PRINTED: 08/08/2024 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G056	B. WING			08/06/2024	
	PROVIDER OR SUPPLIER	NSVILLE		STREET ADDRESS, CITY, S 200 SOUTH STOKES STR KENANSVILLE, NC 28	REET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	( (EACH CORRECT CROSS-REFERENC	LAN OF CORRECTION IVE ACTION SHOULD BE ED TO THE APPROPRIATE FICIENCY)	(X5) COMPLETION DATE	
W 000	INITIAL COMMENT	ΓS	W 0	00			
W 189	completed on 8/6/2 The allegation was deficiencies were c	PROGRAM	W 1	89			
	initial and continuin employee to perfor efficiently, and com This STANDARD is Based on record re failed to ensure all s his or her duties, ef	ovide each employee with g training that enables the m his or her duties effectively, petently. In some that as evidenced by: eview and inteviews, the facility staff were trained to perform fectively, efficiently and fected of 6 audit clients (#13).					
	documentation for linconsistently throu	2024 and no data was					
	had no knowledge of client #13 that occur the incident she had requirements for clithat bed check data system, but the system and no data was be that staff completed.	24 with staff C revealed, she of the fall incident involving arred on 6/20/24, and she after d not been trained observation tent #13. She further stated a is recorded on the Medi Skid tem had not been working, sing recorded. She revealed bed checks every two hours taff sit in the hallway to listen d assistance.					
		24 the Qualified Intellectual					
I ABORATOR'	Y DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIGN	JATURE	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.

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	IPLE CONSTRUCTION  NG		TE SURVEY MPLETED
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	PROVIDER OR SUPPLIER	NSVILLE		STREET ADDRESS, CITY, STATE, ZIP COE 200 SOUTH STOKES STREET KENANSVILLE, NC 28349		
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W 189	Medi Skid system of documentation was data had not been checks.	sional (QIDP) revealed that the	W 18	39		
W 227	confirmed that staf client #13's bed ch were voiced by Du Social Services, or complaint was train	f should monitor and document ecks hourly. After concerns plin County Department of ally the one staff named in the ned on that facilities tentation requirements. GRAM PLAN	W 22	27		
	objectives necessa as identified by the required by paragra This STANDARD Based on observa interviews, the faci Individual Program clients (#6) include	rram plan states the specific ary to meet the client's needs, comprehensive assessment aph (c)(3) of this section. is not met as evidenced by: tions, record reviews and lity failed to ensure the Plan (IPP) for 1 of 6 audit d objectives to address nent techniques. The finding is:				
		s in the home on 8/5/24 ent #6 was observed to have h legs.				
	Program (BSP) da	of client #6 Behavior Support ted 1/8/24 revealed identified onsisting of agitation, physical rbal aggression.				
		with the director revealed avior of skin picking and that is				

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W 227		cabs. The director confirmed es not include skin picking as a	W 22	7		
W 237	_	GRAM PLAN	W 23	7		
	implement the object program plan must frequency of data of to assess progress. This STANDARD is Based on record refacility failed to ensign clients (#3, #5, #6, frequency necessar	ng program designed to ectives in the individual a specify the type of data and collection necessary to be able toward the desired objectives. It is not met as evidenced by: eview and staff interview, the sure goals for 6 of 6 audit #7, #10 and #13) specified the ary for data to be collected in exprogress of the goal. The				
	Program Plan (IPP will sweep bedroom for 6 consecutive n materials and verb laundry for 10 sess will match 2 money	4 of client #6's Individual ) revealed the following goals: n with gestures for 10 sessions nonths; when provided with al cues, will fold 4 pieces of her sions for 6 consecutive months; value cards to the correct ons for 6 consecutive months.				
	designate the frequ	ealed the plan did not uency necessary for data to be o assess the progress of the				
	the follwoing goals with a gesture for 1 months, will comple	4 of client #3's IPP revealed: will close the bedroom door 12 sessions for 6 consecutive ete and exercise routine for 15 pts for 10 sessions for 4				

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W 237	minutes for 20 sess consecutive month will make his bed to consecutive month. Further review revedesignate the freque collected in order to goal.  C. Review on 8/6/2 the follwoing goals face independently consecutive month prompts for 15 sess months, will independently consecutive months. Further review revedesignate the freque collected in order to goal.  D. Review on 8/6/2 the follwoing goals brushed for 1 minumonths, will place to a prompt or better will place his cup a sessions with prome Further review revedesignate the freque collected in order to goal.	s,will brush his teeth for 2 sions with prompts for 3 s for 10 sessions for 4	W 23	37		

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W 237	the follwoing goals: place setting at his for 10 sessions a m months, will wash hetter for 6 consectlower teeth with mamonth for 3 consectlower teeth will wipe the table 10 sessions for 3 consectlower teeth will wash his hand sessions a month for the will place his bever gesture for 15 sessions.	will place his spoon at his place with a gesture of better north for 6 consecutive his neck with a gesture or utive months, will brush his unipulations for 5 sessions a cutive months  4 of client #13's IPP revealed at meal time with a gesture for onsecutive months; with a prompt or better for 12 or 6 consecutive months; rage in the dirty dish bin with a ions for 7 consecutive months; his eye glasses each day at	W 2	37		
W 252	designate the freque collected in order to goal.  Interview on 8/6/24 intellectual disabilite frequency for data a specified in the clie PROGRAM DOCU CFR(s): 483.440(e)  Data relative to accepted in client in	MENTATION	W 2	52		

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W 252	Based on observal interviews, the facing relative to the according rel	is not met as evidenced by: tions, record reviews and lity failed to ensure data emplishment of objective tented in measurable terms. audit clients (#3, #5, #6, #7, findings are:  44 of client #3's Individual b) dated 2/8/24 revealed formal as follows: om with gestures for 10 secutive months of her laundry with gestures for consecutive months ey value cards to the correct tres for 8 sessions for 6	W 2	52			
	11/30/23 revealed follows: -will close the bedr sessions for 6 con-will complete and with prompts for 10 months -will brush his teeth with prompts for 3	formal training programs as  coom door with a gesture for 12 secutive months exercise routine for 15 minutes 0 sessions for 4 consecutive on for 2 minutes for 20 sessions consecutive months for 10 sessions for 4					
	Review on 8/6/24 of documentation from	of client #3 training m 6/1/24-8/4/24 revealed					

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documentation had C. Review on 8/6/2/2/4 revealed for follows: -will shave the left for 15 sessions for will fold 4 shirts of 4 consecutive more will independently couch for 15 sessions Review on 8/6/24 documentation fror documentation had D. Review on 8/6/24 documentation had D. Review on 8/6/2/3/18/24 revealed for follows: -will tolerate his terfor 6 consecutive rewill place both had prompt or better for will place his cup sessions with promodocumentation fror documentation fror documentation had E. Review on 8/6/2/1/8/24 revealed for follows: -will place his spooplace with a gesture.	d been collected 11 times.  24 of client #5's IPP dated rmal training programs as side of his face independently 3 consecutive months with prompts for 15 sessions for on this y wipe down the living room ons for 5 consecutive months of client #5 training m 6/1/24-8/4/24 revealed deen collected 10 times.  24 of client #7's IPP dated formal training programs as seth being brushed for 1 minute months and under the water with a for 9 consecutive sessions at his place setting for 15 anpts for 5 consecutive months of client #5 training for 15 anpts for 5 consecutive months of client #5 training for 6/1/24-8/4/24 revealed deen collected 12 times.  24 of client #10's IPP dated rmal training programs as on at his place setting at his re of better for 10 sessions a	W 25	52			
	PROVIDER OR SUPPLIER  SUMMARY ST  (EACH DEFICIENC REGULATORY OR  Continued From p documentation had  C. Review on 8/6/2 2/6/24 revealed fo follows:  -will shave the left for 15 sessions for  - will fold 4 shirts v 4 consecutive mor  - will independently couch for 15 sessi  Review on 8/6/24 documentation fro documentation had  D. Review on 8/6/24 documentation had  D. Review on 8/6/24 documentation had  D. Review on 8/6/24 documentation fro documentation fro documentation fro documentation fro -will place his cup sessions with pror  Review on 8/6/24 documentation fro documentation fro documentation fro documentation had  E. Review on 8/6/24 documentation had  E. Review on 8	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 6 documentation had been collected 11 times.  C. Review on 8/6/24 of client #5's IPP dated 2/6/24 revealed formal training programs as follows:  -will shave the left side of his face independently for 15 sessions for 3 consecutive months  - will independently wipe down the living room couch for 15 sessions for 5 consecutive months  - will independently wipe down the living room couch for 15 sessions for 5 consecutive months  Review on 8/6/24 of client #5 training documentation from 6/1/24-8/4/24 revealed documentation had been collected 10 times.  D. Review on 8/6/24 of client #7's IPP dated 3/18/24 revealed formal training programs as follows:  -will tolerate his teeth being brushed for 1 minute for 6 consecutive months  will place both hands under the water with a prompt or better for 9 consecutive sessions  -will place his cup at his place setting for 15 sessions with prompts for 5 consecutive months  Review on 8/6/24 of client #5 training documentation from 6/1/24-8/4/24 revealed documentation had been collected 12 times.  E. Review on 8/6/24 of client #10's IPP dated 1/8/24 revealed formal training programs as	REATIONS OF KENANSVILLE  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 6 documentation had been collected 11 times.  C. Review on 8/6/24 of client #5's IPP dated 2/6/24 revealed formal training programs as follows:  -will shave the left side of his face independently for 15 sessions for 3 consecutive months  - will fold 4 shirts with prompts for 15 sessions for 4 consecutive months  - will independently wipe down the living room couch for 15 sessions for 5 consecutive months  Review on 8/6/24 of client #5 training documentation from 6/1/24-8/4/24 revealed documentation had been collected 10 times.  D. Review on 8/6/24 of client #7's IPP dated 3/18/24 revealed formal training programs as follows:  -will tolerate his teeth being brushed for 1 minute for 6 consecutive months  -will place both hands under the water with a prompt or better for 9 consecutive sessions  -will place his cup at his place setting for 15 sessions with prompts for 5 consecutive months  Review on 8/6/24 of client #5 training documentation from 6/1/24-8/4/24 revealed documentation had been collected 12 times.  E. Review on 8/6/24 of client #10's IPP dated 1/8/24 revealed formal training programs as follows:  -will place his spoon at his place setting at his place with a gesture of better for 10 sessions a month for 6 consecutive months  -will place his neck with a gesture or better for 6	A BUILDING  34G056  34G056  B. WING  STREET ADDRESS, CITY, STATE, ZIP CO 20 SOUTH STOKES STREET KENANSVILLE  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR ISC IDENTIFYING INFORMATION)  Continued From page 6 documentation had been collected 11 times.  C. Review on 8/6/24 of client #5's IPP dated 2/6/24 revealed formal training programs as follows: -will shave the left side of his face independently for 15 sessions for 3 consecutive months - will independently wipe down the living room couch for 15 sessions for 5 consecutive months  Review on 8/6/24 of client #5's IPP dated 3/18/24 revealed formal training programs as follows: -will tolerate his teeth being brushed for 1 minute for 6 consecutive months - will place both hands under the water with a prompt or better for 9 consecutive sessions - will place both hands under the water with a prompt or better for 9 consecutive months  Review on 8/6/24 of client #5 training documentation from 6/1/24-8/4/24 revealed documentation from 6/1	RECORRECTION    IDENTIFICATION NUMBER:   A BUILDING   B. WING   B.	

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W 252	sessions a month f Review on 8/6/24 or documentation from documentation had F. Review on 8/6/21 revealed the follow will wipe the table a 10 sessions for 3 c will wash his hands 12 session a month will place his bever gesture for 15 sess	or 3 consecutive months  If client #10's training In 6/1/24-8/4/24 revealed I been collected 4 times.  O24 of client #13's (IPP) Ing Goals: It meals time with a gesture for onsecutive months. Is and with prompt of better for in for 6 consecutive months. In ages in the dirty dish bin with a disions for 7 consecutive months. In a glasses each day at the	W 2	52		
W 340	was collected from client #13's progres. Interview on 8/6/24 intellectual disabilitic collection has been assigned this home the home 1 week a documented at even NURSING SERVIC CFR(s): 483.460(c). Nursing services mother members of tappropriate protect measures that inclutraining clients and health and hygiene This STANDARD in	with the regional qualified desprofessional revealed data an concern and she has been a, she has started working at go. Data should be any opportunity.  ESS (5)(i)  The started working at go. Data should be any opportunity.  ESS (5)(i)  The started working at go. Data should be any opportunity.  The started working at go. Data should be any opportunity.  The started working at go. Data should be any opportunity.  The started working at go. Data should be any opportunity.  The started working at go. Data should be any opportunity.  The started working at go. Data should be any opportunity.  The started working at go. Data should be any opportunity.  The started working at go. Data should be any opportunity.  The started working at go. Data should be any opportunity.  The started working at go. Data should be any opportunity.  The started working at go. Data should be any opportunity.  The started working at go. Data should be any opportunity.  The started working at go. Data should be any opportunity.  The started working at go. Data should be any opportunity.	W 3	40		

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(EACH DEFICIENC)	/ MUST BE PRECEDED BY FULL	ID PREFIX TAG	×	(EACH CORRECTIVE ACTION SHOULD	BE	(X5) COMPLETION DATE
interview, the facilit sufficiently trained to health and hygiene audit clients (#5, #  During observationsurvey on 8/5/24 the and #10 fingernails.  Record review on 8 was no documental capabilities to complete the complete to complete the	y failed to ensure staff were to implement appropriate methods. This affected 3 of 6 of and #10). The findings are:  It is in the home throughout the rough 8/6/24, Client #5, #7 were noted to be very long.  It is in the home throughout the rough 8/6/24, Client #5, #7 were noted to be very long.  It is in the home throughout the rough 8/6/24, Client #5, #7 were noted to be very long.  It is in the home throughout the rough 8/6/24 for each client, there tion to detail the client's olete nail care.  With the Regional Qualified dies Professional II revealed are capable of doing their own (ATION (1))  It is gadministration must assure deministered in compliance with ers. It is not met as evidenced by: tions, record review and y failed to ensure medications in accordance with physician's end 1 of 6 audit clients (#6). The enterty in the home on the medication technician was being Miralax, Cetirizine, in the home on the medication technician was ering Miralax, Cetirizine, in the home on the property of the professional property in the home on the medication technician was ering Miralax, Cetirizine, in the home on the property in the home on the property in the home on the professional property in the home on the professional pr					
Record review 8/6/2	24 of client #6's physician's					
	Continued From painterview, the facilit sufficiently trained the health and hygiene audit clients (#5,#  During observations survey on 8/5/24 the and #10 fingernails  Record review on 8 was no documental capabilities to compute the lients of the clients of the	REATIONS OF KENANSVILLE  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 8 interview, the facility failed to ensure staff were sufficiently trained to implement appropriate health and hygiene methods. This affected 3 of 6 audit clients (#5, #7 and #10). The findings are:  During observations in the home throughout the survey on 8/5/24 through 8/6/24, Client #5, #7 and #10 fingernails were noted to be very long.  Record review on 8/6/24 for each client, there was no documentation to detail the client's capabilities to complete nail care.  Interview on 8/6/24 with the Regional Qualified Intellectual Disabilities Professional II revealed none of the clients are capable of doing their own nail care.  DRUG ADMINISTRATION 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 6 audit clients (#6). The	REATIONS OF KENANSVILLE  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 8 interview, the facility failed to ensure staff were sufficiently trained to implement appropriate health and hygiene methods. This affected 3 of 6 audit clients (#5, #7 and #10). 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The finding is:  During morning observations in the home on 8/6/24 at 7:25am, the medication technician was observed administering Miralax, Cetirizine, Levothyroxine, Olanzapine, One A Day, Venlafaxine, Vitamin D3, Prilosec, Clonazepam, Nasonex and Trelegy to client #6.	REATIONS OF KENANSVILLE  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 8 interview, the facility failed to ensure staff were sufficiently trained to implement appropriate health and hygiene methods. This affected 3 of 6 audit clients (#5, #7 and #10). The findings are:  During observations in the home throughout the survey on 8/5/24 through 8/6/24, Client #5, #7 and #10 fingernails were noted to be very long.  Record review on 8/6/24 for each client, there was no documentation to detail the client's capabilities to complete nail care.  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W 368	"Levothyroxine. Take morning. Take 30 n other medications."	I revealed an order for ke 1 tablet by mouth every ninutes before breakfast and	<b>W</b> 3	368			
W 484	director confirmed	Levothyroxine should have utes before breakfast and	W 4	l84			
	eating utensils, and developmental nee This STANDARD i Based on observat interviews the facili	s not met as evidenced by: tions, record review and ty failed to ensure needed t was provided for 1 of 6					
	Program Plan (IPP Occupational Thera 6/14/24 recommente teaspoon due to his	24 of client #13's Individual ), dated 6/24/24, revealed an apy (OT) evaluation dated ded discontinuing the 1/2 s excessive spillage when ce it with a regular teaspoon.					
	client #13's adaptiv tablespoon. Howev observationss on 8	rvation on 8/5/24 at 6:39pm, re equipment included a rer, during breakfast /6/24 at 8:55am, client #113's t included a 1/2 teaspoon.					
	therapist discontinu	4 of client #13's OT 6/14/2024, revealed that the led the 1/2 spoon due to client illage when scooping and					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION  NG	(X3) DAT	(X3) DATE SURVEY COMPLETED		
		34G056	B. WING _		08	/06/2024	
	NAME OF PROVIDER OR SUPPLIER  SKILL CREATIONS OF KENANSVILLE			STREET ADDRESS, CITY, STATE, ZIP CO 200 SOUTH STOKES STREET KENANSVILLE, NC 28349			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI ( (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
W 484	replaced it with a test sure it is a teaspool.  Interview on 8/6/24 revealed that Client teaspoon instead of at all meals, any children.	easpoon. Staff needs to make in and not a tablespoon.  with the Habilitation Director, it #13 should be using a f a tablespoon or 1/2 teaspoon langes to adaptive equipment long via word of mouth and	W 48	84			