STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G071	A. BUILDING _____ B. WING _____	03/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SKILL CREATIONS OF TARBORO	811 WESTERN BOULEVARD TARBORO, NC 27886

(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
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) 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. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #9 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: During evening observations in the home on 3/17/25 from 4:00pm-6:15pm, client #9 was sitting in his wheelchair with wrist and ankle restraints, a lap belt and a trunk vest all for safety. Review on 3/18/25 of client # 9's of guidelines for use of safe-guarding equipment dated 03/20/03 revealed client #9 is to be released from the wrist straps at least every hour and 50 minutes during his waking day to check his circulation and the condition of the safe guarding equipment. Interview on 3/18/25 with staff B revealed that client #9 restraints are taken off when he goes to bed. Interview on 3/18/25 with nurse revealed that	W 249		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G071	A. BUILDING _____ B. WING _____	03/18/2025

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W 249	Continued From page 1 client #9 should be release from his restraints every hour and 50 minutes and his circulation checked.	W 249		
W 263	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii) The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure restrictive programs were only conducted with the written informed consent of a legal guardian. This affected 1 of 5 audit clients (#14). The finding is: Review on 3/17/25 of client #14's physician's orders dated 1/10/25 revealed orders for Clozaril, Atarax, Lorazepam, Trazodone. Further review of consents reveal a consent was signed by the guardian on 2/27/25 and only listed Clozaril and Ativan. Interview on 3/18/25 with the facility director revealed informed consent should have been obtained for all psychiatric medications listed on the physician's orders..	W 263		
W 369	DRUG ADMINISTRATION CFR(s): 483.460(k)(2) The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure all medications were administered without error.	W 369		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G071	A. BUILDING _____ B. WING _____	03/18/2025

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W 369	Continued From page 2 This affected 1 of 5 audit clients (#3). The finding is: During observations of medication administration in the home on 3/17/25 at 4:22pm staff B administered Haldol 5mg to client #3. Review on 3/18//25 of client #3's physician's orders dated 2/24/25 revealed an order for Haldol 5mg one in the morning at one at 6pm. Interview on 3/18/25 with the facility nurse confirmed client #3 should not have received Haldol 5mg at 4pm. The nurse confirmed medications can be given one hour before or one hour after the time that it is ordered.	W 369		
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, interviews and record reviews, the facility failed to ensure 1 of 5 audit clients (#14) were taught to use assistive devices appropriately and make informed choices about their use. The finding is: A. Review on 3/17/25 of client #14's Individual Program Plan (IPP) dated 8/6/24 revealed the client was admitted to the facility on 7/17/24. Client #14's IPP revealed the client has sleep apnea and used a C-Pap machine at home. Further review revealed client #14 refused to	W 436		

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W 436	Continued From page 3	W 436		

wear the machine and the primary care physician (PCP) was made aware. The team will follow orders from the PCP.

Interview on 3/18/25 with staff A revealed client #14 does not use a C-Pap machine to sleep at night.

Interview on 3/18/25 the nurse confirmed client #14 was admitted to the facility with a diagnosis of sleep apnea. The nurse revealed that the family informed the facility on admission that client #14 refused his C-Pap at home. The nurse was unable to provide any information regarding physician's orders for use nor any training that had been implemented by the facility to encourage the use of the C-Pap.

B. During observations in the facility throughout 3/17/25 - 3/18/25, client #14 was seen doing various activities. At no time did client #14 wear eyeglasses.

Review on 3/17/2 of client #14's Individual Program Plan (IPP) dated 8/6/24 revealed the client is prescribed eyeglasses.

Interview on 3/18/25 with the facility nurse confirmed client #14 is prescribed eyeglasses. The nurse revealed she did not believe the client was ordered to wear the glasses full time. However, the nurse was unable to provide documentation to determine when the glasses should be worn.