC 28328				
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			(EACH CORRECTIVE ACTION	SHOULD BE	(X5) COMPLETION DATE		
(s): 483.440(d) oon as the inte ulated a client' client must re ment program ventions and s frequency to su ctives identified STANDARD i ed on observa views, the facil ts (#8) receive ment program ventions and s idual Program tive equipmen	(1) rdisciplinary team has s individual program plan, ceive a continuous active consisting of needed ervices in sufficient number upport the achievement of the d in the individual program s not met as evidenced by: tions, record reviews, and ity failed to ensure 1 of 4 audit d a continuous active consisting of needed ervices as identified in the Plan (IPP) in the area of t use. The finding is:	W 2	,				
24 from 4:00p oor wrapped in holding stuffed ge client #8 ar B continuously guessed his re munication boo the blanket and ity. Client #8 v uraged to use ng morning obs 24 from 6:45a apted or encou munication boo	m-5:45pm, client #8 layed on a blanket watching a tablet animals. Staff B attempted to ad he refused to participate. y asked client #8 questions sponses without using a bk. Client #8 covered his head d would not engage with any vas not prompted or his communication book. servations in the home on m - 9:30am client #8 was not raged to use his bk during activities.				(X6) DATE		
	SUMMARY STA ACH DEFICIENCY GULATORY OR L GULATORY OR L SRAM IMPLE (at a client) client must re nent program entions and s equency to su ives identified (at a client) client must re nent program entions and s do n observat ews, the facil (#8) receive nent program ve equipmen (at a client) (at a c	SUMMARY STATEMENT OF DEFICIENCIES ACH DEFICIENCY MUST BE PRECEDED BY FULL GULATORY OR LSC IDENTIFYING INFORMATION) SERAM IMPLEMENTATION (a): 483.440(d)(1) on as the interdisciplinary team has lated a client's individual program plan, client must receive a continuous active nent program consisting of needed entions and services in sufficient number equency to support the achievement of the ives identified in the individual program STANDARD is not met as evidenced by: d on observations, record reviews, and ews, the facility failed to ensure 1 of 4 audit (#8) received a continuous active nent program consisting of needed entions and services as identified in the dual Program Plan (IPP) in the area of ve equipment use. The finding is: g evening observations in the home on cor wrapped in a blanket watching a tablet olding stuffed animals. Staff B attempted to be client #8 and he refused to participate. B continuously asked client #8 questions uessed his responses without using a unication book. Client #8 covered his head he blanket and would not engage with any y. Client #8 was not prompted or raged to use his communication book. g morning observations in the home on the from 6:45am - 9:30am client #8 was not bed or encouraged to use his unication book during activities.	SUMMARY STATEMENT OF DEFICIENCIES ID ACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX GULATORY OR LSC IDENTIFYING INFORMATION) TAG SRAM IMPLEMENTATION W 24 SRAM IMPLEMENTATION s): 483.440(d)(1) W 24 on as the interdisciplinary team has lated a client's individual program plan, client must receive a continuous active teent program consisting of needed W 24 STANDARD is not met as evidenced by: do nobservations, record reviews, and ews, the facility failed to ensure 1 of 4 audit is (#8) received a continuous active teent program consisting of needed the interdisciplinary is identified in the full Program Plan (IPP) in the area of ve equipment use. The finding is: g evening observations in the home on 14 from 4:00pm-5:45pm, client #8 layed on or wrapped in a blanket watching a tablet olding stuffed animals. Staff B attempted to te client #8 and he refused to participate. B continuously asked client #8 questions uessed his responses without using a unication book. Client #8 covered his head te blanket and would not engage with any y. Client #8 was not prompted or raged to use his communication book. g morning observations in the home on 14 from 6:45am - 9:30am client #8 was not bread or encouraged to use his	SUMMARY STATEMENT OF DEFICIENCIES AGH DEFICIENCY MUST BE PRECEDED BY FULL GULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY) SRAM IMPLEMENTATION s): 483.440(d)(1) W 249 W 249 on as the interdisciplinary team has lated a client's individual program plan, client must receive a continuous active ent program consisting of needed antions and services in sufficient number equency to support the achievement of the ives identified in the individual program STANDARD is not met as evidenced by: d on observations, record reviews, and evex, the facility failed to ensure 1 of 4 audit (#8) received a continuous active ent program consisting of needed antions and services as identified in the fual Program Plan (IPP) in the area of ve equipment use. The finding is: g evening observations in the home on 44 from 4:00pm-5:45pm, client #8 layed on or wrapped in a blanket watching a tablet bolding stuffed animals. Staff B attempted to e client #8 and he refused to participate. 3 continuously asked client #8 questions uessed his responses without using a unication book. Client #8 covered his head te blanket and would not engage with any y. Client #8 was not prompted or raged to use his communication book. g morning observations in the home on 44 from 6:45am - 9:30am client #8 was not ted or encouraged to use his unication book during activities.	SUMMARY STATEMENT OF DEFICIENCIES ACH DEFICIENCY MUST BE PRECEDED BY FULL GULATORY OR LSC IDENTIFYING INFORMATION) PREFIX PREFIX TAG PROVIDENS EVEN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REPERCED TO THE APPROPRIATE DEFICIENCY) SRAM IMPLEMENTATION s): 483.440(d)(1) W 249 V249 SRAM IMPLEMENTATION s): 483.440(d)(1) W 249 on as the interdisciplinary team has lated a client's individual program plan, client must receive a continuous active ent program consisting of needed entions and services in sufficient number equency to support the achievement of the lives identified in the individual program STANDARD is not met as evidenced by: d on observations, record reviews, and ews, the facility failed to ensure 1 of 4 audit (#8) received a continuous active ent program consisting of needed entions and services as identified in the fual Program Plan (IPP) in the area of ve equipment use. The finding is: gevening observations in the home on 4 from 4:00pm-5:45pm, client #8 layed on or wrapped in a blanket watching a tablet blding stuffed animals. Staff B attempted to the client #8 and he refused to participate. 3 continuously asked client #8 questions unication book. Client #8 covered his head the blanket and would not engage with any y. Client #8 was not prompted or raged to use his communication book. g morning observations in the home on 4 from 6:45am - 9:30am client #8 was not tied or encouraged to use his unication book during activities.		

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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STATE MENUTOR DEFICIENCIES AND PLANTING CORRECTION (M3) DEVIFICATION NUMBER: DEVIFICATION NUMBER: 34G047 (M3) DEVIFICATION NUMBER: NUMLING: 1000 (M3) DEVIFICATION NUMBER: NUMLING: 231 FOREST TRAIL CLINTON, NC 23233 (M3) DEVIFICATION NUMBER: 232 FOREST TRAIL CLINTON, NC 23233 MME OF PROVIDER OR SUPPLIE/ SKILL CELTIONS OF CLINTOV STREET ADDRESS, CITY, STATE, ZIP CODE 232 FOREST TRAIL CLINTON, NC 23233 (M3) DEVIFICATION NUMBER: 232 FOREST TRAIL CLINTON, NC 23233 (M3) DEVIFICATION NUMBER: 240 DOVERTION REPORT OF DEVIFICATION CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY (M3) DEVIFICATION NUMBER: 240 DOVERTION REPORT OF DEVIFICATION CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY (M3) DEVIFICATION NUMBER: 240 DOVERTION REPORT OF DEVIFICATION CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY (M3) DEVIFICATION NUMBER: 240 DOVERTION REPORT OF DEVIFICATION CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY (M3) DEVIFICATION			AND HUMAN SERVICES			FORM	03/26/2024 APPROVED 0938-0391
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 2/P CODE SKILL CREATIONS OF CLINTON 223 FOREST TRAIL CLINTON, KC 28232 MULTIN TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCIES) (EACH DEFICIENCY MUST BE PRECEDED BY PLUL REGULATORY OR LSC DENTIFYING INFORMATION) D PREVIX TAG PROVIDERS FLANCORE CONFECTION (EACH DEFICIENCIES) (EACH DEFICIENCIES) (EACH DEFICIENCY) D PROVIDERS FLANCORE CONFECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APROPRIATE DEFICIENCY C(S) DATE 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 communication book. W 249 Interview on 3/26/24 with Staff A revealed she should have been using the communicate with with client #8 this morning and it is should have been used on yesterday afternoon. W 368 Interview on 3/26/24 the Director revealed staff should be using communication book for client #8 W 368 W 368 DRUG ADMINISTRATION CERES; 483.490(k)(1) W 368 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 in the facility on 3/25/24 at 11:55am, staff C was observed to drug and this of 30/25/24 at 11:55am, staff C then was observed to rush Simethicone 80mg and add it to 30/25/24 at 11:55am, staff C then was observed to rush another 30/25 of water. Immedicate interview with staff C on 3/25/24 at 11:55am, staff C then was observed to rush another 30/25 of water.	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		` '	E CONSTRUCTION	(X3) DATE SURVEY		
SKILL CREATIONS OF CLINTON 223 FOREST TRAIL CLINTON, NC 28328 (24) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FILL TAG PROVINCEX STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APROPRATE DEFICIENCY) OUNTED UNTED UNTED UNTED UNTED TAG PROVINCEX STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APROPRATE DEFICIENCY) OUNTED UNTED	34G047			B. WING	 	03/26/2024	
SKILL CREATIONS CLINTON, NC 28328 (%4)[0] PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE RECEDED BY FULL REGULATORY OR LSC DENTFYING INFORMATION) PBC PROVICERS 201 NO F CORRECTION (EACH DEFICIENCY) COMPLETION (EACH DEFICIENCY) COMPLETION (EACH DEFICIENCY) 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 communication book. W 249 W 249 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. W 368 ORUG ADMINISTRATION CFR(s): 483.460(k)(1) W 368 W 368 DRUG ADMINISTRATION corres. 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: W 368 During observations in the facility on 3/25/24 at 11:55am, staff C then was observed to flush client #6's PEG tube with 30cc's of water, Staff C then was observed to flush client #6's PEG tube with 30cc's of water, Staff C then was observed to rush Simethicone 80mg and add it to 30cc's of water, Staff C then was observed to rush Simethicone 80mg and add it to 30c2's of water, 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 1.1	NAME OF PROVIDER OR SUPPLIER						
PHEERX TAG CEACH DEFICIENCY MURT BE PRECEDED BY FULL ResolutIORY OR LSC IDENTIFYING INFORMATION) PPERY TAG CEACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THAT APPROPRIATE COMPLETING CONTINUED APPROPRIATE 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. W 249 Interview on 3/26/24 with Staff A revealed she should have been using the communication book with client #8 this moming and it should have been used on yesterday afternoon. W 368 W 368 W 368 DRUG ADMINISTRATION CFR(s): 483.460(k)(1) W 368 W 368 The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. W 368 W 368 During observations in the facility on 3/25/24 at 11:55am, staff C was observed to crush Simethicone 80mg and add it to 30c2's of water. Staff C then was observed to fush client #6's PEG tube with 30cc's of water, administer medication/water mixture and then flush with another 30cc's of water. W 368	SKILL CREATIONS OF CLINTON						
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 communicate his wants and needs through is 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 368 WU 368 DUG ADMINISTRATION CFR(s): 483.460(k)(1) W 368 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 rush. Simethicone 80mg and add it to 30cc's of water. Staff C hen was observed to flush client #6's PEG tube with 30cc's of water. Staff C hen was observed to flush with another 30cc's of water. Immediate interview with staff C on 3/25/24 at Immediate interview with staff C on 3/25/24 at Immediate interview with staff C on 3/25/24 at	PRÉFIX	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL	PREFI	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE	BE	COMPLETION
11.57 diff, revealed that client #0 had not had his		Review on 3/26/24 of 9/11/23 revealed it device and picture is staff. Staff will contine communicate his were communication bood. Interview on 3/26/24 should have been used on yester interview on 3/26/24 should be using context and be using context. DRUG ADMINISTR CFR(s): 483.460(k) The system for drug that all drugs are acting the physician's order the state of the state of the system for drug that all drugs are acting that all drugs are acting the physician's order the physicia	of client #8's IPP dated is important that he uses his book to communicate with inue to encourage client #8 to vants and needs through is ok. 4 with Staff A revealed she using the communication book norning and it should have erday afternoon. 4 the Director revealed staff mmunication book for client ATION 0(1) g administration must assure dministered in compliance with ers. s not met as evidenced by: tions, record review and y failed to ensure medications in accordance with physician's ed 1 of 4 audit clients (#6). The s in the facility on 3/25/24 at as observed to crush and add it to 30cc's of water. oserved to flush client #6's c's of water, administer nixture and then flush with vater.				

FORM CMS-2567(02-99) Previous Versions Obsolete

Facility ID: 942586

If continuation sheet Page 2 of 4

		AND HUMAN SERVICES				FORM	APPROVED	
CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA				TIPL	E CONSTRUCTION	MB NO. 0938-0391 (X3) DATE SURVEY		
		IDENTIFICATION NUMBER:	A. BUILDING			COMPLETED		
		34G047	B. WING			03/26/2024		
NAME OF F	PROVIDER OR SUPPLIER		<u> </u>	S	TREET ADDRESS, CITY, STATE, ZIP CODE			
SKILL CREATIONS OF CLINTON					23 FOREST TRAIL CLINTON, NC 28328			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE	
W 368	Continued From pa bolus feeding yet.	ge 2	W 3	368				
	orders dated 2/1/24 Simethicone 80mg. PEG after bolus fee	26/24 of client #6's physician , revealed an order for . Crush and administer via eding four times daily prior to 12pm, 4pm and 8pm.						
W 460	nurse director revea received Simethico		W 4	160				
	Each client must re well-balanced diet i specially-prescribed	ncluding modified and						
	Based on observat interviews, the facili	s not met as evidenced by: tions, record review and ity failed to ensure 1 of 4 audit ed their specially prescribed he finding is:						
	5:48pm, client #14 s dinner. Client #14 r nectar thickened 4 container of nectar	s in the facility on 3/25/24 at sat down at the table for a eceived a pureed diet and 2 oz juice containers and an 8oz thickened milk. Client #14 had . Staff assisted client #14 with nto the cups.						
	approximately 8:30 pureed diet and 2 n containers and an 8	ns in the facility on 3/26/24 at am, client #14 received a lectar thickened 4 oz juice 3oz container of nectar ent #14 had to 2- 8oz cups as						

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PRINTED: 03/26/2024

		AND HUMAN SERVICES					FORM	03/26/2024 APPROVED 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED		
		34G047	B. WING	÷			03/2	26/2024
NAME OF	PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIF	, CODE	-	
SKILL C	REATIONS OF CLINT	ON			23 FOREST TRAIL CLINTON, NC 28328			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD	BE	(X5) COMPLETION DATE
W 460	well. Staff assisted liquids into the cups Record review on 3 nutritional evaluatio prescribed diet of 1 thick liquids. Give 3 another 30cc cup (o Interview on 3/26/2 disabilities profession	client #14 with pouring his s. 3/26/24 of client #14's on dated 3/14/24 revealed a 800 calorie pureed, nectar 60cc cup of liquid to drink then only give 30cc at a time). 4 with the qualified intellectual onal (QIDP) revealed that ave only received 30cc's of		460				

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