

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G056	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/06/2024
NAME OF PROVIDER OR SUPPLIER SKILL CREATIONS OF KENANSVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 200 SOUTH STOKES STREET KENANSVILLE, NC 28349		
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W 000	INITIAL COMMENTS A recertification and complaint survey was completed on 8/6/24 for intake #NC00218625. The allegation was unsubstantiated however, deficiencies were cited.	W 000			
W 189	STAFF TRAINING PROGRAM 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 interviews, the facility failed to ensure all staff were trained to perform his or her duties, effectively, efficiently and completely. This affected of 6 audit clients (#13). The findings is: Record review on 8/6/2024 records revealed documentation for bed checks was recorded inconsistently throughout June 2024 and July 2024 and no data was recorded after 7/17/2024. Interview on 8/6/2024 with staff C revealed, she had no knowledge of the fall incident involving client #13 that occurred on 6/20/24, and she after the incident she had not been trained observation requirements for client #13. She further stated that bed check data is recorded on the Medi Skid system, but the system had not been working, and no data was being recorded. She revealed that staff completed bed checks every two hours on third shift; and staff sit in the hallway to listen for clients who need assistance. Interview on 8/6/2024 the Qualified Intellectual	W 189			

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 189	Continued From page 1 Disabilities Professional (QIDP) revealed that the Medi Skid system was down and no documentation was available after 7/17/2024, and data had not been manually recorded for bed checks. The interview on 8/6/2024 with the former QIDP, confirmed that staff should monitor and document client #13's bed checks hourly. After concerns were voiced by Duplin County Department of Social Services, only the one staff named in the complaint was trained on that facilities observation documentation requirements.	W 189			
W 227	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4) The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure the Individual Program Plan (IPP) for 1 of 6 audit clients (#6) included objectives to address behavior management techniques. The finding is: During observations in the home on 8/5/24 through 8/6/24, client #6 was observed to have scabs covering both legs. Review on 8/5/24 of client #6 Behavior Support Program (BSP) dated 1/8/24 revealed identified target behaviors consisting of agitation, physical aggression and verbal aggression. Interview on 8/6/24 with the director revealed client #6 has a behavior of skin picking and that is	W 227			

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W 227	Continued From page 2 what caused the scabs. The director confirmed client #6's BSP does not include skin picking as a behavior although it should.	W 227			
W 237	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(5)(iv) Each written training program designed to implement the objectives in the individual program plan must specify the type of data and frequency of data collection necessary to be able to assess progress toward the desired objectives. This STANDARD is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure goals for 6 of 6 audit clients (#3, #5, #6, #7, #10 and #13) specified the frequency necessary for data to be collected in order to assess the progress of the goal. The findings are: A. Review on 8/6/24 of client #6's Individual Program Plan (IPP) revealed the following goals: will sweep bedroom with gestures for 10 sessions for 6 consecutive months; when provided with materials and verbal cues, will fold 4 pieces of her laundry for 10 sessions for 6 consecutive months; will match 2 money value cards to the correct amount for 8 sessions for 6 consecutive months. Further review revealed the plan did not designate the frequency necessary for data to be collected in order to assess the progress of the goal. B. Review on 8/6/24 of client #3's IPP revealed the following goals: will close the bedroom door with a gesture for 12 sessions for 6 consecutive months, will complete and exercise routine for 15 minutes with prompts for 10 sessions for 4	W 237			

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W 237	<p>Continued From page 3</p> <p>consecutive months,will brush his teeth for 2 minutes for 20 sessions with prompts for 3 consecutive months will make his bed for 10 sessions for 4 consecutive months</p> <p>Further review revealed the plan did not designate the frequency necessary for data to be collected in order to assess the progress of the goal.</p> <p>C. Review on 8/6/24 of client #5's IPP revealed the follwoing goals: 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</p> <p>Further review revealed the plan did not designate the frequency necessary for data to be collected in order to assess the progress of the goal.</p> <p>D. Review on 8/6/24 of client #7's IPP revealed the follwoing goals: 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</p> <p>Further review revealed the plan did not designate the frequency necessary for data to be collected in order to assess the progress of the goal.</p> <p>E. Review on 8/6/24 of client #7's IPP revealed</p>	W 237			

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W 237	Continued From page 4 the following goals: 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 wash his neck with a gesture or better for 6 consecutive months, will brush his lower teeth with manipulations for 5 sessions a month for 3 consecutive months F. Review on 8/6/24 of client #13's IPP revealed the following goals: -will wipe the table at meal time with a gesture for 10 sessions for 3 consecutive months; -will wash his hand with a prompt or better for 12 sessions a month for 6 consecutive months; -will place his beverage in the dirty dish bin with a gesture for 15 sessions for 7 consecutive months; -will begin wearing his eye glasses each day at the beginning of the day. Further review revealed the plan did not designate the frequency necessary for data to be collected in order to assess the progress of the goal. Interview on 8/6/24 with the regional qualified intellectual disabilities professional revealed the frequency for data collection should have been specified in the client's IPP's.	W 237			
W 252	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1) Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.	W 252			

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W 252	<p>Continued From page 5</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure data relative to the accomplishment of objective criteria was documented in measurable terms. This affected 6 of 6 audit clients (#3, #5, #6, #7, #10 and #13). The findings are:</p> <p>A. Review on 8/6/24 of client #3's Individual Program Plan (IPP) dated 2/8/24 revealed formal training programs as follows:</p> <ul style="list-style-type: none"> - will sweep her room with gestures for 10 sessions for 6 consecutive months - will fold 4 pieces of her laundry with gestures for 10 sessions for 6 consecutive months - will match 2 money value cards to the correct amount with gestures for 8 sessions for 6 consecutive months <p>Review on 8/6/24 of client #6's training documentation from 6/1/24 - 8/4/24 revealed documentation had only been collected 5 times.</p> <p>B. Review on 8/6/24 of client #3's IPP dated 11/30/23 revealed formal training programs as follows:</p> <ul style="list-style-type: none"> -will close the bedroom door with a gesture for 12 sessions for 6 consecutive months -will complete and exercise routine for 15 minutes with prompts for 10 sessions for 4 consecutive months -will brush his teeth for 2 minutes for 20 sessions with prompts for 3 consecutive months - will make his bed for 10 sessions for 4 consecutive months <p>Review on 8/6/24 of client #3 training documentation from 6/1/24-8/4/24 revealed</p>	W 252			

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W 252	<p>Continued From page 6 documentation had been collected 11 times.</p> <p>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</p> <p>Review on 8/6/24 of client #5 training documentation from 6/1/24-8/4/24 revealed documentation had been collected 10 times.</p> <p>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</p> <p>Review on 8/6/24 of client #5 training documentation from 6/1/24-8/4/24 revealed documentation had been collected 12 times.</p> <p>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 wash his neck with a gesture or better for 6 consecutive months -will brush his lower teeth with manipulations for 5</p>	W 252			

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W 252	Continued From page 7 sessions a month for 3 consecutive months Review on 8/6/24 of client #10's training documentation from 6/1/24-8/4/24 revealed documentation had been collected 4 times. F. Review on 8/6/2024 of client #13's (IPP) revealed the following Goals: will wipe the table at meals time with a gesture for 10 sessions for 3 consecutive months. will wash his hands and with prompt of better for 12 session a month for 6 consecutive months. will place his beverages in the dirty dish bin with a gesture for 15 sessions for 7 consecutive months. will begin wearing his glasses each day at the beginning of the day. Review of documentation revealed that no data was collected from 6/1/24 to 8/5/24 assessing client #13's progress. Interview on 8/6/24 with the regional qualified intellectual disabilities professional revealed data collection has been an concern and she has been assigned this home, she has started working at the home 1 week ago. Data should be documented at every opportunity.	W 252			
W 340	NURSING SERVICES CFR(s): 483.460(c)(5)(i) Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods. This STANDARD is not met as evidenced by: Based on observations, record review and	W 340			

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W 340	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.	W 340			
W 368	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 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. Record review 8/6/24 of client #6's physician's	W 368			

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W 368	Continued From page 9 orders dated 8/1/24 revealed an order for "Levothyroxine. Take 1 tablet by mouth every morning. Take 30 minutes before breakfast and other medications."	W 368			
W 484	Interview on 8/6/24 with the regional nursing director confirmed Levothyroxine should have been given 30 minutes before breakfast and other medications. DINING AREAS AND SERVICE CFR(s): 483.480(d)(3) The facility must equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client. This STANDARD is not met as evidenced by: Based on observations, record review and interviews the facility failed to ensure needed adaptive equipment was provided for 1 of 6 audited clients (#13). The finding is: Review on 8/5/2024 of client #13's Individual Program Plan (IPP), dated 6/24/24, revealed an Occupational Therapy (OT) evaluation dated 6/14/24 recommended discontinuing the 1/2 teaspoon due to his excessive spillage when scooping and replace it with a regular teaspoon. During dinner observation on 8/5/24 at 6:39pm, client #13's adaptive equipment included a tablespoon. However, during breakfast observations on 8/6/24 at 8:55am, client #113's adaptive equipment included a 1/2 teaspoon. Review on 8/5/2024 of client #13's OT assessment dated 6/14/2024, revealed that the therapist discontinued the 1/2 spoon due to client #13's excessive spillage when scooping and	W 484			

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

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W 484	Continued From page 10 replaced it with a teaspoon. Staff needs to make sure it is a teaspoon and not a tablespoon. Interview on 8/6/24 with the Habilitation Director, revealed that Client #13 should be using a teaspoon instead of a tablespoon or 1/2 teaspoon at all meals, any changes to adaptive equipment is usually passed along via word of mouth and documented in the 24 hour book.	W 484			