

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

PRINTED: 01/15/2025
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 C 01/14/2025	
NAME OF PROVIDER OR SUPPLIER SKILL CREATIONS				STREET ADDRESS, CITY, STATE, ZIP CODE 2101 ROYALL AVE GOLDSBORO, NC 27534			
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W 000	INITIAL COMMENTS			W 000			
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> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #6 received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the area of behavior management. This affected 1 of 5 audit clients. The finding is:</p> <p>During evening observations in the home on 1/13/25 from 4:00pm - 6:13pm, client #6 consistently became agitated by grinding his teeth, screaming and biting his left and/or right wrist. Various staff in the area addressed the behavior by calling the client's name, saying, "No biting" or asking him what's wrong (without seeking a response). During this time, the client</p>			W 249			

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 249	<p>Continued From page 1</p> <p>was sporadically presented with a picture or puzzle to look at or was assisted to hold a small ball on one occasion. On one occasion, at 5:34pm, Staff C applied a protective sleeve to client #6's left hand/wrist which remained in place until 5:44pm. After removal of the sleeve, client #6 continued to bite his left wrist. Although the client displayed periodic intervals of being calm, no verbal praise or edible reinforcements were provided by staff.</p> <p>Interview on 1/13/25 with Staff C revealed the sleeves are used for his biting behaviors and can be worn for "10 - 15 minute" increments. Additional interview indicated there was not set time and use of the sleeve is "based on his behavior."</p> <p>Interview on 1/14/25 with Staff B indicated client #6 has biting behaviors and uses a sleeve on his hand for "15 - 30 minutes" when biting occurs. The staff noted they only use his sleeves to address his behaviors.</p> <p>Review on 1/14/25 of client #6's Behavior Intervention Plan (BIP) dated 5/21/24 revealed an objective to display no episodes of self-injurious behavior for fourteen calendar months. Additional review of the plan noted behaviors included 'actual or attempted action to injure himself, typically involving hitting or biting his arms.' Further review of the plan revealed the following reinforcements should be used to address his behaviors: "1. [Client #6] will receive verbal praise for complying with a task without exhibiting the defined targeted behaviors 2. [Client #6] will receive verbal praise for every one hour period during his working hours that he complies with requested activities and is observed engaging in</p>	W 249			

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W 249	Continued From page 2 appropriate social interaction with his peers. Verbal praise should be situation specific and may occasionally be paired with a small edible (low calorie edibles) such as '[Client #6], I like the way you are _____. ' No mention of self-injury should be made during this praise." Additional review of the BIP noted if self-injury occurs, "Staff should prompt '[Client #6] verbally and with gestures to stop attempting to injure himself..." The plan indicated, "If [Client #6] attempts to bite his arms and cannot be redirected with immediate verbal and physical prompts...Protective arm sleeves will be applied. These sleeves are to be worn until [Client #6] displays ten consecutive minutes of calm (absence of all targeted behaviors). These sleeves are not to be worn over sixty consecutive minutes without being removed for at least ten minutes..." Interview on 1/14/25 with the Director confirmed client #6's BIP was current and should be followed as written.	W 249			
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. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure data relative to the accomplishment of identified objectives	W 252			

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W 252	<p>Continued From page 3</p> <p>was documented in measurable terms. This affected 1 of 5 audit clients (#6). The finding is:</p> <p>During evening observations in the home on 1/13/25 from 4:00pm - 6:13pm, client #6 consistently became agitated by grinding his teeth, screaming and biting his left and/or right wrist. Various staff in the area addressed the behavior by calling the client's name, saying, "No biting" or asking him what's wrong (without seeking a response). During this time, the client was sporadically presented with a picture or puzzle to look at or was assisted to hold a small ball on one occasion. At 5:34pm, Staff C applied a protective sleeve to client #6's left hand/wrist which remained in place until 5:44pm. After removal of the sleeve, client #6 continued to bite his left wrist.</p> <p>During observations in the home on 1/14/25 from 7:49am - 8:33am, client #6's protective sleeve was applied to his left hand to address his self-injurious behaviors.</p> <p>Interview on 1/13/25 with Staff C revealed the sleeves are used for his biting behaviors and can be worn for "10 - 15 minute" increments. Additional interview indicated there was not set time and use of the sleeve is "based on his behavior." Additional interview noted behaviors are documented electronically.</p> <p>Interview on 1/14/25 with Staff B indicated client #6 has biting behaviors and uses a sleeve on his hand for "15 - 30 minutes" when biting occurs. Additional interview did not indicate the client's behaviors or his protective sleeves should be documented.</p>	W 252			

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W 252	Continued From page 4 Review on 1/14/25 of client #6's Behavior Intervention Plan (BIP) dated 5/21/24 revealed an objective to display no episodes of self-injurious behavior for fourteen calendar months. Additional review of the facility's electronic data collection system revealed no documented behaviors for 1/14/25 and no documentation of the client's protective sleeve for 1/13/25 and 1/14/25. Further review of the BIP noted under data collection, "Episodes of tantrums will be recorded on the computer data system and reviewed at least on a monthly basis..."	W 252			
W 340	Interview on 1/14/25 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #6's behaviors should be documented as indicated. The QIDP also noted use of the client's protective sleeve should also be documented electronically. 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, document review and interviews, the facility failed to ensure staff were sufficiently trained regarding preventative health/safety measures, medication administration procedures, and the appropriate use of latex gloves. This affected 2 of 5 audit clients (#7 and #8). The findings are: A. Review of a facility investigation dated 1/2/25	W 340			

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W 340	<p>Continued From page 5</p> <p>revealed client #7 had sustained a fracture to her left foot. The investigation indicated the client has osteoporosis and is susceptible to fractures and other bone injuries. The cause of the injury was unknown. Additional review of the investigation noted the Physical Therapist (PT) was contacted to assess client #7 to determine further actions to be taken. Further review of the investigation, including a PT note dated 1/8/25, revealed recommendations regarding client #7's wheelchair seating/positioning, repositioning and transfer guidelines. The PT note indicated, "Staff will be in serviced on positioning and transfers as requested."</p> <p>Interviews on 1/13/25 and 1/14/25 with Staff F, Staff G and Staff H revealed they were all aware of client #7's fractured foot but were not sure how it happened. Staff H and Staff G indicated they thought it may have occurred in her bed since she moves around a lot and lifts herself up in the bed at times. All of the staff indicated they had not received any retraining regarding client #7's safety needs since she sustained the injury to her foot.</p> <p>Interview on 1/14/25 with the Director, Qualified Intellectual Disabilities Professional (QIDP) and Vice President of Operations indicated retraining by the PT was scheduled to occur later this month; however, as of the date of the survey, no staff training had been initiated regarding client #7's injury after the investigation was completed.</p> <p>B. During observations in the home on 1/13/25 at 3:45pm, the Medication Technician (MT) was noted pouring a white substance into a bottle containing a beverage and giving the bottle to client #8. Immediate interview with the MT</p>	W 340			

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W 340	<p>Continued From page 6</p> <p>revealed client #8 was given Miralax in the bottle. The client began consuming the drink while moving around the living/dining room in her wheelchair. After giving the bottle to client, the MT left the area. At 3:49pm, client #8 dropped the bottle to the floor with approximately 3 - 4 ounces of drink remaining. The bottle was then picked up by a staff, placed in a bin and taken into the kitchen. Client #8 did not finish consuming the beverage.</p> <p>Interview on 1/13/25 with the MT indicated she had been trained to ensure clients get all of their medications after they are dispensed.</p> <p>Review on 1/14/25 of the facility's Nursing Policy & Procedure: Medication Administration (Revised: 10/20/22) revealed under Medication Administration Procedure, "The client's prepared medication is given to him/her and the client is observed to assure that the medication has been swallowed..."</p> <p>Interview on 1/14/25 with the Director confirmed MT's should ensure client's have ingested their medication during the med pass as per nursing policy and procedures.</p> <p>C. During observations in the home on 1/13/25 from 12:40pm - 1:08pm, Staff B fed two clients their meals while wearing latex gloves.</p> <p>Immediate interview with Staff B revealed the gloves had been worn because one of the client's spits a lot.</p> <p>Review on 1/14/25 of the facility's Infection Control policy (Revised: 8/14/23) revealed, "Hand hygiene is the single most effective way to</p>	W 340			

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W 340	<p>Continued From page 7</p> <p>prevent the spread of organisms and potential infection." Additonal review of the policy did not indicate latex gloves should be worn while feeding clients.</p> <p>Interview on 1/14/25 with the Director confirmed latex gloves are not required or necessary to be worn while feeding any clients in the home.</p>			W 340			