

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

PRINTED: 12/21/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G054</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/13/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SKILL CREATIONS OF SANFORD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1751 HAWKINS AVENUE SANFORD, NC 27330</b>
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(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
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W 000	INITIAL COMMENTS	W 000		
W 153	<p>STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(2)</p> <p>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to notify law enforcement for allegation of physical abuse for 1 of 2 audit clients (#15). The finding is.</p> <p>Record review on 12/13/23 of the an Investigation Report dated 11/14/23 at 2:00 pm, revealed Staff C witnessed Staff A place client #15 into client #1's wheelchair, while they were in the living room. Staff C wrote in her statement that client #15 had a tendency to "roam the building" and she overheard Staff A tell client #15 that she "was not chasing him." Staff C reported she saw Staff A push client #15 down in the wheelchair to sit, every time he stood up. Staff C also witnessed Staff A use her legs to intertwine with client #15's legs to keep him from wandering off. Staff C revealed that when client #15 turned his face to be near Staff A, Staff A pushed client # 15's face away. The facility filed a report with Department of Social Services (DSS), the Healthcare Personnel Registry and the local mental health agency. There was no report filed with the local police department.</p>	W 153	<p>W153</p> <p>Local Law Enforcement has been notified of the alleged abuse of both residents. This notification to local law enforcement has been recorded in the investigation report and in the IRIS system. The facility Director will be re-trained on SCI investigation guidelines by the VP of Operations- ICF, as well as retraining of the IRIS system.</p> <p>In the future when there is an allegation of physical abuse, local law enforcement will be notified.</p> <p>The VP of Operations (Corporate Office) will monitor all investigations to assure all contacts are completed and monitor for a thorough investigation process for 6 months.</p> <p>All monitoring will be documented. Any concerns will be followed up on.</p>	2-11-2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <i>Seslie Roughton</i>	TITLE Chief Operations Office	(X6) DATE 12/22/2023
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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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NAME OF PROVIDER OR SUPPLIER  <b>SKILL CREATIONS OF SANFORD</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1751 HAWKINS AVENUE SANFORD, NC 27330</b>		
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W 153	Continued From page 1  Continued review on 12/13/23 of the Investigation Report revealed several Staff D witnessed Staff A push client #15 down in the wheelchair on 11/14/23.  Further review of the Investigation Report revealed Staff B has witnessed Staff A push client #15 away from her because she allegedly did not want to be near him. A statement from the Nurse revealed she was in the living room on 11/14/23 at 2:00 pm. The nurse acknowledged she witnessed Staff A place her hand on client #15's shoulder and guide him to sit back down in a wheelchair. The nurse also saw Staff A use her legs to prevent client #15 from wandering away from the group.  Interview on 12/13/23 with the Director revealed she was unaware that she was required to report allegations of physical abuse to local law enforcement. The Director confirmed that the allegation of physical abuse and use of physical restraint was substantiated. The Director stated Staff A's employment was terminated on 11/16/23.	W 153			
W 189	<b>STAFF TRAINING PROGRAM</b> CFR(s): 483.430(e)(1)  The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure that staff were efficiently trained on the abuse policy and procedures. The finding is:	W 189			

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W 189	Continued From page 2  Record review on 12/13/23 of the an Investigation Report from 11/14/23 at 2:00 pm, revealed Staff C witnessed Staff A place client #15 into another client's wheelchair, while they were in the living room. Staff C wrote in her statement that client #15 had a tendency to "roam the building" and she overheard Staff A tell client #15 that she "was not chasing him." Staff C reported she saw Staff A push client #15 down in the wheelchair to sit, every time he stood up. Staff C also witnessed Staff A use her legs to intertwine with client #15's legs to keep him from wandering off. The investigation revealed Staff B, Staff D and the Nurse had also witnessed Staff A push and restrain client #15 on 11/14/23 but they did not make a report to the Director.  Record review on 12/13/23 revealed Staff A and Staff C were summer of 2023 new hires, who received their initial abuse training. Record review revealed Staff D had completed her abuse training on 11/2/23. There was no record available of the nurse's abuse training, since the Director did not supervise her.  Interview on 12/13/23 with the Director revealed that all staff have been trained annually and when hired, that they are required to report abuse immediately to her.	W 189	W189  All facility staff including the nurse will be re-trained in abuse, neglect, mistreatment reporting requirements. Facility administration will assure that all staff are trained to perform this duty efficiently, effectively and competently. If it is discovered that an employee is not effectively carrying out reporting duties, the employee will be re trained as needed. The Director or Hab Coordinator will monitor to assure staff are effectively carrying out abuse neglect reporting duties ongoing.  The VP of ICF Operations (Corporate Office) will monitor abuse reporting to assure these duties are carried out ongoing.  Any concerns will be followed up on.	2-11-2024	