

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

PRINTED: 01/10/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G040	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/09/2024
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NAME OF PROVIDER OR SUPPLIER SKILL CREATIONS	STREET ADDRESS, CITY, STATE, ZIP CODE 2101 ROYALL AVE GOLDSBORO, NC 27534
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W 130	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observation and interviews, the facility failed to ensure privacy for 1 of 4 audit clients (#3), during care and treatment of personal needs. The finding is:</p> <p>During morning observations in the home on 1/9/24 at 7:35am, client #3 was in the hallway in his wheelchair, waiting to receive his medications. On the back of client #3's wheelchair, was a catheter draining bag, containing 100cc of urine. Client #3 still had the catheter draining bag on his wheelchair, when he ate breakfast in the dining room at 8:00am.</p> <p>Interview on 1/9/24 with the Director revealed the facility had a black bag available to cover the catheter drainage bag for client #3.</p> <p>Interview on 1/9/24 with the Qualified Intellectual Disabilities Professional (QIDP) revealed staff should not allow the catheter bag to show.</p>	W 130	<p>W130 An interim core team meeting will be held to discuss the best method to address privacy regarding personal care needs for client #3. Products that will provide privacy will be explored, purchased and implemented. The team will address privacy for any other clients that have this need. All staff will be in-serviced on the team's decisions.</p> <p>All personnel will receive training regarding client rights and privacy and how to assure privacy for all clients in various situations in the ICF/IID facility.</p> <p>The Director or Hab Coordinator will monitor programs to assure client privacy for all clients twice weekly.</p> <p>The RQP will monitor programs for privacy twice monthly.</p> <p>The VP of Operations (Corporate Office) will monitor programs for privacy once monthly.</p> <p>All monitoring will be documented. Any concerns will be followed up on.</p> <p style="text-align: center;">RECEIVED JAN 22 2024 DHSR-MH Licensure Sect</p>	3-9-2024
W 249	<p>PROGRAM IMPLEMENTATION 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>	W 249		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Suzanne Rasht</i>	TITLE Chief Operations Officer	(X6) DATE 1/17/2024
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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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W 249 Continued From page 1

W 249

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 (#7) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the area of meal guidelines. The findings are:

Observation on 1/9/24 in Group 2 dining area at 8:00am revealed client #7 listening to a read aloud story as she sat in her wheelchair with her activity tray attached. At 8:15am, Staff A assisted client #7 to the dining table to begin eating breakfast. Client #7's activity tray on her wheelchair was not switched to her dining tray. Staff A then proceeded to feed client #7 her pureed food. Staff A did not offer client #7 prompting for hand over hand participation in dining skills.

Review on 1/8/24 of client #7's IPP, dated 9/26/23, revealed client #7 has two trays. One tray is used as an activity tray with hand manipulatives attached, and the other tray is a regular lap tray. The regular lap tray "is important to be used for dining as it fits better to promote her participation in dining."

Further review 1/9/24 of client #7's IPP revealed Mealtime Guidelines, dated 1/05/04 - 10/11/24, requiring staff to sit beside her at all meals. Staff should first feed her a taste of items before allowing her to feed herself. Once client #7 tastes the food, staff should place the spoon or cup in client #7's left hand and allow her, with as minimal assistance as possible, to feed herself. If

W249

All staff will receive training in Client # 7 and all clients' mealtime guidelines. All staff will receive training on all clients' mealtime adaptive equipment.

The Director or Hab Coordinator will monitor mealtime programs to assure implementation of mealtime guidelines and adaptive equipment for all clients twice weekly.

The RQP will monitor mealtime programs twice monthly.

The VP of Operations (Corporate Office) will monitor mealtime programs once monthly.

All monitoring will be documented. Any concerns will be followed up on.

3-9-2024

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W 249	Continued From page 2 after three attempts she is still resistive to feeding herself, staff should feed her all her meal. Interview on 1/9/24 with Staff A revealed client #7 did have a dining tray, leaned against the wall and not used for breakfast. Interview on 1/9/24 with the Qualified Intellectual Disabilities Professional (QIDP) revealed client #7 should eat with hand over hand prompts as much as possible and have the correct dining tray. Interview on 1/9/24 with the Director revealed staff should allow client #7 to feed herself if possible and use the correct dining tray.	W 249		3-9-2024	
W 436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observations, record review and staff interview, the facility failed to develop a training program to assist 1 of 4 audit clients (#3) to comply with daily eyeglass wear. The finding is: During observations in the home on 1/8/24 and 1/9/24, client #3 did not wear any eyeglasses when engaged in group activities and eating meals. Review on 1/8/24 of client #3's Occupational Therapy Evaluation dated 2/5/23 revealed he had eyeglasses but at times, he refused to wear them.	W 436	W436 An Interim Core team meeting will be held to address client #3's needs in the area of adaptive equipment. The team will develop a training program to assist client #3 to comply with daily eyeglasses wear. The team will address training needs in the area of adaptive equipment for any other clients that have this need. All staff will be in-serviced on the team's decisions. The Director or Hab Coordinator will monitor adaptive equipment and programs for training for all clients twice weekly. The RQP will monitor programs regarding adaptive equipment twice monthly. The VP of Operations (Corporate Office) will monitor programs regarding adaptive equipment once monthly. All monitoring will be documented. Any concerns will be followed up on.		

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W 436	Continued From page 3 Client #3 was not wearing glasses at the time of the evaluation. It was recommended that staff should encourage client #3 to wear his eyeglasses whenever possible. Interview on 1/9/24 with the Qualified Intellectual Disabilities Professional (QIDP) revealed staff reported that he refused to wear eyeglasses when offered when they get him up in the morning.	W 436		3-9-2024	
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 observation, record review and staff interviews, the facility failed to ensure that 1 of 4 audit clients (#11) received a well-balanced, nutritional meal. The finding is: During observations in the home on 1/8/24 from 6:00-6:30pm, client #11 ate in the dining room and was offered chicken tenders, beans and cooked carrots for dinner. Client #11 repeatedly declined to eat the carrots and chicken and later refused to eat the beans. Client #1 consumed ice cream for dessert and her drinks. Staff B and Staff C were observed to check on client #11 during her meal. Neither Staff B or Staff C offered client #11 a substitution meal or gave her Ensure for a meal supplement. Review on 1/9/24 of client #11's Dietary Evaluation dated 5/22/23 revealed she may have	W 460	W460 All staff will receive training on diet orders for all clients and specifically diet substitutions and dietary supplements. The Director or Hab Coordinator will monitor mealtimes to assure diet orders are followed for all clients twice weekly. The RQP will monitor mealtime programs twice monthly. The VP of Operations (Corporate Office) will monitor mealtime programs once monthly. All monitoring will be documented. Any concerns will be followed up on.		

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W 460	Continued From page 4 Ensure 8 oz supplement if meal intake is less than 50%. Interview on 1/9/24 with the Director revealed staff had the option to have a sandwich prepared for client #11. Interview on 1/9/24 with the Qualified Intellectual Disabilities Professional (QIDP) revealed the kitchen has a substitution list for meals and could have prepared something off the list. The QIDP stated client #11 should have received Ensure.	W 460		