

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

PRINTED: 04/09/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G079	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/08/2025
NAME OF PROVIDER OR SUPPLIER SKILL CREATIONS OF WILSON			STREET ADDRESS, CITY, STATE, ZIP CODE 2000 MARTIN LUTHER KING JR PARKWAY WILSON, NC 27893		
(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 125	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure the rights of 2 of 4 audit clients (#3 and #10) by failing to assure client dignity related to the use of incontinence padding. The findings are:</p> <p>During observations in the home throughout the survey on 4/7 - 4/8/25, client #3 was positioned in her wheelchair. The client was noted to have an incontinence pad positioned underneath her and covering the seat of her wheelchair. The incontinence pad was visible to anyone in the home.</p> <p>During observations in the home on 4/8/25, client #10 was positioned in his wheelchair. The client was also noted to have an incontinence pad positioned underneath him and covering the seat of his wheelchair. The incontinence pad was visible to anyone in the home.</p> <p>Interview on 4/8/25 with Staff A revealed the pads are positioned across the seats of any wheelchair just in case the client has a toileting accident. Additional interview indicated the wheelchair seat covers for the clients were being washed.</p> <p>Review on 4/8/25 of client #3's Individual Program Plan (IPP) dated 10/22/24 revealed she requires assistance with making choices to</p>	W 125			

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 125	Continued From page 1 ensure her rights and the majority of her rights are assured by her guardian and staff that advocate on her behalf. Review on 4/8/25 of client #10's IPP dated 5/24/24 revealed client #10 learns about his rights during a self-advocacy program. Additional interview indicated he will require guardian and team assistance in exercising his rights. Interview on 4/8/25 with the Director indicated the incontinence pads were likely used temporarily while client #3 and client #10's wheelchair seat covers were being washed. She noted additional seat covers may need to be ordered.	W 125			
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 interviews, the facility failed to ensure client #3 was furnished eye glasses and taught to make informed choices about their use. This affected 1 of 4 audit clients. The finding is: During observations throughout the survey on 4/7 - 4/8/25, client #3 did not wear eye glasses. The client was not prompted or assisted to wear eye glasses. Interview on 4/8/25 with Staff B revealed she had not seen client #3 wearing eye glasses since her	W 436			

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W 436	<p>Continued From page 2 admission to the home in October.</p> <p>Review on 4/8/25 of client #3's Individual Program Plan (IPP) dated 10/22/24 revealed she has glasses but doesn't always wear them.</p> <p>Interview on 4/8/25 with the Director indicated she did not recall client #3 having eye glasses at her admission, however, the Qualified Intellectual Disabilities Professional (QIDP) did remember the client having eye glasses when she first arrived at the facility.</p>	W 436			